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# The Food and Nutrition Technical Assistance III Project (FANTA) Cooperative Agreement No. AID-OAA-A-12-00005

Fiscal Year 2016, Project Year 5

First-Quarter Report for Mozambique: October 1–December 31, 2015

February 8, 2016

**FANTA III**  
FOOD AND NUTRITION  
TECHNICAL ASSISTANCE

**fhi360**  
THE SCIENCE OF IMPROVING LIVES

- I. **Project Duration:** 5 years
- II. **Start Date:** February 8, 2012
- III. **Life-of-Project Funding:** Funding to date: \$1,762,690 for the United States President's Emergency Plan for AIDS Relief (PEPFAR)–General, \$1,025,000 for PEPFAR–Plus-Up, \$1,300,000 for Feed the Future, and \$2,606,533 from Mission funds.
- IV. **Geographic Focus:** National-level technical assistance in Mozambique (based in Maputo) and provincial-level technical assistance in the provinces of Nampula and Zambézia.
- V. **Project Objectives:** The Food and Nutrition Technical Assistance III Project (FANTA) provides technical assistance to U.S. Government (USG)-supported programs and the Mozambique Ministry of Health (*Ministério de Saúde* [MISAU]) to achieve three objectives:
  1. Improved food and nutrition program design, implementation, and monitoring and evaluation (M&E) for people living with HIV and/or tuberculosis (TB) in MISAU care and treatment services supported by USG
  2. Improved maternal and child health and nutrition (MCHN) program design, implementation, and M&E in MISAU health services supported by USG, and community-based programs supported by USG
  3. Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the Multisectoral Action Plan to Reduce Chronic Undernutrition in Mozambique 2011–2014 (*Plano de Acção Multisectorial para a Redução da Desnutrição Crónica em Moçambique* [PAMRDC])

## VI. Summary of the Reporting Period

### (A) Achievement Highlights

#### *Central-Level Technical Assistance*

- FANTA finalized the entire package of PRN II materials, including the training materials; the M&E tools; and the job aids, and submitted it to MISAU.
- FANTA finalized the job aids on infant feeding in the context of HIV and submitted them to MISAU for approval.
- FANTA worked with a creative firm to develop the first draft of counseling materials on nutrition for people living with HIV (PLHIV) and/or TB.
- FANTA submitted the final draft of the Portuguese version report of the pilot phase of the PHFS to MISAU.
- FANTA led an external baby-friendly hospital initiative (BFHI) pre-assessment of Songo's Rural Hospital in Tete Province.

#### *Provincial-Level Technical Assistance*

- FANTA completed the procurement, purchase, and delivery of all outstanding furnishings, equipment, and vehicles for the provincial offices.
- FANTA finalized the analysis of the data from the baseline assessments of the focus health facilities and districts, using both the *Quality Standards for the Measurement of the Performance of PRN Services* and FANTA's PMP indicators.
- FANTA helped establish and activate technical working groups in nutrition in both Nampula and Zambézia Provinces.
- FANTA conducted a total of six technical assistance visits in Angoche and Mecubúri districts in Nampula Province, and 14 technical assistance visits in Nicoadala and Alto Molócuè districts in Zambézia Province. **The difference in number of visits between the two provinces is because Nicoadala is a day trip and it is more feasible visit regularly, whereas the districts in Nampula take one week per visit due to the distances.**
- In both provinces, FANTA provided support to the DPS to map out the districts and health facilities that do and do not report PRN activities to identify those that need most attention to improve PRN data submission at all levels.

### (B) Activities and Achievements in This Reporting Period: Central-Level Technical Assistance

Planned Activities	Main Activities and Achievements in this Reporting Period
<b>Objective 1: Improved food and nutrition program design, implementation, and M&amp;E for people living with HIV and/or TB in MISAU care and treatment services supported by USG.</b>	
<b>1.1 Strengthen MISAU and provincial health systems to implement the Nutrition Rehabilitation Program (<i>Programa de Reabilitação Nutricional</i> [PRN]).</b>	
<ul style="list-style-type: none"> <li>• Continue supporting MISAU's Department of Nutrition (MISAU-DN) PRN technical working group, including participating in meetings, suggesting meeting agendas, and helping write meeting minutes.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA participated in three PRN technical working group meetings. The agendas of those meetings were primarily focused on the status of the development of the PRN II training materials and the deadline for their completion; planning and scheduling for the PRN II trainings of trainers; and making a plan with clinical partners to print all the PRN II materials required for implementation, so that they can be distributed to the health facilities immediately after training. In order to do the latter, FANTA supported MISAU-DN in quantifying the job aids and M&amp;E tools required for early implementation in the 728 health facilities in the country that have been selected to implement PRN II. This is in keeping with the lessons learned from the implementation of PRN I, which showed that a</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
<ul style="list-style-type: none"> <li>• Support MISAU with analyzing the results of the pre-test of the PRN II registry book and monthly reporting sheet and making the required revisions to finalize the PRN II data-collection tools.</li> <li>• Begin making the revisions to the PRN II training module on M&amp;E while the final pre-test results are being obtained.</li> <li>• Begin revising the PRN training materials for</li> </ul>	<p>large time gap between the initial training and the beginning of implementation once the materials required become available, results in the need for refresher trainings and, hence, higher costs. Based on the calculations made, it is estimated that clinical partners' support is required to print and distribute approximately 3,640 registry books and 4,368 booklets containing different-sized job aids, in order to initiate implementation immediately after the trainings take place. Associated with this, FANTA supported MISAU-DN in developing a timeline for the activities that will precede the implementation of PRN II, as well as a matrix to map out the support that partners will provide to print and distribute the materials.</p> <p>Another topic discussed during the PRN technical working group meetings was the forecasting of nutrition products for the treatment of acute malnutrition, based on patient number estimates developed by UNICEF. Additionally, the PRN technical working group discussed the integration of PRN II indicators into the Department of Health Information (<i>Departamento de Informação de Saúde</i> [DIS]) as well as within the HIV/AIDS programs. FANTA will continue to provide support to the MISAU-DN PRN technical working group's activities in the next reporting period.</p> <ul style="list-style-type: none"> <li>• During this reporting period, FANTA supported MISAU to initiate the pre-test of the PRN II registry book and monthly reporting sheet in six health facilities in Maputo City, Zambézia, and Nampula provinces. The pre-test lasted three months, during which time FANTA conducted follow-up technical assistance visits to the selected health facilities. FANTA processed and analyzed the data of the pre-test period to evaluate their quality, which in turn provided an indication of the difficulties experienced by health professionals in accurately registering data or classifying nutritional status. The data showed that the registry book and monthly reporting sheet were important and relevant tools for the program, because no other tool collects the same data. Furthermore, for the most part, the data were accurately registered and nutritional status correctly classified according to weight and height or MUAC data, which showed that the tools were adequately designed and easy to use. FANTA revised the tools in response to the finding that the registry book did not collect data on the treatment of TB for HIV-negative patients, and hence this was not reported in the monthly reporting sheet. FANTA also made minor revisions related to formatting and editing user's instructions. FANTA prepared a presentation to summarize the results of the pre-test and, after finalizing the PRN II M&amp;E tools, FANTA supported MISAU in submitting them to the National Health Information System (<i>Sistema de Informação de Saúde</i> [SIS]).</li> <li>• In this reporting period, FANTA revised the draft training module on M&amp;E to reflect the revised registry book and monthly reporting form. With the finalized training module on M&amp;E, FANTA finalized the entire package of PRN II materials, including the training materials (facilitator's guide, participant handouts, and PowerPoint slides); the M&amp;E tools (registry book and monthly reporting sheet); and the job aids (inpatient care job aid booklet, outpatient care job aid booklet, PRN II algorithm poster, and the malnourished patient card), and submitted it to MISAU. <b>Regarding the PRN II manual, FANTA is in the process of updating the contents to match the training materials. FANTA plans to submit the updated version to MISAU during the third quarter, after technical reviews to ensure a quality technical document.</b></li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
<p>community groups.</p> <p>[This activity was requested by MISAU during the reporting period]</p>	<ul style="list-style-type: none"> <li>FANTA began revising the PRN training materials for community groups to make them applicable for both PRN I and PRN II. By the end of the reporting period, FANTA had made the first revision of the participant's handouts for community leaders and traditional healers, and the participant's handouts for community health workers. FANTA will continue to revise the training materials for community groups in the next reporting period.</li> <li>FANTA provided technical assistance to MISAU to facilitate a five-day PRN I refresher training for two groups of 33 health care workers (a total of 66 participants for the course of two weeks) in Mocuba District, Zambézia Province.</li> </ul>
<p><b>1.2 Support MISAU to develop and implement quality improvement (QI) systems for nutrition services provided through health facilities.</b></p>	
<ul style="list-style-type: none"> <li>Continue to support MISAU in integrating the Partnership for HIV-Free Survival (PHFS) into the implementation of the National QI Strategy.</li> <li>[This activity is part of FANTA's work plan and became feasible during the reporting period] Support MISAU-DN to update the PRN Quality Performance Standards as a result of the field test</li> </ul>	<ul style="list-style-type: none"> <li>FANTA did not receive any requests from MISAU for supporting the National QI strategy and there were no working group meetings during the reporting period.</li> <li>FANTA began revising the <i>Quality Standards for the Measurement of the Performance of PRN Services</i> to reflect the findings of the baseline assessment as part of provincial-level technical assistance activities, which also served as a field test of this tool. In the next reporting period, FANTA will finalize the revision of the PRN Quality Performance Standards and will submit the final version to MISAU.</li> </ul>
<p><b>1.3 Support integration and improvement of counseling activities to improve nutrition practices among PLHIV and/or TB in care and treatment services and community-level programs.</b></p>	
<ul style="list-style-type: none"> <li>Conduct key informant interviews with health care providers to PLHIV and/or TB at the facility and community levels in selected health facilities and communities in Maputo, Zambézia, and Nampula provinces, in coordination with MISAU and other implementing partners.</li> <li>Finalize the creative briefs for the counseling materials.</li> <li>Work with the creative firm to begin developing the draft counseling materials, using the results of the key informant interviews and the final creative briefs.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA conducted key informant interviews with health care providers to PLHIV and/or TB at both the facility and community levels in Maputo Province, with the assistance of implementing partners (<b>Ariel at the Health Facility level and Youth Power at the community level</b>); and at the facility level in Nampula Province, in the selected health facilities in which FANTA works. FANTA also conducted phone interviews with Peace Corps volunteers who were willing to participate. In the next reporting period, FANTA will continue to conduct key informant interviews at the facility level in Zambézia Province, and with other Peace Corps volunteers in Nampula and Zambézia provinces; and will begin analyzing the trends in the data to help refine the draft counseling materials.</li> <li>FANTA finalized the creative briefs for the counseling materials and submitted them to the creative firm, so as to guide them as they developed the first draft of the counseling materials.</li> <li>FANTA worked with the creative firm to develop the first draft of the counseling materials, based on the final creative briefs. In the next reporting period, FANTA will work with the creative firm to begin refining the draft counseling materials based on the results of the key informant interviews.</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
<b>1.4 Support the integration and improvement of nutrition content in in-service training of health professionals and strategies and curricula related to HIV and TB.</b>	
<ul style="list-style-type: none"> <li>• Provide technical support to the Challenge TB project on the integration of nutrition activities in field-level implementation in Nampula and Zambézia provinces (e.g., revision of tools, possible facilitation of trainings or participation in key meetings, and joint technical assistance visits) as requested and feasible.</li> </ul>	<ul style="list-style-type: none"> <li>• There were no requests during the reporting period.</li> </ul>
<b>1.5 Support the MISAU to improve the national nutrition surveillance system.</b>	
<p>Continue to assist MISAU-DN with obtaining National Department of Public Health (<i>Departamento Nacional de Saúde Pública</i> [DNSP]) approval of the SISVAN concept note.</p> <ul style="list-style-type: none"> <li>• Support MISAU in submitting the anthropometric growth curves reference booklet for approval.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA followed-up with MISAU-DN about the submission of the revised SISVAN concept note for approval, which was submitted in Q3 of the previous fiscal year, but learned that they did not make progress with this. In the next reporting period, FANTA will continue to advocate for the submission of the SISVAN concept note to the DNSP for approval.</li> <li>• FANTA supported MISAU in submitting the anthropometric growth curves reference booklet for approval, including printing two samples of the booklet. By the end of the reporting period, MISAU-DN had submitted the booklet to the Maternal and Child Health Department for their review before continuing with the approval process.</li> </ul>
<b>Objective 2: Improved MCHN program design, implementation, and M&amp;E in MISAU health services supported by USG and community-based programs supported by USG.</b>	
<b>2.1 Support MISAU to strengthen infant and young child feeding (IYCF) policies, strategies, and implementation.</b>	
<ul style="list-style-type: none"> <li>• Continue to support the development of the IYCF strategy by participating in regular meetings of the IYCF technical working group and reviewing drafts until the strategy is finalized.</li> <li>• Continue to advocate for the approval of the National IYCF Policy, with MISAU.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA continued to support the development of the IYCF strategy by participating in regular meetings of the IYCF technical working group, and providing input for improvement of the drafts. The consultant hired by UNICEF is working remotely and participates in person in the technical working group meetings periodically. The last version of the strategy was shared via Google Docs to allow technical working group members to comment on the document at their own time within an agreed deadline. FANTA has been assisting MISAU in monitoring the progress of this activity and advocating for greater participation of the technical working group members in the meetings, and greater commitment to ensuring the highest possible technical quality of the deliverable by providing regular input. A near final draft of the strategy is due in January 2016 for the group to provide further input for improvement. In the next reporting period, FANTA will continue to support the development of the IYCF strategy.</li> <li>• FANTA communicated with the focal point of the MISAU IYCF technical working group about the submission of the National IYCF Policy for approval and learned that MISAU intends to submit the National IYCF Policy for approval at the same time as the IYCF strategy, which they believe will happen in the first quarter of 2016. FANTA will follow up</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
	<p>again in the next reporting period to make sure that the IYCF policy approval remains a priority in the current fiscal year.</p>
<p><b>2.2 Support MISAU to implement the BFHI.</b></p>	
<ul style="list-style-type: none"> <li>• Finalize the job aids on infant feeding in the context of HIV—taking into account pretest results and feedback from the IYCF technical working group—and submit them to MISAU for approval.</li> <li>• Once the job aids on infant feeding in the context of HIV are approved, support MISAU in making a plan for printing and distributing them to health facilities across the country with the help of clinical partners.</li> <li>• Continue to support MISAU in providing technical assistance to Xai-Xai's Provincial Hospital as it undergoes external evaluation for accreditation as a Baby Friendly Hospital, and other hospitals that implement the initiative, as requested.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA finalized the job aids on infant feeding in the context of HIV and submitted them to MISAU for approval. During the next reporting period FANTA will follow up regarding this approval.</li> <li>• The job aids on infant feeding in the context of HIV are currently undergoing approval. In the next reporting period, FANTA expects to support MISAU in making a plan for printing and distributing the job aids to health facilities across the country with the help of clinical partners, and will recommend that MISAU allocates enough time in relevant trainings conducted throughout the year to disseminate the job aids to health workers undergoing capacity strengthening. FANTA will also assist in the approval, dissemination, and training process, as requested.</li> <li>• Before the reporting period, FANTA had finalized the Xai-Xai Provincial Hospital's Policy and information, education, and communication (IEC) materials on the 10 steps for successful breastfeeding for displaying in the hospital, and had submitted those tools to Xai-Xai's Provincial Hospital. During the reporting period, FANTA received inputs from Xai-Xai's Provincial Hospital for improvements of those tools, and FANTA led the revision of the tools to reflect those inputs. Furthermore, FANTA closely followed-up on the implementation of the recommendations left during the pre-assessment conducted in July 2015 with regards to the compliance with the 10 steps for successful breastfeeding and the National Code for Marketing Breast Milk Substitutes, and the accurate use of the 2010 WHO guidelines on infant feeding in the context of HIV. In December 2015, an external pre-assessment of Xai-Xai's Provincial Hospital was conducted by UNICEF's BFHI consultant to assess if the facility was ready for external evaluation and accreditation as baby-friendly. The outcome of the external pre-assessment was that, due to staff turnover, there was a need to build the capacity of newly recruited staff before requesting an external evaluation possibly in March 2016. Overall the hospital is on track for attaining BHFH accreditation, but it needs continuous self-assessments to sustain the gains achieved so far.</li> </ul> <p>FANTA also supported MISAU in the facilitation of a training for health workers (clinical and non-clinical health-facility staff) on the integration of the BFHI into MISAU's Model Maternity Initiative in the Provincial Hospital in Manica Province, and led an external pre-assessment of Songo's Rural Hospital in Tete Province. The outcome of this external pre-assessment was a set of recommendations that will guide the hospital towards attainment of BFHI accreditation. As an incentive, a Certificate of Commitment will be attributed to Songo's Rural Hospital given their current state of BFHI implementation. In the next reporting period, FANTA will continue coaching Xai-Xai's Provincial Hospital staff and monitoring their progress, and providing technical assistance to other hospitals, as requested.</p>
<p><b>2.3 Support MISAU to finalize materials for community-based IYCF counseling.</b></p>	



Planned Activities	Main Activities and Achievements in this Reporting Period
<ul style="list-style-type: none"> <li>Work closely with MISAU to review and verify contradictory data from the mapping of the IYCF counseling materials; discuss the data with implementing partners and gather inputs; produce the final analysis of the results; and develop an action plan to improve and, as appropriate, scale up the implementation of the materials in 2016.</li> </ul>	<ul style="list-style-type: none"> <li>During the reporting period, FANTA shared the preliminary results of the mapping of the implementation of the community-level IYCF counseling materials with MISAU and identified the need to clarify a few contradictory data. Together with the focal point of the MISAU IYCF technical working group, FANTA made follow-up calls to provincial nutrition focal points to review and clarify these contradictory data. After clarifying the data, FANTA analyzed the final data and produced a presentation summarizing the results. FANTA will present the final results to MISAU and their implementing partners and support MISAU to identify gaps in terms of trainings, supplies, implementation, and partners.</li> </ul>
<b>2.4 Support MISAU to strengthen the nutrition content of MCHN materials.</b>	
<ul style="list-style-type: none"> <li>[This activity was requested during the reporting period].</li> </ul>	<ul style="list-style-type: none"> <li>In response to a request for technical assistance from the USAID-funded Capable Partners Project (CAP) operating in Mozambique, FANTA reviewed and edited a draft training module on nutrition developed by CAP as part of a package of training materials that will be used to facilitate a final training to the community activists they currently support before the end of the project. FANTA introduced relevant content to strengthen the capacity of community activists to conduct nutrition screening at the community level, and to provide nutrition education for families, with a focus on children under 5 and their mothers. At CAP's request, FANTA also facilitated a training of trainers in Maputo Province, using the revised nutrition training module, for 22 community health workers.</li> </ul>
<b>2.5 Support MISAU to implement the PHFS and to strengthen the implementation of the national infant feeding guidelines in the context of HIV.</b>	
<ul style="list-style-type: none"> <li>Submit the final draft of the report for the pilot phase of the PHFS to MISAU; provide any support requested for obtaining approval thereafter.</li> <li>Begin writing the English version of the PHFS final report.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA submitted the final draft of the report of the pilot phase of the PHFS to MISAU in Q4 of the previous fiscal year, and, in general, received positive comments, but learned that the Deputy Director of Public Health will be including questions for clarification. FANTA expects to receive and address any requests for clarification in the next reporting period.</li> <li>FANTA began drafting the English version of the PHFS final report, which is expected to be finalized during the next reporting period.</li> </ul>
<b>Objective 3: Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the PAMRDC.</b>	
<b>3.1 Strengthen the nutrition components of food security and agriculture policies and link them to efforts to reduce chronic undernutrition.</b>	
<ul style="list-style-type: none"> <li>Continue to participate in the PAMRDC working group, and other relevant activities that might be requested by the Technical Secretariat for Food and Nutrition Security (<i>Secretariado Técnico de Segurança Alimentar e Nutricional</i> [SETSAN]), as the development of the ESAN III proceeds.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA was invited to participate in the 20<sup>th</sup> PAMRDC working group meeting held by SETSAN, to review the progress of the implementation of the PAMRDC in 2015 and to initiate the draft progress report. FANTA could not participate due to scheduling conflicts, but followed up on the developments via e-mail. In the next reporting period, FANTA will participate in follow-up working group meetings and other relevant activities, as requested by SETSAN.</li> </ul>



Planned Activities	Main Activities and Achievements in this Reporting Period
<ul style="list-style-type: none"> <li>• Continue to participate in the SETSAN communication working group for food and nutrition security, as requested.</li> <li>• Continue to support ongoing fundraising efforts for the Scaling Up Nutrition Civil Society (<i>Scaling Up Nutrition Sociedade Civil</i> [SUN-SC]) Platform.</li> <li>• Participate in the GAIN-led Marketplace for Nutritious Foods Technical Advisory Committee activities, as requested.</li> </ul>	<ul style="list-style-type: none"> <li>• No meetings of the SETSAN communication working group for food and nutrition security took place during the reporting period.</li> <li>• Before the reporting period, FANTA provided recommendations on how to improve a draft presentation to the Prime Minister on the accomplishments of the SUN-CS Platform. During the reporting period, FANTA supported the SUN-CS Platform to fine tune the presentation and participated in the meeting with the Prime Minister, which was very successful in sensitizing him about the problem of chronic malnutrition, and gaining his commitment to support nutrition-sensitive interventions to reduce chronic malnutrition. FANTA also contributed to developing ideas for an advocacy and communication campaign for the general public, policymakers, and decision makers. A package of advocacy and communication materials were developed by a creative company, comprising a set of posters, flyers, TV spots, and press release articles, focusing on the SUN-CS priority areas, namely nutrition and development; nutrition and health; nutrition and gender; nutrition and child health; nutrition and education; and nutrition and maternal health. FANTA was among the active SUN-CS Platform members selected to participate in the launching of the advocacy and communication campaign, entitled “<i>Geração Nutrição</i>” (Nutrition Generation), which took place in December 2015. In the next reporting period, FANTA expects to participate in on-going efforts to establish and scale up SUN-CS groups across provinces in Mozambique, and support other fundraising efforts for the SUN-CS Platform, as requested.</li> <li>• FANTA did not receive any requests to participate in the GAIN-led Marketplace for Nutritious Foods Technical Advisory Committee activities during the reporting period.</li> </ul>
<b>3.2 Strengthen capacity of MISAU and implementing partners on SBCC strategy development.</b>	
<ul style="list-style-type: none"> <li>• Continue to assist MISAU with the approval process for the SBCC strategy, as requested.</li> <li>• Continue to help MISAU implement the activities outlined in the SBCC strategy implementation matrix, including finalizing the narrative summary of the strategy and planning a workshop to launch and disseminate the strategy.</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA continued to assist MISAU with the approval process of the SBCC strategy, including addressing language-related edits received from the Department of Health Promotion, and printing a final version of the revised strategy for final submission to the Office of the Minister of Health. By the end of the reporting period, MISAU was still in the process of obtaining approval from the Minister of Health.</li> <li>• FANTA supported MISAU in finalizing the SBCC strategy narrative summary, but did not progress with planning the workshop to launch and disseminate the strategy because this is dependent on the approval of the strategy. In the next reporting period, FANTA will continue to help MISAU plan a workshop to launch and disseminate the strategy, which is subject to approval.</li> </ul>
<b>Other Planned Activities</b>	
<ul style="list-style-type: none"> <li>• Submit the fourth-quarter</li> </ul>	<ul style="list-style-type: none"> <li>• FANTA submitted the fourth-quarter report to USAID/Mozambique.</li> </ul>

Planned Activities	Main Activities and Achievements in this Reporting Period
report covering July–September 2015.	

### (C) Activities and Achievements in This Reporting Period: Provincial-Level Technical Assistance

Planned Activities	Main Activities and Achievements in This Reporting Period
<b>Start-up</b>	
<ul style="list-style-type: none"> <li>Meet with the SETSAN provincial focal point in Nampula to introduce FANTA's work strategy, establish the required relationships, and continue to provide support for SETSAN activities in Zambézia, as requested.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA held a meeting with the SETSAN provincial focal point in Nampula, with the aim of introducing FANTA's portfolio and establishing FANTA's commitment to participating in the PAMRDC technical working group. As a result of the meeting, it was agreed that FANTA would begin participating in the PAMRDC working group meetings.</li> </ul> <p>FANTA also met with SETSAN in Zambézia and introduced FANTA's portfolio in the province. The SETSAN provincial focal point was pleased that FANTA would begin to be part of the PAMRDC technical working group.</p> <p>In the next reporting period, FANTA will continue to support SETSAN activities in Nampula and Zambézia, as requested.</p>
<ul style="list-style-type: none"> <li>Complete the procurement, purchase, delivery, and installation of outstanding furnishings in the provincial offices.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA completed the procurement, purchase, delivery, and installation of all outstanding furnishings and equipment in the provincial offices. Both offices are now fully functional. In addition, FANTA completed the procurement and purchase of two vehicles, which were successfully delivered to their final destination: one for the office in Nampula, and another for the office in Zambézia.</li> </ul>
<b>Implementation</b>	
<ul style="list-style-type: none"> <li>Finish analyzing data from baseline assessments of the focus health facilities and districts using the <i>Quality Standards for the Measurement of the Performance of PRN Services</i>; identify the gaps that will become the focus of FANTA's technical assistance at those levels.</li> </ul>	<ul style="list-style-type: none"> <li>Prior to this reporting period, FANTA conducted baseline assessments in the focus health facilities in Nampula Province (Angoche's Rural Hospital and Mecubúri Health Center) and Zambézia Province (Nicoadala Health Center and Alto Molócuè Health Center), using the <i>Quality Standards for the Measurement of the Performance of PRN Services</i> (see Annex 3). The assessments covered equipment and job aids, clinical services, human resources, logistics, and monitoring and evaluation. Data were collected from the health facility sectors in which PRN is implemented, namely well-child clinic (<i>consulta da criança sadia</i> [CCS]), at-risk child clinic (<i>consulta da criança em risco</i> [CCR]), pediatric triage (<i>triagem de pediatria</i>), inpatient care for malnutrition (<i>enfermaria de malnutrição</i>), pre-natal clinic (<i>consulta pré-natal</i> [CPN]), and post-natal clinic (<i>consulta pós-parto</i> [CPP]), according to the PMP indicators.</li> </ul> <p>During the reporting period, FANTA did a preliminary analysis of the data from the baseline assessments and identified the following results.</p> <p><u>Equipment and job aids</u></p> <p>Across all four focus health facilities, the sector that met most of the criteria regarding anthropometric equipment and PRN job aids was the CCR. In the health facilities in which the CCR did not meet all of the criteria in this category, the gap was small: at least 4 out of the 5 listed equipment items and 9 out of the 10 listed job aids were available. Other pediatric health facility sectors, such as the CCS, pediatric triage, and inpatient care for malnutrition had many gaps in this category, leading to weakened nutrition assessment and referral for the adequate treatment</p>

Planned Activities	Main Activities and Achievements in This Reporting Period
	<p>of acute malnutrition. In maternal health sectors, there were nearly non-existing PRN job aids across all four health facilities, and only the CPN had weighing scales out of the required anthropometric equipment.</p> <p><u>Clinical services</u>  Clinical services in PRN is guided by the <i>Manual for the Treatment and Rehabilitation of Malnutrition</i>. Out of the four focus health facilities, only one had a copy of the Volume I of the Manual, although job aids were available. With regards to assessment and classification of nutritional status, out of the six criteria<sup>1</sup> that should be met in the CCR, pediatric triage, and inpatient treatment of malnutrition, only the CCR in Mecubúri health facility met four criteria (1, 2, 3, and 5), while the CCR in the three other health facilities met only two criteria (2 and 6). None of the six criteria were met in the pediatric triage in all the focus health facilities. In inpatient treatment of malnutrition, the criteria most commonly met were 3 and 6, but only three out of the four focus health facilities met any criteria. In relation to nutrition treatment and counseling, the CCR and inpatient treatment sectors of the health facilities were administering the right nutrition products depending on the classification of malnutrition, however, the prescription of doses did not always follow the protocols. With regards to routine medications that need to be administered during the nutrition treatment course in the CCR, it was identified that only three out of the four focus health facilities are administering at least one of the three<sup>2</sup> drugs recommended in the protocols. Considering that PRN II has not been rolled out across the country by MISAU, most of the PRN II-related criteria were not met in the focus health facilities, except when a focus health facility was also a selected facility for the pre-test of the PRN II M&amp;E tools. None of the focus health facilities reported receiving technical assistance or supervision activities to support the implementation of PRN.</p> <p><u>Human resources</u>  Only two out of the four focus health facilities had staff who had been trained in PRN. In Nicoadala health facility, the CCR nurse had been trained in PRN; and in Mecubúri health facility, staff in the CCR, CCS, CPN, and CPP had received training in PRN. The other two health facilities did not have any staff trained in PRN.</p> <p><u>Logistics</u>  None of the four focus health facilities had an effective supply chain system that could ensure a sustained availability of the required nutrition products for the implementation of PRN, taking into account that there were no daily registries, forecasting, or distribution plans. Health facilities receive whatever the district warehouse sends them and the only criteria they meet is to follow the rule of “first to expire, first to leave.” With regards to the storage of nutrition products, the infrastructure used did not have adequate conditions for storage of such products. In some health facilities there was no ventilation in the area, products were exposed to high temperatures, products were not stored at the recommended distance from the walls, hygiene conditions were poor,</p>

<sup>1</sup> (1) Take a complete medical history with emphasis on the child's eating habits; (2) Measure all children's weight correctly; (3) Measure all children's height correctly; (4) Measure all children's mid-upper arm circumference correctly; (5) Check for bilateral pitting oedema; (6) Use standard deviation tables according to age and sex to classify children's nutritional status.

<sup>2</sup> Deworming drugs, antibiotics, and vitamin A.

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	<p>and rats/insects could be seen in the area.</p> <p><u>Monitoring and evaluation</u> M&amp;E was one of the weakest areas of implementation, considering that PRN data collection and registration are not done correctly, which results in inconsistencies in the registry books as well as missing data. In inpatient treatment, the child health card (called the <i>multicartão</i>) is mostly not being used, making it difficult to follow a patient's treatment.</p> <p>The gaps identified during the baseline assessments were determined as the focus of FANTA's technical assistance. The application of the <i>Quality Standards for the Measurement of the Performance of PRN Services</i> during the baseline assessments also served as a field test for this tool, which allowed for the identification of areas for improvement of the tool itself, as mentioned above under activity set 1.2.</p>
<ul style="list-style-type: none"> <li>• Finish analyzing data from baseline assessments of the PMP indicators for the 6 months before implementation of technical assistance in the focus health facilities and districts; identify the areas that will be the focus of FANTA's technical assistance at the health facility, district, and provincial levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to this reporting period, FANTA conducted a baseline assessment of the PMP indicators in the focus health facilities and districts in Nampula and Zambézia provinces. This consisted of collecting data for 19 out of FANTA's 24 PMP indicators<sup>3</sup> for the six months before the program was implemented (March–August 2015).</li> </ul> <p>The analysis conducting during the reporting period showed that Alto Molócuè and Nicoadala health facilities in Zambézia Province had 150 and 41 new patient admissions, respectively, of which 73% and 71% of cases were of moderate acute malnutrition (MAM). The opposite scenario was seen in the two health facilities in Nampula, with Angoche's rural hospital admitting 56 new patients in the assessment period, of which 59% were of severe acute malnutrition (SAM), and Mecubúri health facility admitting 17 new patients, of which similarly 59% were of SAM. These data show two very different profiles in the two selected provinces where Zambézia has more cases of MAM than SAM, and Nampula has more cases of SAM than MAM.</p> <p>With regards to PRN performance indicators, the data show that PRN performance in the six months that preceded the implementation of FANTA's technical assistance was satisfactory in the focus health facilities in Zambézia Province, with 80% and 73% cure rates in Alto Molócuè health facility and Nicoadala health facility, respectively, and 20% and 18% default rates, respectively. Although these values are close to or within the "acceptable" range from the Sphere indicator references (&gt;75% cure and &lt;15% default), there is potential for improvement in either facilities in those focus health districts. In Nampula Province, Angoche's rural hospital and Mecubúri health facility had 57% and 100% cure rates, respectively. As for defaulting, Angoche's rural hospital default rate exceeds that of all health facilities, at approximately 40%, whereas Mecubúri reported no defaulters.</p> <p>In relation to the screening of malnutrition in children under 5 years, the results of the baseline assessments are fair, except those for Mecubúri</p>

<sup>3</sup> Five indicators that evaluate FANTA's performance and not the performance of PRN were excluded from the baseline assessment, as these data are collected through other means. These include:

- Number of FANTA technical assistance visits per selected health facility
- Number of on-the-job trainings provided by FANTA per selected health facility
- Number of people trained by FANTA, by gender and cadre
- Average percentage point change between pre- and post-tests of training participants
- Percentage of training sessions that successfully achieved training objectives according to participants.

Planned Activities	Main Activities and Achievements in This Reporting Period
	<p>health facility, in which only 4% of children under 5 years were screened for malnutrition in the CCR. In the other three focus health facilities, the results obtained are above 50% (84% in Angoche's rural hospital, 76% in Nicoadala health facility, and 62% in Alto Molócuè health facility). Most of the children who were screened for malnutrition in the CCR were aged between 0 and 5 months.</p> <p>With regards to supply chain management, the results show that districts face challenges in completing the daily stock control forms, and in planning their needs based on consumption data. As for data quality and reporting, the submission of monthly data from the health facility level to the district level presents a challenge. During the period under review, no district had received all the monthly reports that were due from all its health facilities. These irregularities in the submission of monthly reports make the interpretation of data from the districts to the provinces difficult because they are not complete. Within the assessed six months, only Alto Molócuè District received 71% of the health facility monthly reports that were due; the remaining districts did not even have half of reports that they were due to receive from their health facilities.</p>
<ul style="list-style-type: none"> <li>Continue to provide technical assistance to the DPS in Nampula and Zambézia provinces by overseeing PRN implementation, focusing on the gaps identified by the baseline assessments, and supporting the PRN technical working groups in both provinces.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA attended the first ever meeting of the PRN technical working group in Nampula Province. All meeting attendees were pleased with the initiative and agreed with the Terms of Reference. The technical working group also agreed to meet every month to discuss and analyze the PRN implementation in the province, as well as quarterly to report developments, results, and achievements to the provincial medical doctor. In Zambézia Province, FANTA supported the DPS in the establishment of the nutrition technical working group (see Zambézia's success story). The group's first meeting took place in December, and presented participants with an opportunity to learn who is doing what in the area of nutrition and where in Zambézia. The DPS requested that partners perform a needs assessment in each district to improve the province's nutrition indicators, and that efforts be invested to strengthen the continuum of care by fostering greater coordination between health facilities and partners working at the community level. FANTA also collaborated with the DPS to conduct joint technical assistance visits in FANTA's selected districts in Zambézia Province.</li> </ul>
<ul style="list-style-type: none"> <li>Continue to provide technical assistance for the implementation of PRN protocols in selected SDSMAS and health facilities in Nampula and Zambézia provinces, focusing on the gaps identified by the baseline assessments.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA conducted a total of six technical assistance visits in Nampula (three in each district) and 14 technical assistance visits in Zambézia, aimed at filling in the gaps identified by the baseline assessments. <b>The difference in number of visits between the two provinces is because Nicoadala is a day trip and it is more feasible to visit regularly, whereas to the districts in Nampula take one week per visit due to the distances.</b> In Nampula, technical assistance focused on improving the screening of malnutrition in the CCS and the referral of children 6–59 months identified as underweight from the CCS to CCR; improving the implementation of PRN I protocols, including strengthening the capacity of health workers on the use of the anthropometry reference tables and on the calculation of the amount of RUTF to prescribe according to a patient's weight; filling in the PRN I registry book properly; printing and distributing PRN I job aids to the health facility sectors in which they were lacking; and working with the Hospital Directorate in order to move nutrition products or services from inadequate locations to locations with appropriate conditions within the health facility (see Nampula's success story).</li> </ul> <p>In Zambézia, technical assistance visits focused on improving the</p>



Planned Activities	Main Activities and Achievements in This Reporting Period
	<p>organization of health facility sectors where PRN is implemented, allocating job aids where they were missing, reviewing registry books, reviewing stock control forms, strengthening capacity of the health workers on how to perform anthropometric assessments correctly, and meeting with clinical partners and local government leaders to evaluate activities and plan activities to improve district nutrition indicators. FANTA also provided four on-the-job trainings for SDSMAS staff in Zambézia, aimed at building their capacity on anthropometric assessment, PRN admission criteria, and data entry in PRN registry books.</p>
<ul style="list-style-type: none"> <li>Continue to provide technical assistance to the DPS, selected SDSMAS, and selected health facilities in Nampula and Zambézia provinces—so that they can improve the supply chain management of nutrition products—focusing on the gaps identified by the baseline assessments.</li> </ul>	<ul style="list-style-type: none"> <li>In Nampula Province, FANTA provided technical assistance to the district nutrition focal point in both districts to improve their capacity to review the consumption reports from the peripheral health facilities, so that they could begin to distribute the nutrition products according to consumption data. FANTA also provided technical assistance to the district warehouse's focal point to improve their capacity to fill in stock control forms and requisition forms for nutrition products stored at the provincial warehouse.</li> </ul> <p>In Zambézia Province, FANTA provided technical assistance to the provincial warehouse's focal point on how to improve nutrition product supply chain management. Additionally, during the technical assistance visits to Nicoadala and Alto Molócuè districts, FANTA provided support to pharmacy staff on the adequate management of nutrition products, storage conditions, and filling in stock control forms. FANTA also advocated with the provincial nutrition focal point in Zambézia to ensure better coordination with the World Food Programme (WFP) provincial focal point in order to avoid stock outs of CSB+.</p>
<ul style="list-style-type: none"> <li>Continue to provide technical assistance to the DPS, selected SDSMAS and selected health facilities in Nampula and Zambézia provinces—so that they can improve the quality, reporting, and analysis of PRN data—focusing on the gaps identified by the baseline assessments.</li> </ul>	<ul style="list-style-type: none"> <li>In response to the baseline assessment findings of a lack of daily reporting sheets and weak submission of monthly reports on time in both selected districts in Nampula Province, FANTA printed copies of the daily and monthly reporting sheets and delivered them to the district nutrition focal points. FANTA also provided technical assistance to health workers on how to fill in the daily and monthly reporting sheets correctly, as well as on how to improve data entry in the PRN I registry books at the CCR. Additionally, FANTA attended a provincial meeting on nutrition held by the DPS in Nampula and seized the opportunity to deliver a brief presentation on the number and percent of health facilities that have submitted PRN monthly reports on time, with the purpose of sensitizing participants on the need to invest efforts to improve the current situation. FANTA provided recommendations on how to improve the quality, reporting, and timely submission of PRN data.</li> </ul> <p>In both provinces, FANTA provided support to the DPS to map out the districts and health facilities that do and do not report PRN activities, in order to identify those that need most attention. FANTA also continued to support the district and provincial nutrition focal points in processing monthly data in the electronic PRN database spreadsheets.</p>
<ul style="list-style-type: none"> <li>Continue to coordinate technical assistance activities with clinical partners and other provincial stakeholders in Nampula and Zambézia.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA met with the Elisabeth Glaser Pediatric AIDS Foundation (EGPAF) in Nampula to introduce FANTA's strategy and establish collaboration mechanisms for the implementation of technical assistance activities to improve nutrition services. FANTA also coordinated an integrated district visit with ICAP and EGPAF to the selected districts in Nampula, but it did not take place due to other partners' priorities. In the next reporting period, FANTA will continue to follow up with ICAP and EGPAF to conduct the integrated district visit.</li> </ul>

Planned Activities	Main Activities and Achievements in This Reporting Period
	<p>In Zambézia Province, FANTA met with the provincial representatives of ICAP, FGH, and UNICEF to discuss ways to strengthen inter-partner coordination, and to coordinate the methodology of support provision to the DPS and the districts of Nicoadala and Alto Molócuè. FANTA also met with FGH's and ICAP's teams at the district level, and coordinated joint activities in order to improve PRN implementation, including managing patients' records more effectively, and listing the needs for equipment and supplies that clinical partners could help procure.</p>
<ul style="list-style-type: none"> <li>Support the DPS in Nampula and Zambézia provinces with conducting trainings of trainers and/or refresher trainings in PRN I, as requested.</li> </ul>	<ul style="list-style-type: none"> <li>The DPS in Nampula Province did not request any support for trainings of trainers and/or refresher trainings in PRN I during the reporting period. In Zambézia Province, FANTA supported MISAU and the DPS in facilitating two provincial refresher trainings for 66 participants in total, in Mocuba district (as stated under activity 1.1 on section B). This training was funded by UNICEF.</li> </ul>
<ul style="list-style-type: none"> <li>[This activity was requested by the DPS in Zambézia during the reporting period]</li> </ul>	<ul style="list-style-type: none"> <li>FANTA collaborated with the DPS in Zambézia to organize the first ever scientific symposium ("<i>Jornadas Científicas</i>") event in the Province, and participated in the event, explaining FANTA's work, displaying some of the materials developed by FANTA, and distributing brochures about FANTA during the event.</li> </ul>
Supervision and Reporting	
<ul style="list-style-type: none"> <li>Continue to provide support for management and implementation through monthly supervision visits.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA's central-level staff conducted regular support and supervision visits to both provinces, which included support for the initial technical assistance visits in the selected districts and focus health facilities.</li> </ul>
<ul style="list-style-type: none"> <li>Finalize a report that contains both the baseline assessment of the selected health facilities using the <i>Quality Standards for the Measurement of the Performance of PRN Services</i> and the baseline assessment of the PMP indicators for the 6 months (March–August 2015) before the implementation of FANTA's technical assistance in the selected health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA finalized the analysis of the PMP data from the baseline assessments and drafted a report, which is currently undergoing internal technical review.</li> </ul>
<ul style="list-style-type: none"> <li>Analyze and report on the PMP indicators for October to December 2015 in the next reporting period.</li> </ul>	<ul style="list-style-type: none"> <li>FANTA analyzed the PMP indicators for October, November, and December 2015. A summary report can be found in the next section of this report.</li> </ul>

## VII. Project Performance Indicators

### (A) Central-Level Technical Assistance

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4



Number of people trained in child health and nutrition, disaggregated by sex	N/A <sup>4</sup>	66 M: 29 F: 37	N/A	0	N/A	0	N/A	0	N/A
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FANTA facilitated two trainings during the reporting period with a total of 66 participants. The training was funded by UNICEF.

## (B) Provincial-Level Technical Assistance

### Cross-cutting input and process indicators

		Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Cross-cutting input and process indicators		Angoche's Rural Hospital			Mecubúri Health Center			Nicoadala Health Center			Alto Molócuè Health Center		
A.	Number of FANTA technical assistance visits per selected health facility	1	1	1	1	1	1	4	2	3	1	1	3
B.	Number of on-the-job trainings provided by FANTA per selected health facility	0	1	0	1	1	0	2	1	0	0	1	1
C.	Number of people trained by FANTA, by gender and cadre	0	0	0	0	0	0	0	0	0	0	0	0
D.	Average percentage point change between pre- and post-tests of training participants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
E.	Percentage of training sessions that successfully achieved training objectives according to participants	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Data source: TA visit form and On-the-job training form.

### Intermediate result (IR) 1: Improved implementation of PRN protocols

		Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
IR1. Improved implementation of PRN protocols		Angoche's Rural Hospital			Mecubúri Health Center			Nicoadala Health Center			Alto Molócuè Health Center		
1.1	Number and percent of FANTA-supported health facilities with PRN protocols (job aids) available for use	1 100%	1 100%	1 100%	1 100%	1 100%	1 100%	1 100%	1 100%	1 100%	1 100%	1 100%	1 100%

Data source: TA visit form.

### 1.2 Number of new patient admissions to PRN in selected health facilities

Health Center	October		November		December		Quarterly total	
	MAM	SAM	MAM	SAM	MAM	SAM	MAM	SAM
Angoche Rural Hospital	10	8	10	3	6	2	26	13
Mecubúri Health Center	2	2	5	3	2	2	9	7
Nicoadala Health Center	8	3	7	13	15	2	30	18
Alto Molócuè Health Center	1	10	6	2	8	5	15	17

<sup>4</sup> FANTA has not developed annual targets because trainings are provided on an ad hoc basis at the request of MISAU and are not a primary activity on which FANTA's performance is based. Therefore, the percentage achieved is not applicable.

**Data source:** PRN registry books.

The graph above shows the number of admissions of new cases of MAM and SAM in children 6 months to 14 years of age, over the course of the first three months of implementation of FANTA’s technical assistance at health facilities in Nicoadala and Alto Molócuè districts in Zambézia Province, and Angoche and Mecubúri districts in Nampula Province. There is a higher case load of MAM than that of SAM across all four focus health facilities. When comparing the first three months of implementation, in Nampula, Angoche’s rural hospital experienced a decrease in the number of new patient admissions from October to December. Mecubúri health facility saw little variation over the course of the three months, with the same number of new patient admissions for SAM and MAM in October and December. Overall, it was the health facility with the fewest number of new patient admissions over the period under review. As for Zambézia, the data shows a general increase in the total number of new patient admissions over the period under review in Nicoadala health center (11 in October, 20 in November, and 17 in December). The tendency of the number of new MAM patient admissions in Alto Molócuè health facility is to increase, although a decrease of SAM admissions is seen across the three month.

### 1.3 – 1.5 Number and percent of patients who were discharged as cured, died, and defaulted in selected health facilities

Discharge	Angoche Rural Hospital				Mecubúri Health Center				Nicoadala Health Center				Alto Molócuè Health Center			
	Oct	Nov	Dec	Quart. Ave.	Oct	Nov	Dec	Quart. Ave.	Oct	Nov	Dec	Quart. Ave.	Oct	Nov	Dec	Quart. Ave.
Cured	57%	73%	71%	67%	80%	0%	100%	60%	100%	100%	17%	72%	81%	22%	60%	54%
Defaulted	36%	0%	14%	17%	20%	0%	0%	7%	0%	0%	50%	17%	19%	78%	40%	46%
Died	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Referred for inpatient	7%	27%	0%	11%	0%	0%	0%	0%	0%	0%	33%	11%	0%	0%	0%	0%
Referred to other sector or health facility	0%	0%	14%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

**Data source:** PRN registry books.

The table above shows the PRN performance indicators according to the PRN registry books, namely the number and percent of patients who were discharged as cured, died, and defaulted from October to December 2015 in the four focus health facilities in Nampula and Zambézia. In general, most health facilities reported cure rates above 50 percent in most months, except Mecubúri, Nicoadala and Alto Molócuè health facilities. According to the Sphere indicators, which are used as a reference in Mozambique, the cure rate should be greater than 75 percent and the default rate should be less than 15 percent in any health facility. In Alto Molócuè health facility, the default rate was very high in all three months, exceeding the reference four-fold in November. Angoche’s rural hospital and the Mecubúri health facility also reported default rates higher than the reference in one of the three months under review. No patient was reported discharged as dead, but the high default rate leaves an open question as to whether children may have died once they returned to their communities without completing the course of treatment. References and transfers were registered in Angoche’s rural hospital and Nicoadala health facility, especially patients referred for inpatient care due to aggravation of their health and nutritional status. FANTA is making extra effort during the technical assistant visits to reduce the defaulters’ rate.

### 1.6 Number and percent of patients < 5 who are screened for malnutrition in selected health facilities

The table below shows the number and percent of children under 5 who were registered in the CCR during the review period from October–December, and of those, the number of children who were screened for malnutrition during their first CCR visit. Protocols recommend that every child seen in the CCR should be screened for malnutrition during their first visit to allow for timely detection and treatment of cases of acute malnutrition. The general trend of the data shows an improvement in the proportion of children registered in the CCR who were screened for malnutrition during their first visit. By December, all four focus health facilities were screening at least 89 percent of the children seen in the CCR for the first

time that month. Out of the four focus health facilities, Mecubúri's health facility appears to have benefitted the most from FANTA's technical assistance, going from 1 in 8 children (8 percent) in October to 5 in 5 (100 percent) in November and 8 in 9 (89 percent) in December. FANTA will continue to provide technical assistance to the focus health facilities so that 100 percent of children seen for the first time in the CCR in any given month are screened for malnutrition and receive adequate nutritional support.

Health facility	Oct.			Nov.			Dec.		
	No. of new patients <5 registered in the CCR	# of patients <5 screened for mal. on the first visit	% of patients <5 screened for mal. on the first visit	No. of new patients <5 registered in the CCR	No. of patients <5 screened for mal. on the first visit	% of patients <5 screened for mal. on the first visit	No. of new patients <5 registered in the CCR	No. of patients <5 screened for mal. on the first visit	% of patients <5 screened for mal. on the first visit
Angoche Rural Hospital	9	9	100%	13	10	77%	17	16	94%
Mecubúri Health Center	13	1	8%	5	5	100%	9	8	89%
Nicoadala Health Center	43	31	72%	34	31	91%	78	77	99%
Alto Molócuè Health Center	3	2	67%	26	25	96%	19	19	100%

Data source: CCR individual register form.

Health facility	Quarterly		
	No. of new patients <5 registered in the CCR	No. of patients <5 screened for malnutrition on the first visit	% of patients <5 screened for malnutrition on the first visit
Angoche Rural Hospital	39	35	90%
Mecubúri Health Center	27	14	52%
Nicoadala Health Center	155	139	90%
Alto Molócuè Health Center	48	46	96%

Data source: CCR individual register form.

### 1.7 Number and percent of patients <5 with MAM in selected health facilities

Health center	Oct.			Nov			Dec		
	No. of patients <5 screened for malnutrition on the first visit	No. of patients <5 with MAM	% of patients <5 with MAM	No. of patients <5 screened for malnutrition on the first visit	No. of patients <5 with MAM	% of patients <5 with MAM	No. of patients <5 screened for malnutrition on the first visit	No. of patients <5 with MAM	% of patients <5 with MAM
Angoche Rural Hospital	9	2	22%	10	0	0%	16	5	31%
Mecubúri Health Center	1	0	0%	5	1	20%	8	2	25%
Nicoadala Health Center	31	0	0%	31	3	10%	77	3	4%
Alto Molócuè Health Center	2	0	0%	25	1	4%	19	1	5%

**Data source:** CCR individual register form.

Health center	Quarterly		
	No. of patients <5 screened for malnutrition on the first visit	No. of patients <5 with MAM	% of patients <5 with MAM
Angoche Rural Hospital	35	7	20%
Mecubúri Health Center	14	3	21%
Nicoadala Health Center	139	6	4%
Alto Molócuè Health Center	46	2	4%

**Data source:** CCR individual register form.

The table above shows the number and percent of children under 5 diagnosed with MAM, and of those who were screened for malnutrition in their first visit to the CCR from October-December. The data shows that the highest incidence of MAM was registered in December, when every health facility reported cases of MAM. Looking closer at the data from December, it is possible to see that the incidence of MAM in the focus health facilities in Nampula was significantly higher than the national prevalence of acute malnutrition in Mozambique according to the DHS 2013 (6 percent). **FANTA believes that this increase of incidence is due to the technical assistance provided, which has increase the identification of cases.** While the incidence of MAM in the focus health facilities in Zambézia is closer to the national prevalence figures.

The table below shows the age profile of the children identified with MAM. Children 6–59 months with SAM should receive ready-to-use therapeutic food (RUTF). Indicator 1.10 shows the number and percent of children 6–59 months who received therapeutic food.

### Age Profile of Children Identified with MAM

Health Facility	October		November		December	
	0–5 months	6–59 months	0–5 months	6–59 months	0–5 months	6–59 months
Hospital Rural de Angoche	0	2	0	0	0	5
Cs de Mecubúri	0	0	0	1	0	2
CS de Nicoadala	0	0	3	0	2	1
CS Sede de Alto Molócuè	0	0	0	1	0	1

## 1.8 Number and percent of patients < 5 with SAM in selected health facilities

Health Center	Oct.			Nov			Dec		
	No. of patients <5 screened for mal. on the first visit	No. of patients <5 with SAM	% of patients <5 with SAM	No. of patients <5 screened for mal. on the first visit	No. of patients <5 with SAM	% of patients <5 with SAM	No. of patients <5 screened for mal. on the first visit	No. of patients <5 with SAM	% of patients <5 with SAM
Angoche Rural Hospital	9	1	11%	10	0	0%	16	1	6%
Mecubúri Health Center	1	0	0%	5	0	0%	8	2	25%
Nicoadala Health Center	31	0	0%	31	2	6%	77	2	3%
Alto Molócuè Health Center	2	0	0%	25	2	8%	19	1	5%

Data source: CCR individual register form

Health Center	Quarterly		
	No. of patients <5 screened for mal. on the first visit	No. of patients <5 with MAM	% of patients <5 with MAM
Angoche Rural Hospital	35	2	6%
Mecubúri Health Center	14	2	14%
Nicoadala Health Center	139	4	3%
Alto Molócuè Health Center	46	3	7%

Data source: CCR individual register form

The table above shows the number and percent of children under 5 years of age diagnosed with SAM of those who were screened for malnutrition in their first visit to the CCR from October-December. In October, only Angoche's rural hospital reported a case of SAM out of the nine children under 5 who had been screened for malnutrition. In November, both health facilities in Zambézia Province reported cases of SAM – four in total – but no cases were reported in Nampula's health facilities. In December, all four health facilities reported cases of SAM, for a total of six. Of the four focus health facilities, Mecubúri health facility had the highest incidence of SAM (25 percent) in December.

The last two graphs show how the number of cases of MAM and SAM detected increased as the number of children who were screened for malnutrition increased over the months, which demonstrates just how important nutrition screening in the CCR is for early detection of malnutrition.

The table below shows the age profile of the children identified with SAM. Children 6–59 months with SAM should receive ready-to-use therapeutic food (RUTF). Indicator 1.9 shows the number and percent of children 6-59 months who received therapeutic food.

### Age Profile of Children Identified with SAM

Health facility	October		November		December	
	0–5 months	6–59 months	0–5 months	6–59 months	0–5 months	6–59 months
Hospital Rural de Angoche	0	1	0	0	0	1
Cs de Mecubúri	0	0	0	0	0	2

CS de Nioadala	0	0	1	1	2	0
CS Sede de Alto Molócuè	0	0	1	1	1	0

### 1.9. Number and percent of patients < 5 who received therapeutic food in selected health facilities

The table below shows the number and percent of children 6–59 months who received therapeutic food, who were diagnosed with SAM in the CCR, and had criteria to be treated in outpatient care. All the children who were treated in outpatient care for SAM received RUTF as recommended in the protocols.

Health facility	Oct			Nov			Dec		
	No. of patients aged 6-59 months with SAM	No. of patients aged 6-59 months who received therapeutic food	% of patients aged 6-59 months who received therapeutic food	No. of patients aged 6-59 months with SAM	No. of patients aged 6-59 months who received therapeutic food	% of patients aged 6-59 months who received therapeutic food	No. of patients aged 6-59 months with SAM	No. of patients aged 6-59 months who received therapeutic food	% of patients aged 6-59 months who received therapeutic food
Angoche Rural Hospital	1	1	100%	0	0		1	1	100%
Mecubúri Health Center	0	0		0	0		2	2	100%
Nicoadala Health Center	0	0		1	1	100%	0	0	
Alto Molócuè Health Center	0	0		2	2	100%	0	0	

Data source: CCR individual register form.

Health facility	Quarterly		
	No. of patients aged 6-59 months with SAM	No. of patients aged 6-59 months who received therapeutic food	% of patients aged 6-59 months who received therapeutic food
Angoche Rural Hospital	2	2	100%
Mecubúri Health Center	2	2	100%
Nicoadala Health Center	1	1	100%
Alto Molócuè Health Center	2	2	100%

Data source: CCR individual register form.

### 1.10 Number and percent of patients <5 who received supplementary food in selected health facilities

The table below shows the number and percent of children 6–59 months who received supplementary food, and of those children who were diagnosed with MAM in the CCR and had criteria to be treated in outpatient care. The data shows that all children with MAM in Angoche’s rural hospital and Alto Molócuè’s health facility received supplementary food as recommended in the PRN protocols in all the months in which cases were identified. In Nicoadala health facility, however, the single MAM case identified in December did not receive supplementary food as recommended in the PRN protocols. In Mecubúri health facility, the child diagnosed with MAM in November did not receive supplementary food. **FANTA is making the necessary effort during the technical assistance visits for the health providers to follow the existing protocols, so all patients that need food support receive it.** In December, both children diagnosed with MAM received supplementary food. In the next reporting period, FANTA will continue to provide technical assistance on improving the implementation of PRN protocols, with special attention to the treatment of MAM, at health facilities.



Health Facility	Oct			Nov			Dec		
	No. of patients aged 6-59 months with MAM	No. of patients aged 6-59 months who received sup. food	% of patients aged 6-59 months who received sup. food	No. of patients aged 6-59 months with MAM	No. of patients aged 6-59 months who received sup. food	% of patients aged 6-59 months who received sup. food	No. of patients aged 6-59 months with MAM	No. of patients aged 6-59 months who received sup. food	% of patients aged 6-59 months who received sup. food
Angoche Rural Hospital	2	2	100%	0	0		5	5	100%
Mecubúri Health Center	0	0		1	0	0%	2	2	100%
Nicoadala Health Center	0	0		0	0		1	0	0%
Alto Molócuè Health Center	0	0		1	1	100%	1	1	100%

**Data source:** CCR individual register form.

Health Facility	Quarterly		
	% of patients aged 6-59 months with SAM	% of patients aged 6-59 months with SAM	% of patients aged 6-59 months with SAM
Angoche Rural Hospital	7	7	7
Mecubúri Health Center	3	3	3
Nicoadala Health Center	1	1	1
Alto Molócuè Health Center	2	2	2

**Data source:** CCR individual register form.

## Data Quality Check

Considering that classification of nutritional status is such an important factor for improving the implementation of PRN, FANTA checked the quality of the calculation in the CCR registry books. To do this, FANTA calculated the nutritional status for each child under 5 years of age who had been screened for malnutrition during their first visit to the CCR using their recorded weight, height, age, sex, and MUAC, and compared the result with the nutritional status registered in the PRN registry book. The table below shows the results of this data quality check. There is room for improvement: 18 percent of those screened received an incorrect diagnosis, though most of the reported months showed at least 75 percent of the patients' nutritional status calculated correctly. Angoche's RH appears to be the most promising health facility for achieving high data quality with FANTA's technical assistance in the near future, but FANTA expects to invest a great deal of effort in improving this scenario in all four health facilities in the next reporting period, with on-the-job training for CCR staff. This is to avoid the scenario in which children who have admission criteria are not adequately diagnosed and remain untreated, and children who do not have admission criteria are mistakenly admitted and treated with nutrition products that are generally scarce.

Health Facility	October			November			December		
	No. of patients <5 screened	No. of patients with inadequate diagnosis	% patients incorrectly diagnosed	No. of patients <5 screened	No. of patients with inadequate diagnosis	% patients incorrectly diagnosed	No. of patients <5 screened	No. of patients with inadequate diagnosis	% patients incorrectly diagnosed
Angoche Rural Hospital	9	1	11%	10	0	0%	16	2	13%
Mecubúri Health Center	1	0	0%	5	4	80%	8	2	25%
Nicoadala Health Center	31	10	32%	31	6	19%	77	6	8%
Alto Molócuè Health Center	2	2	100%	25	6	24%	19	2	11%
<b>Total</b>	<b>43</b>	<b>13</b>	<b>30%</b>	<b>71</b>	<b>16</b>	<b>23%</b>	<b>120</b>	<b>12</b>	<b>10%</b>

Health Facility	Quarterly		
	No. of patients <5 screened	No. of patients with inadequate diagnosis	% patients incorrectly diagnosed
Angoche Rural Hospital	35	3	9%
Mecubúri Health Center	14	6	43%
Nicoadala Health Center	139	22	16%
Alto Molócuè Health Center	46	10	22%
<b>Total</b>	<b>234</b>	<b>41</b>	<b>18%</b>

## ***IR 2: Improved supply chain management of nutrition products***

### **2.1. Number of selected health facilities in which the PRN-related sections of the stock-control cards were completed in all months of the last quarter**

IR2. Improved supply chain management of nutrition products		Angoche's Rural Hospital	Mecubúri Health Center	Nicoadala Health Center	Alto Molócuè Health Center	Quarterly total
2.1	PRN-related sections of the stock-control cards completed in all months of the last quarter?	0	0	1	1	2 (50%)

## Months in which the PRN-related sections of the stock-control cards were completed in all months of the last quarter, health facility

		Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
IR2. Improved supply chain management of nutrition products		Angoche's Rural Hospital			Mecubúri Health Center			Nicoadala Health Center			Alto Molócuè Health Center		
2.1	PRN-related sections of the stock-control cards completed in that month?	0	1	1	0	1	1	1	1	1	1	1	1

The table above shows a positive trend on the completion of stock control cards for nutrition products over the first three months of implementation of FANTA's technical assistance in Nampula and Zambézia provinces. Angoche's rural hospital and Mecubúri health facility did not have stock control cards completed in October, but consistently completed them in November and December. The focus health facilities in Zambézia Province maintained their stock control cards completed in all months of the period under review.

### 2.2 Number of district warehouses that developed supply chain forecasts based on health facility data

Districts	Oct	Nov	Dec	Quarterly total	Quarterly percent
Angoche	0	0	0	0	0%
Mecubúri	0	0	0	0	0%
Nicoadala	1	1	1	3	100%
Alto Molócuè	1	1	1	3	100%
Total	2	2	2	6	50%

The table above shows a contrasting situation in the two selected provinces. The districts in Zambézia Province have developed supply chain forecasts based on health facility data for all months of the period under review, as opposed to the districts in Nampula Province, which will need more support from FANTA to change the current situation in the next reporting period.

### 2.3 Number of months for which the provincial warehouses developed a distribution plan for nutrition products based on district data

Provinces	Oct	Nov	Dec
Nampula	0	0	0
Zambézia	1	1	1

The table above shows that only the provincial warehouse in Zambézia developed distribution plans for nutrition products based on district data for the three months in the period under review. In the next reporting period, FANTA will continue to support the provincial warehouse focal points to revert the current situation in Nampula, and to maintain the pattern in Zambézia.

### 2.4 – 2.6 Number and percent of selected health facilities with stock outs of nutrition products during the last month

The tables below show the number and percent of selected health facilities that experienced stock outs of RUTF, therapeutic milks, or CSB+ in the three months of the period under review. The data shows that stock outs of therapeutic milks and CSB+ are the most common across all focus health facilities. Angoche rural hospital and Mecubúri health center had a consistent supply of RUTF. Nicoadala and Alto Molócuè

health centers experienced stock outs in one of the three months. Mecubúri and Nicoadala health facilities did not have stock of therapeutic milks in any of the three months of the period under review, and Alto Molócuè health facility only had stock of therapeutic milks in October. Angoche's rural hospital had stock outs of CSB+ in all months of the period under review, and Nicoadala and Alto Molócuè health facilities had stock outs of CSB+ in two out of the three months under review. In many instances, the problem with stock outs stems from stock management issues at the provincial level, in which the province does not request and/or receive sufficient stock of nutrition products to cover the districts' needs. In the next reporting period, FANTA will continue to work at the provincial, district and health facility levels to improve the supply chain management of all nutrition products, with special attention to therapeutic milks and CSB+.

### Number and percent of selected health facilities with stock outs of nutrition products during the last month

IR2. Improved supply chain management of nutrition products		Oct	Nov	Dec
		All health facilities		
2.4	Number and percent of selected health facilities with stock outs of RUTF during the last month	1 (25%)	0 (0%)	1 (25%)
2.5	Number and percent of selected health facilities with stock outs of therapeutic milk during the last month	2 (50%)	3 (75%)	3 (75%)
2.6	Number and percent of selected health facilities with stock outs of CSB+ during the last month	3 (75%)	3 (75%)	1 (25%)

### Months in which the selected health facilities experienced stock outs

Nutrition Product		Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
		Angoche's Rural Hospital			Mecubúri Health Center			Nicoadala Health Center			Alto Molócuè Health Center		
2.4	RUTF	0	0	0	0	0	0	1	0	0	0	0	1
2.5	Therapeutic milk	0	0	0	1	1	1	1	1	1	0	1	1
2.6	CSB+	1	1	1	0	0	0	1	1	0	1	1	0

### IR 3: Improved quality, reporting, and analysis of PRN data

#### 3.1 Number and percent of health facilities in selected districts submitting PRN monthly reports on time

Districts	No. of health facilities which implement PRN I by district	Oct		Nov		Dec		Quarterly average	
		No. of health facilities which submitted monthly reports	% of health facilities which submitted monthly reports	No. of health facilities which submitted monthly reports	% of health facilities which submitted monthly reports	No. of health facilities which submitted monthly reports	% of health facilities which submitted monthly reports	No. of health facilities which submitted monthly reports	% of health facilities which submitted monthly reports
Angoche	11	3	27%	7	64%	7	64%	6	52%
Mecubúri	12	5	42%	7	58%	7	58%	6	53%
Nicoadala	8	5	63%	8	100%	5	63%	6	75%
Alto Molócuè	12	9	75%	10	83%	10	83%	10	81%

The table above shows the number and percent of health facilities in selected districts which submitted PRN monthly reports to the district by the established deadline in the three months under review, out of all the health facilities that implement PRN in that district. The data shows that the selected districts did

not receive all the reports they were due to receive each month of the period under review, with the exception of Nicoadala in November. Alto Molócué appears to be the district which consistently receives most of its expected reports each month (an average of 81 percent of the reports were received), while Angoche, Nicoadala, and Mecubúri both appear to require the most technical assistance efforts to improve the timely submission of reports from the health facilities to the districts. The current underreporting affects the quality of the program data and may also affect nutrition product forecasting; thus, it is urgent that the situation be improved. Therefore, FANTA will provide technical assistance to the selected districts to improve this situation.

### 3.2 Number and percent of selected SDSMAS submitting PRN monthly reports on time

Provinces	No. of Districts per Province	Oct		Nov		Dec		Quarterly Average	
		No. of districts which submitted monthly reports	% of districts which submitted monthly reports	No. of districts which submitted monthly reports	% of districts which submitted monthly reports	No. of districts which submitted monthly reports	% of districts which submitted monthly reports	No. of districts which submitted monthly reports on time	% of districts which submitted monthly reports
Nampula	2	2	100%	2	100%	2	100%	2	100%
Zambézia	2	2	100%	2	100%	2	100%	2	100%

The table above shows the number and percent of districts in selected provinces that submitted PRN monthly reports to provinces by the established deadline in the three months under review. The data shows that both districts consistently submitted their respective monthly reports to the provinces for a quarterly average of 100 percent.

### 3.3 Number and percent of months for which the DPS submitted PRN monthly reports on time

Província	October		November		December		Quarterly	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Nampula	1	100%	1	100%	1	100%	3	100%
Zambézia	1	100%	1	100%	1	100%	3	100%

The data in the table above shows that MISAU consistently received provincial reports from the selected provinces in a timely fashion in all months of the period under review, for a quarterly average of 100 percent. FANTA will continue to support the DPSs to maintain this pattern.

## VIII. Major Implementation Issues

FANTA experienced some delays in completing certain documents and deliverables that are pending reviews and approval, as follows:

- The IYCF strategy is dependent on the UNICEF consultant to finalize the draft
- The job aids on infant feeding in the context of HIV are pending MISAU approval
- The SBCC strategy is pending MISAU approval
- The Portuguese version of the PHFS report is pending MISAU review and approval
- The SISVAN concept note is dependent on MISAU review and approval
- **Coordination with some clinical partners at the Nampula and Zambézia level has not been very successful as no joint plans and visit have taken place.**

## IX. Collaboration with Other Donor Projects

FANTA collaborated with the following partners and donor projects:

#### *Central-Level Technical Assistance*

- FHI 360's Youth Power Project and Fundação Ariel Glaser Contra o SIDA Pediátrico (*Ariel Glaser Foundation for Pediatric AIDS*): To identify key informants at the community and health facility levels willing to participate in the key informant interviews conducted in Maputo Province; to inform the development of the counseling materials on nutrition for PLHIV and/or TB
- Peace Corps: To identify volunteers who were willing to participate as key informants in the key informant interviews to inform the development of the counseling materials on nutrition for PLHIV and/or TB
- FHI 360's CAP Project: On the revision of a draft training module on nutrition developed by CAP and the facilitation of a training of trainers using the revised module
- UNICEF: On the facilitation of a training for health workers (clinical and non-clinical health facility staff) on the integration of the BFHI into the Maternity Model Initiative in Manica's Provincial Hospital and in the pre-assessment of Songo's Rural Hospital
- The Association of Nutrition and Food Security (*Associação de Nutrição e Segurança Alimentar* [ANSA]): To support the SUN-CS Platform

#### *Provincial-Level Technical Assistance*

- International Center for AIDS Care and Treatment Programs (ICAP) and EGPAF in Nampula Province: To coordinate an integrated district visit to improve nutrition services
- ICAP, FGH, and UNICEF in Zambézia Province: To discuss ways to strengthen inter-partner coordination; to coordinate the methodology of support provision to the DPS and the districts of Nicoadala and Alto Molócuè; to conduct joint activities at the district and health facility levels

## **X. Upcoming Plans**

### **(A) Central-Level Technical Assistance**

#### **Activities Planned for the Next Reporting Period (January–March 2016)**

#### **Objective 1: Improved food and nutrition program design, implementation, and M&E for people living with HIV and/or TB in MISAU care and treatment services supported by the USG.**

##### **1.1 Strengthen MISAU and provincial health systems to implement the PRN.**

- Continue supporting MISAU's Department of Nutrition (MISAU-DN) PRN technical working group, including participating in meetings, suggesting meeting agendas, and helping write meeting minutes.
- Continue to revise the PRN training materials for community groups to make them applicable to both PRN I and II.
- Support MISAU to conduct at least one regional PRN II training of trainers, as requested.

##### **1.2 Support MISAU to develop and implement QI systems for nutrition services provided through health facilities.**

- Continue to support MISAU in integrating the Partnership for HIV-Free Survival (PHFS) into the implementation of the National QI Strategy, as requested.
- Finalize the revision of the PRN Quality Performance Standards and submit the final version to MISAU.

##### **1.3 Support the integration and improvement of counseling activities to improve nutrition practices among people living with HIV and/or TB in care and treatment services and community-level programs.**

- Conduct the final key informant interviews with health facility workers in Zambézia Province and with other Peace Corps volunteers in Nampula and Zambézia provinces.
- Analyze the trends in the results of the key informant interviews, and use the data to help refine the draft counseling materials.

#### **1.4 Support the integration and improvement of nutrition content in in-service training of health professionals and strategies and curricula related to HIV and TB.**

- Provide technical support to the Challenge TB project on the integration of nutrition activities in field-level implementation in Nampula and Zambézia provinces (e.g., revision of tools, possible facilitation of trainings or participation in key meetings, and joint technical assistance visits) as requested and feasible.

#### **1.5 Support MISAU to improve the national nutrition surveillance system.**

- Continue to advocate for the submission of the SISVAN concept note to the DNSP for approval.
- Continue to support MISAU in obtaining approval of the anthropometric growth curves reference booklet.

### **Objective 2: Improved MCHN program design, implementation, and M&E in MISAU health services supported by the USG and community-based programs supported by the USG.**

#### **2.1 Support MISAU to strengthen IYCF policies, strategies, and implementation.**

- Continue to support the development of the IYCF strategy by participating in regular meetings of the IYCF technical working group and reviewing drafts.
- Continue to support the approval of the National IYCF Policy, with MISAU.
- Present the final results of the mapping of the implementation of the community-level IYCF counseling materials to MISAU and their implementing partners and support MISAU to identify gaps in terms of trainings, supplies, implementation, and partners.

#### **2.2 Support MISAU to implement the BFHI.**

- Support MISAU in the approval and dissemination of the job aids on infant feeding in the context of HIV, and facilitate trainings on the use of the job aids, as requested.
- Continue to support MISAU in coaching Xai-Xai's Provincial Hospital staff and monitoring their progress, and other hospitals that implement the BFHI, as requested.

#### **2.3 Support MISAU to strengthen the nutrition content of MCHN materials.**

- No activities are anticipated during next quarter.

#### **2.4 Support MISAU to implement the PHFS and to strengthen the implementation of the national infant feeding guidelines in the context of HIV.**

- Address any requests for clarification on the report of the pilot phase of the PHFS, as requested.
- Continue writing the English version of the PHFS final report.

### **Objective 3: Increased MISAU capacity to develop, strengthen, and implement nutrition-oriented policies, programs, and institutional reforms to support the PAMRDC.**

#### **3.1 Strengthen the nutrition components of food security and agriculture policies and link them to efforts to reduce chronic undernutrition.**

- Participate in follow-up PAMRDC working group meetings and other relevant activities, as requested by SETSAN.
- Support on-going efforts to establish and scale up SUN-CS groups across provinces in Mozambique.
- Support other activities and fundraising efforts of the SUN-CS Platform, as requested.
- Participate in the GAIN-led Marketplace for Nutritious Foods Technical Advisory Committee activities, as requested.

#### **3.2 Strengthen capacity of MISAU and implementing partners on SBCC strategy development.**

- Continue to assist MISAU with the approval process for the SBCC strategy, as requested.
- Continue to help MISAU plan the workshop to launch the SBCC strategy, subject to the approval of the SBCC strategy.

#### **Other Planned Activities**

- Submit the first-quarter report covering October–December 2015.



## (B) Provincial-Level Technical Assistance

### Activities Planned for the Next Reporting Period (January–March, 2016)

#### IR 1: Improved management of PRN and implementation of PRN protocols

- Continue to provide technical assistance to the DPS in Nampula and Zambézia provinces to oversee PRN implementation, including presenting the baseline results, designing strategies to overcome the challenges, and conducting joint technical assistance visits to implement those strategies.
- Continue to support the provincial PRN technical working groups, including participating in meetings, suggesting meeting agendas, and helping write meeting minutes.
- Continue to provide technical assistance for the implementation of PRN protocols in selected SDSMAS and health facilities in Nampula and Zambézia provinces, including conducting regular technical assistance visits and on-the-job trainings.
- Support the SDSMAS in Angoche and Mecubúri in Nampula Province, and Nicoadala and Alto Molócuè in Zambézia Province to conduct PRN I refresher trainings.

#### IR 2: Improved supply chain management of nutrition products

- Continue to provide technical assistance to the DPS, selected SDSMAS, and selected health facilities in Nampula and Zambézia provinces—so that they can improve the supply chain management of nutrition products, particularly therapeutic milks and CSB+.

#### IR 3: Improved quality, reporting, and analysis of PRN data

- Provide feedback on the results of the analysis of the PMP indicators for the first quarter of implementation of FANTA's technical assistance to the SDSMAS in selected districts in Nampula and Zambézia provinces.
- Continue to provide technical assistance to the DPS, selected SDSMAS and selected health facilities—so that they can improve the quality, reporting, and analysis of PRN data, with emphasis on the timely and consistent submission of monthly reports from the health facilities to the SDSMAS, and from the SDSMAS to DPS.

#### Linkages with partners

- Continue to coordinate technical assistance activities with clinical partners and other provincial stakeholders in Nampula and Zambézia provinces.

#### Supervision and reporting

- Continue to provide management and implementation support through monthly supervision visits.
- Analyze and report on the PMP indicators from January through March, 2016.

## XI. Evaluation/Assessment Update

**Completed during the reporting period:** No evaluations or assessments were completed during this reporting period.

**Underway during the reporting period:** No evaluations or assessments were underway during this reporting period.

**Planned:** No evaluations or assessments are planned during the upcoming reporting period.

## **XII. Success Stories and Photos**

### **Success Story 1**

#### **Moving nutrition up the priority list in Angoche District: Finding a dedicated space for nutrition services in Angoche’s Rural Hospital**

Maintaining an adequate nutritional status is a fundamental human right and is also a prerequisite for the development of any country; however, malnutrition remains a major public health burden, particularly in the era of the HIV/AIDS pandemic. In Mozambique, nearly half of all children under 5 years of age are stunted and an estimated 5.9 percent are wasted. Across the country, Nampula Province has the fourth highest prevalence of any type of acute malnutrition (6.5 percent), and has the second highest prevalence of severe acute malnutrition (3 percent), only exceeded by Zambézia Province.

PRN was designed to provide patients with acute malnutrition in Mozambique a quality course of treatment, in line with up-to-date international guidelines. Since the beginning of the implementation of the PRN I protocols in 2010 for children 0–14 years, several gaps were identified in their implementation; management of the supply chain of nutritional products; and in the processing, analysis, and timely submission of data at the district and provincial levels.

To address these gaps, the FANTA project began implementing technical assistance activities in October 2015 in two provinces in Mozambique, namely Nampula and Zambézia provinces. In Nampula, FANTA provides technical assistance to Angoche’s Rural Hospital and Mecubúri Health Center, their respective district health directorates, and the provincial health directorate. When FANTA began implementing technical assistance activities in Angoche’s Rural Hospital, the district nutrition focal point would take anthropometric measurements, classify nutritional status, register PRN data, and give therapeutic nutrition products to all acutely malnourished patients—both children and adults—in a section of the pediatric inpatient care sector of the health facility. After determining that this was not a functional way to conduct nutrition assessment and support, with an impact in the quality of the care offered and the quality of the data registered, FANTA successfully negotiated with the health facility’s directorate to allocate a dedicated space within the health facility’s grounds where nutrition services could be performed.

Currently, Angoche’s Rural Hospital has what they call a “Nutrition Rehabilitation Sector,” where all cases of malnutrition referred from other sectors of the health facility are assessed, registered, treated, and followed up, contributing to improvements in the patient’s care flow. By the end of December, the Nutrition Rehabilitation Sector had seen about 20 patients since it opened.



Image 1. PRN registry books among other supplies in the pediatric inpatient care sector, where PRN services were offered prior to FANTA’s intervention.



Images 3, 4, and 5. Old PRN sector located in the inpatient pediatric care ward where nutrition assessment and support used to be performed next to the patients' beds.



Images 6 and 7. District nutrition focal point measuring the MUAC of children under 5 years in the newly revamped PRN sector.



Images 8 and 9. District nutrition focal point registering PRN data in the registry book in the newly revamped PRN sector.

## Success Story 2

### Zambézia's Provincial Nutrition Working Group: Improving coordination and complementarity of efforts in nutrition in Zambézia Province

Zambézia is the Mozambican Province with the highest prevalence of all forms of acute malnutrition in children under 5 years of age (9.4 percent), as well as severe acute malnutrition (4.2 percent). In Zambézia, FANTA provides technical assistance to Nicoadala and Alto Molócuè Health Centers, their respective district health directorates, and the provincial health directorate. One of the key objectives of FANTA's technical assistance at the provincial level is to assist the DPS in overseeing the implementation of PRN in the province, and bring partners together to better coordinate everyone's efforts towards achieving the province's goals in nutrition. With this in mind, FANTA assisted the provincial nutrition focal point in Zambézia in successfully establishing a nutrition working group, which brings together key DPS officials and all their partners working in nutrition in the Province.

The nutrition working group in Zambézia had their first meeting on December 9, 2015. Members of the working group who attended the meeting included, from the DPS, the nutrition program focal point and the immunization program focal point; a representative from Quelimane's Provincial Hospital; and implementing partners, including FANTA, ICAP, FGH, World Vision, Concern, and UNICEF (see participant list in Annex 1). The meeting was scheduled to take approximately three hours, with time slots allocated for all of the nutrition interventions implemented by the nutrition program in Zambézia, including the PRN (see agenda in Annex 2).

The group agreed to meet every month to discuss progress, design strategies for the upcoming month, report on progress to the Chief Medical Doctor every quarter, and share learned lessons, challenges, and success stories among the members of the working group.

## XIII. Financial Information

FANTA Pipeline (as of December 31, 2015)	PEPFAR	Office of HIV/AIDS Plus-Up	Feed the Future	Mozambique Mission	Total <sup>[1]</sup>
1. Cumulative obligations to date	1,762,690	1,025,000	1,300,000	2,606,533	6,694,223
2. Cumulative disbursement through September 2015	1,762,690	881,123	1,048,819	598,151	4,290,783
3. Estimated expenditures for Oct-December 2015 <sup>[2]</sup>	0	66,129	71,878	437,104	575,110
4. Total cumulative expenditure through December 2015 (lines 2 & 3)	1,726,690	947,251	1,120,697	1,035,255	4,865,893
5. Pipeline balance as of December 31, 2015 (lines 1–4)	0	77,749	179,303	1,571,278	1,828,330
6. Estimated projection for Q2, FY 16: January-March 2016 (based on FY 16 budget)	0	35,113	62,239	573,732	671,084

<sup>[1]</sup> May not sum exactly due to rounding.

<sup>[2]</sup> Books have not yet been closed for December, so December's expenditures are estimated based on actual spending in October and November.

**Annex 1. Participant List of the December 9, 2015 Nutrition Technical Working Group Meeting in Zambézia Province**

Lista de Presenças 09/12/2015

Participantes presentes às reuniões de trabalho na Província de Zambézia

<u>Nome completo</u>	<u>Instituição</u>	<u>Contacto</u>	<u>email</u>
Saraiva Carlos	IPSZ	843224133	Carvalho Luis 79@ipsz.org
Edgar Nelson Mutombo	ICD	843113864	edgarmutombo@colombia.org
Luís Miguel	Mucob	825213214	cmuligo@colombia.org
Célia Soutelo Rebelo	Concern	827992420	Celia.soutelo@concern.org
Colombia Primrose Kaura	Unicef Mundial	843478513	colombia_kaura@unicef.org
Martina J. Torres	HPQ	849067726	martina.torres@hpq.org
José Lourenço	PAU	825268538	joselourenco@pau.org
Isabel de Fátima	IPSZ	843224133	isabel@ipsz.org
Célia Honora	LEAF	843204490	celia@leaf.org
Jaime Mucumbira	FGH	823734180	jaime.mucumbira@fgh.org
Eng. José Nkomo	F41360	842710221 823365810	fmucumbira@f41360.org



## Annex 2. Agenda of the December 9, 2015 Nutrition Technical Working Group Meeting in Zambézia Province

Proposta da lista dos participantes

Tempo	Nome	Função	Proposta de temas
13H:45-14H	Chegada dos participantes		
14H:05	Dr. Filipe Vicente	Chefe de Saúde Pública	Moderador do encontro
14H:05-14H:15	Surage Luis Jussub Carimo	Supervisor Prov. De Nutrição	inela de Vigilancia NutricionalPonto de situacao de expansao do PRN, inicio de micronutrientes em Po, Postos Sentinela de Vigilancia Nutricional.
14H:15- 14H:20	Maria Rosa Jacinto	Supervisora Prov. De SMI	Ssituação do PTV, Aleitamento materno na 1ª hora .
14H:20 - 14H:30	Miguel Francisco Luís	Supervisor Prov. De SESP	Ponto de situação do envolvimento de agentes comunitarios nas actividades de nutrição.
14H:30- 14H35	José Pondeca	Responsável Prov. da PAV	Apresenta o ponto de situação do envolvimento de TMP
14H:35- 14H:40	Feliciano Nguenha	Responsável Prov. De Saúde Escolar	Ponto de situação de número de adolescentes suplementados com salferroso aos adolescentes e PF.
14H:40-14H:45	Martins Terrua	HPQ	Ponto de situação de IHAC.
14h45-14H:50	Paulo Jaime e Eduardo Zezema	Supervisor Prov. De HIV	Como melhorar a suplementação com plumpy-nut e CSB e pacienets em TSRV e Tuberculose.
14H:50-14H:55	Nélio Namanene	Supervisor Prov. De Malária	Ponto de situação de número de mulheres grávidas que recebem rede mosquiteira e que fizeram TIP.
14H55-16H:00	Gelito Orubale	Supervisor Prov. De depósito de Medicamentos	Ponto de situação dos stocks dos suplementos e medicamentos de PRN-1
16H:00-16H:05	<b>Parceiros</b>		
16H:05-16H:10	UNICEF	Ponto Focal de nutrição	Como apoiam as actividades de nutrição
16H:10-16H:15	FANTA	Ponto Focal de nutrição	Como apoiam as actividades de nutrição Principas constacoes de Linha de Base
16H:15-16H:20	FGH	Ponto Focal de nutrição	Como apoia as actividades de nutrição
16H:20-16H:25	ICAP	Ponto Focal de nutrição	Como apoia as actividades de nutrição
16H:25-16H:30	CONCERN	Ponto Focal de nutrição	Como apoia as actividades de nutrição
16H:30-16H:35	Visão Mundial	Ponto Focal de nutrição	Como apoia as actividades de nutrição
16H:35-16H:40	PMA	Ponto Focal de nutrição	Como apoia as actividades de nutrição
16H:40-16H:45	Save the Children	Ponto Focal de nutrição	Como apoia as actividades de nutrição
16H:45	Fim das actividades		

Quelimane, aos 02 de Dezembro de 2015

Direcção Provincial de Saúde da Zambézia, Av.1 de Julho, Caixa Posta 50, Tel: 24900678, Fax: 24214424, PBX: 823072187, email: dpszambezia@gmail.com- Cidade de Quelimane.

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### Annex 3. Quality Standards for the Measurement of the Performance of PRN Services

Note: this was the version used for the baseline assessment, which also served as the field test of the tool.

#### INSTRUMENTO DE MEDIÇÃO DE DESEMPENHO NOS SERVIÇOS DE NUTRIÇÃO NO PROGRAMA DE REABILITAÇÃO NUTRICIONAL (PRN)

Província:		
Distrito:		
Nome da Unidade Sanitária:	Nº da US:	Tipo de US:
Tipo de Serviço (CCS, CCR, Consulta Pediatria/Internamento, CPN, CPP):		
Nome do responsável pelo PRN na US:		
Nome do responsável pela avaliação:		Data: / /

#### 1. EQUIPAMENTO E MATERIAIS DE APOIO

Padrão de Desempenho 1.1. A Unidade Sanitária possui equipamento e materiais de apoio funcionais necessários para implementação de actividades do PRN.													
<i>Meios de Verificação: Verificar as salas de consulta</i>													
Consultas integradas da criança Verifique se no gabinete da CCR, CCS, Consulta de Pediatria e Internamento da unidade sanitária existe o seguinte:	CCR			CCS			Consulta de Pediatria			Internamento			Comentários
	S	N	N/A	S	N	N/A	S	N	N/A	S	N	N/A	
<b>1.1.1. Equipamento para avaliação antropométrica</b>													
Altímetro													
Balança pediátrica (para crianças com peso inferior à 10 kg)													
Balança do tipo relógio (para crianças até aos 2 anos de idade)													
Balança plataforma (para crianças dos 2 até aos 14 anos)													
Fita de Perímetro Braquial para crianças													
<b>1.1.2. Material de apoio (job aids)</b>													





	CCR			CCS			Consulta de Pediatria			Internamento			Comentários
	S	N	N/A	S	N	N/A	S	N	N/A	S	N	N/A	
Fluxograma de manejo da desnutrição aguda (crianças dos 0-14 anos)													
Tabela com orientação do tratamento (quantidades de ATPU e de MAE a serem prescritas)													
<b>1.1.3. Materiais de Monitoria &amp; Avaliação actualizados<sup>5</sup></b>													
Livro de registo do PRN para crianças dos 0-14 anos													
Fichas de resumo diário													
Fichas de resumo mensal													
Multicartão no internamento													
Ficha de registo diário no internamento													
Fichas de resumo do internamento													
<b>Serviços de saúde Materna</b> Verifique se no gabinete da CPN e CPP da unidade sanitária existe o seguinte:	CPN			CPP			Comentários						
	S	N	N/A	S	N	N/A							
<b>1.1.4. Equipamento para avaliação antropométrica</b>													
Balança plataforma													
Fitas de Perímetro Braquial para grávidas e lactantes													
<b>1.1.5. Material de apoio (job aids) em bom estado</b>													
Tabela de instruções de medição do PB													
Tabela de pontos de corte de PB para classificação da desnutrição													

<sup>5</sup> Com a introdução dos novos materiais de SMI, as fontes de dados do PRN poderão mudar.

Tabela de ganho de peso mensal para classificação da desnutrição							
Fluxograma de manejo da desnutrição aguda em maiores de 15 anos							
Tabela de orientação para o tratamento (quantidades de ATPU e de MAE a serem prescritas)							
<b>1.1.6. Materiais de Monitoria &amp; Avaliação actualizados</b>							
Livro de registo do PRN para maiores de 14 anos							
Fichas de resumo diário							
Fichas de resumo mensal							
<b>A.</b> Total de padrões avallados (máximo 01): _____ <b>B.</b> Total de padrões alcançados: _____ <b>C.</b> Percentagem de padrões que foi alcançada: _____							

## 2. ASSISTÊNCIA CLÍNICA

**Padrão de Desempenho 2.1.** Na Unidade Sanitária existem protocolos e actividades que orientam e apoiam a implementação das actividades do PRN.

*Meios de verificação: (a) Rever protocolos existentes e verificar sua consistência com as recomendações mais actualizadas do MISAU e (b) Rever os processos de avaliação que estiverem presentes na US bem como os relatórios destas avaliações.*

Verifique se na unidade sanitária existe:	S	N	N/A	Comentários
2.1.1. Manual do PRN Volume I que orienta a implementação do PRN				
2.1.2. Manual do PRN Volume II que orienta a implementação do PRN				
2.1.3. Actividades de supervisão e de assistência técnica que apoiam a implementação do PRN				

**Padrão de Desempenho 2.2.** O pessoal de saúde faz uma avaliação e classificação, tratamento e aconselhamento nutricional correctos e de acordo com as recomendações mais actualizadas.

*Meios de verificação: (a) Rever os processos clínicos dos pacientes, (b) Rever Multicartão, (c) Rever livros de registo, e (d) Assistir a pelo menos 2 consultas onde são prestadas actividades do PRN*

Consultas integradas da criança Verifique se as enfermeiras/clínicos da CCR, CCS, Consulta de Pediatria e Internamento:	CCR			CCS			Consulta de pediatria			Internamento			Comentários	
	S	N	N/A	S	N	N/A	S	N	N/A	S	N	N/A		
<b>2.2.1. Avaliam e classificam o estado nutricional de todas as crianças</b>														
Fazer história clínica completa com ênfase na história alimentar da criança														
Medir correctamente o peso de todas as crianças														
Medir correctamente a altura de todas as crianças														
Medir correctamente o perímetro braquial das crianças														
Pesquisar a presença de edema bilateral														
Usar tabelas de desvio padrão para idade e sexo para classificar o estado nutricional das crianças														
<b>2.2.2. Oferecem apoio e tratamento nutricional correcto a todas as crianças</b>														
Referir todas as crianças com Desnutrição Aguda Grave (DAG) com complicações médicas, edema bilateral ou falta de apetite para o internamento <sup>6</sup>														

<sup>6</sup> Para certificar, se todas as crianças nestas condições são referidas para o TDI, deve verificar a coluna de altas no livro de registo do PRN, se há registo de transferências para o internamento.



Serviços de saúde Materna Verifique se as enfermeiras da CPN ou CPP	CPN			CPP			Comentários
	S	N	N/A	S	N	N/A	
<b>2.2.4. Avaliam e classificam o estado nutricional de todas as mulheres:</b>							
Fazer história clínica completa com ênfase na história alimentar durante e antes da gravidez							
Medir correctamente o peso de todas as mulheres grávidas							
Medir correctamente o perímetro braquial							
Pesquisar a presença de edema bilateral e fazer o diagnóstico diferencial com outras causas de edema bilateral na gravidez							
Usar as tabelas de perímetro braquial e ganho de peso para classificar o estado nutricional							
<b>2.2.5. Oferecem apoio e tratamento nutricional correcto a todas as mulheres com desnutrição ou em risco nutricional</b>							
Referir todas as mulheres com DAG com complicações médicas, edema bilateral ou falta de apetite para o internamento							
Oferecer ATPU numa dose fixa diária de 2 saquetas para todos os casos de DAG tratados no ambulatório							
Oferecer 1 saco de MAE para um mês a todas as mulheres com DAM. Se MAE não existir oferecem ATPU numa dose de 2 saquetas por dia							
Aconselhar a paciente a melhorar a dieta com alimentos localmente disponíveis e a consumir todo ATPU ou MAE oferecido							
Dar alta quando a mulher tiver PB > 23 cm em 2 visitas sucessivas ou quando o bebé amamentado tiver 6 meses)							
<b>2.2.6. Oferecem medicamentos de rotina a todas as mulheres</b>							
Prescrever amoxicilina a todas as mulheres grávidas e lactantes com DAG para tomar em casa							
Prescrever mebendazol a mulheres grávidas com DAG ou DAM <b>APENAS</b> no 2º ou 3º trimestre.							
<b>NÃO</b> prescrever mebendazol a mulheres lactantes nos primeiros 6 meses pós-parto							

**Padrão de Desempenho 2.3. Na Unidade Sanitária existem mecanismos de coordenação com serviços comunitários locais**

*Meios de Verificação: Rever registos e funcionamento da US*

2.3.1. A Unidade Sanitária existe:	S	N	N/A	Comentários
Comunicação de todos os casos de faltas e abandonos aos ACSs e APEs				
Mecanismos de busca activa de pacientes faltosos e abandonos				
Coordenação estreita entre o responsável de nutrição e o responsável da saúde da comunidade				
Um sistema de referência/contrarreferência entre a US e a comunidade funcional				

**Padrão de Desempenho 2.4. Na Unidade Sanitária são oferecidos programas de Educação Nutricional e Demonstrações Culinárias.**

*Meios de verificação: (a) Assistir programas de educação nutricional e demonstrações culinárias oferecidos na unidade sanitária e (b) Rever o plano de actividades de educação nutricional e demonstrações culinárias da unidade sanitária.*

2.4.1. Na Unidade Sanitária o pessoal de saúde (responsável de nutrição) deve:	S	N	N/A	Comentários
Fornecer informação e educação nutricional correctas e mais actualizadas aos pacientes				
Estabelecer um plano de actividades de educação nutricional e demonstrações culinárias				
Realizar demonstrações culinárias pelo menos 1 vez por mês				

A. Total de padrões avaliados (máximo 04): \_\_\_\_\_

B. Total de padrões alcançados: \_\_\_\_\_

C. Percentagem de padrões que foi alcançada: \_\_\_\_\_

### 3. RECURSOS HUMANOS

**Padrão de Desempenho 3.1. Na Unidade Sanitária existe pessoal formado no Programa de Reabilitação Nutricional.**  
*Meios de verificação: Rever os registos de formação da unidade sanitária.*

Verifique se na unidade sanitária existe:	S	N	N/A	Comentários
Pelo menos uma pessoa formada no âmbito do PRN em cada um dos seguintes serviços:				
Consulta da Criança em Risco				
Consulta da Criança Sadia				
Consulta de Pediatria/TARV Pediátrico				
Enfermaria de Pediatria/Malnutrição				
Consulta Pré Natal				
Consulta Pós Parto				
<p>A. Total de padrões avaliados (máximo 01): _____</p> <p>B. Total de padrões alcançados: _____</p> <p>C. Percentagem de padrões que foi alcançada: _____</p>				

#### 4. LOGÍSTICA

**Padrão de Desempenho 4.1. A Unidade Sanitária tem um sistema de logística efectivo que garante permanente disponibilidade e distribuição de produtos terapêuticos, alimentos suplementares e suprimentos necessários.**

*Meios de verificação: Verificar a estrutura do sistema logístico (certifique de que todas as ferramentas necessárias para aquisição e distribuição dos suprimentos estão no local).*

Verifique se na Unidade Sanitária o responsável pela logística:	S	N	N/A	Comentários
Faz registo diário do estoque dos produtos terapêuticos				
Faz estabelecimento de prioridades de distribuição				



Faz previsão das necessidades para todos os níveis de provisão de serviços com base no consumo do mês anterior				
Faz requisição dos suplementos nutricionais e suprimentos necessários com antecedência (depois de consumido 80% do stock)				
Usa o procedimento de "primeiro a expirar, primeiro a sair"				
<b>Padrão de Desempenho 4.2. A Unidade Sanitária tem um armazém/depósito para produtos terapêuticos e suplementos nutricionais com condições adequadas.</b>				
<i>Meios de verificação: Verificar ou auditar o armazém (de preferência usando uma lista de verificação)</i>				
<b>Verifique se o armazém ou depósito da Unidade Sanitária:</b>	<b>S</b>	<b>N</b>	<b>N/A</b>	<b>Comentários</b>
Apresenta condições de higiene adequadas				
Tem ventilação adequada				
Tem as paredes secas e sem sinais de humidade				
Está livre de ratos e insectos				
Tem os produtos terapêuticos e suplementos nutricionais à uma distância adequada das paredes				
Tem os produtos terapêuticos arrumados de forma adequada e separados de produtos químicos				
Recebe os produtos terapêuticos em boas condições				
<b>A. Total de padrões avaliados (máximo 02):</b> _____ <b>B. Total de padrões alcançados:</b> _____ <b>C. Percentagem de padrões que foi alcançada:</b> _____				

## 5. MONITORIA & AVALIAÇÃO

### Padrão de Desempenho 5.1. A Unidade Sanitária tem um sistema de Monitoria e Avaliação funcional.

Meios de verificação: (a) Rever os métodos usados para recolha e análise de dados e (b) Rever os instrumentos usados para a recolha de dados.

Consultas integradas da criança Verifique se na CCR, CCS, Consulta de Pediatria e internamento a enfermeira:	CCR			CCS			Consulta de pediatria			Internamento			Comentários
	S	N	N/A	S	N	N/A	S	N	N/A	S	N	N/A	
Preenche correctamente o cartão do doente <sup>7</sup>													
Regista correctamente a informação no livro de registo do PRN													
Preenche correctamente a ficha do resumo diário													
Preenche correctamente a ficha do resumo mensal													
Processa e analisa os dados na frequência estabelecida													
Preenche correctamente o Multicartão no internamento													
Preenche a ficha de registo diário no internamento													
Preenche correctamente o resumo do internamento													
Serviços de saúde Materna Verifique se na CPN e CPP, a enfermeira:	CPN			CPP			Comentários						
S	N	N/A	S	N	N/A								
Preenche correctamente o cartão do doente													
Regista correctamente a informação no livro de registo do PRN													
Preenche correctamente a ficha do resumo diário													
Preenche correctamente a ficha do resumo mensal													
Processa e analisa os dados na frequência estabelecida													
A. Total de padrões avaliados (máximo 01): _____													
B. Total de padrões alcançados: _____													
C. Percentagem de padrões que foi alcançada: _____													

<sup>7</sup> Considera-se que o cartão do doente está correctamente preenchido quando pelo menos tem todos os campos que permitem fazer a avaliação e classificação nutricional devidamente preenchidos (peso, altura, idade, perímetro braquial, IMC/idade e/ou IMC).

COMENTÁRIOS GERAIS:

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**SÍNTESE DO RESULTADO DA MEDIÇÃO DE DESEMPENHO DE SERVIÇOS DE  
NUTRIÇÃO DO PROGRAMA DE REABILITAÇÃO NUTRICIONAL**

Província:				
Distrito:				
Nome da Unidade Sanitária:		Nº da US:		Tipo de US:
Tipo de Serviço (ambulatório/internamento):				
Técnico responsável pela avaliação:				Data: / /
Áreas Avaliadas	Nº total de padrões existentes	Nº de padrões observados	Padrões alcançados	
			Nº	%
1. Equipamento e Materiais de apoio	1			
2. Assistência Clínica	4			
3. Recursos Humanos	1			
4. Logística	2			
5. Monitoria & Avaliação	1			
<b>Total de Padrões</b>	<b>9</b>			