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

FY2014 4rd Year of the Project

1th Quarter Report: October to December 2013

January, 2014

This publication was produced for review by the United States Agency for International Development. It was prepared by Paultre Pierre Desrosiers and Staff through the Clinical HIV/AIDS Services Strengthening Project (CHASS Niassa) FHI360.

ACRONYM LIST

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARV	Antiretroviral
ART	Antiretroviral Therapy
CD4	Cluster of Differentiation 4
CHASS	Clinical HIV/AIDS Services Strengthening Project
CHASS N	Clinical HIV/AIDS Services Strengthening Project, Niassa
CCM	Community Case Management
CMAM	Central de Medicamentos e Artigos Médicos Center of Medicines and Medical Supplies)
CSB+	Corn Soy Blend Plus
CSO	Community service organization
CTZ	Cotrimoxazole
DPS	Direcção Provincial da Saúde (Provincial Health Directorate)
EPTS	Electronic Patient Tracking System
FANTAIII	Food and Nutrition Technical Assistance (FANTAIII) project
FILAs	Folha Individual de levantamento de ARVs
FH	Food for the Hungry
FHI360	Family Health International
FOGELA	Fortalecimento da Gestão Laboratorial para Acreditação
FP	Family planning
GAAC	Grupo de Apoio para Adesão das Comunidades (Community adherence support groups)
GBV	Gender based violence
HCT	HIV Counseling and Testing
HF	Health Facilities
HIV	Human Immunodeficiency Virus
HR	Human Resources
ICP	Infection Control Program
IEC	Information, Education, Communication
L&D	Labor & Delivery
LTFU	Lost-to-Follow-Up
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MISAU	Ministry of Health (Mozambique)
M2M	Mother-to-Mother
M DNA	Mitochondrial Deoxyribonucleic acid
NED	Núcleo de Estatística Distrital (Disctrict Statistics Department)
NRP	Nutrition Rehabilitation Program (Programa de Reabilitação Nutricional)
PCC	USAID Community Care Program
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PICT	Provider Initiated Counseling and Testing

PIMA	Point of Care technology for CD4
PMTCT	Prevention of Mother-To-Child Transmission (of HIV)
SAAJ	Serviço Amigável do Adolescente e Jovem (Youth and Adolescent Friendly Service)
SDSMAS	District Health, Women and Social Action Services
SIMAM	Sistema Infomatizado de Gestao de Medicamentos
SOP	Standard Operating Procedure
TA	Technical Assistance
TB	Tuberculosis
TDA	Tratamento da Desnutrição em Ambulatório (Outpatient Treatment of Malnutrition)
TDF	Tenofovir
TDI	Tratamento da Desnutrição no Internamento (Treatment of Malnutrition in Internment)
TSV	Technical Support Visit
UATS	Unidade de Aconselhamentos e Testagem para a Saúde (Health Counseling and Testing Unit)
UGEA	Unidade Gestora Executiva de Aquisições (Executive Procurement Management Unit)
USAID	United States Agency for International Development
WFP	World Food Program
WHO	World Health Organization

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

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

Total Amount Obligated (to date): $21,935,176

Actual Expenditures Thru this Quarter: $21,377,543

Current Pipeline Amount: $557,633

Projected expenditure January 2014 to March 2014: $1,554,193

Geographic Focus: Niassa Province, Mozambique

Summary of the reporting period

FHI360 is pleased to present to the United States Agency for International Development (USAID) the thirteenth project progress report, describing activities implemented from October 1, 2013 through December 31, 2013.

During this period, the project has continued to make solid progress towards the fulfillment of the CHASS Niassa project work plan, having completed most key activities planned for this quarter. These activities include:

Health System

The project supports the provision of family-based HIV/AIDS care services through a broad range of activities, including:

- Expansion of the number of sites delivering ART treatment across the province from 42 to 46 health facilities (HFs) in Niassa province, and a continued support of PMTCT services in 65 HFs in 16 districts;
- Decentralized delivery of ART, prevention and care with broader involvement of communities and of people living with HIV/AIDS.
- Integration of PMTCT interventions throughout the maternal, newborn, and child health (MNCH) platform, including the consolidation of the one-stop-shop model in 65 HFs but 26 HFs are still using option A;
- Refresher trainings to improve skills and knowledge of the CCMs, together with continuous support in organization of patient files, were priority interventions during the quarter;
- Continuing implementation of Option B+ in 39 HFs, 6 of which are implementing Option B+ with Tenofovir (TDF). During the quarter, there was major involvement of pharmacy staff and ART focal persons in the day-to-day PMTCT activities, which led to improved performance.
- Increased access to comprehensive, well-integrated HIV prevention, care, and treatment services for women, children, and families living with and affected by HIV and AIDS.
- Strengthen the health systems with a view to maximizing the quality and long-term benefits of ART.

- Bring the continuum of prevention, care, treatment, and support closer to clients, through decentralization of ARV distribution and task-shifting.

Community-based strategies to improve uptake and retention of HIV infected individuals

The CHASS Niassa project build on synergies among HIV/AIDS and tuberculosis prevention, maternal and child health, family planning, nutrition, and in an effort to link with community support services. This comprehensive approach is expected to strengthen community HIV/AIDS care by eliminating the stigma that often accompanies HIV/AIDS services. The project supports community-based and community-oriented programs through a broad range of activities, including:

- Strengthen the organizational, leadership, and technical capacity of CBOs that would implement/manage CCM initiative and community HTC. Capacity-building activities, with particular emphasis on sustainability, leadership, management, lessons learned, and monitoring and evaluation, as defined in sub-award agreement.

- Continued support for three community service organizations (CSOs) and 136 CCMs to deliver HIV&AIDS services in the community including HIV counseling and testing, community mobilization, education on HIV risk reduction and psychosocial support to PLHIV, and referral and counter referral to and from HFs.

- Continued support to CSOs to promote HIV prevention among the general population as well as among most at risk and vulnerable populations in the community through: IEC materials, peer education, small group discussions and community outreaches to share HIV risk reduction messages.

- Strengthened and expanded referrals between community services and health facilities and among health providers and continued counseling, psychosocial supports to continue full regimen of treatment.

- Enhancement of the facility-community linkage model through CHASS Niassa CCM initiave using community forums and home visits to specifically encourage pregnant women and their partners to attend ANC, to refer sick children, adults to health facilities.

Universal access to pediatric HIV care and treatment

The project has made considerable efforts to achieve universal access for infant exposed to or living with HIV and maximize the impact of HIV treatment on HIV prevention.

- Advocate for and support of easy-to-use and affordable early infant diagnosis methods appropriate to most HFs.

- Integration of care for mother and child into a one-stop, integrated consultation.

- Implementation of routine testing for infants presenting to immunization clinics at 6 weeks of age (the potential for negative impact on routine immunization uptake exists and should be evaluated).
- Follow-up of HIV-exposed infants and early infant diagnosis of HIV, during ante and postnatal care, family planning, growth monitoring, high-risk child and immunization consultations.
- Improve communication and referrals between ART sites and other related services (Maternity ward, Children at-risk Clinic and Well-baby Care/Immunization services)
- CCMs home visits to provide patient-based mentoring.
- Development of District Child Care Forums, involving the health sector, social welfare, businesses, nongovernmental organizations, and community-based organizations to advocate for Child Survival.

Integrated Health Service delivery model

CHASS Niassa project is supporting the DPS in the implementation of a comprehensive, integrated approach to service delivery that focuses on care coordination and builds on a foundation of strong primary care. Integrated health care starts with good primary care and refers to the delivery of comprehensive health care services that are well coordinated with good communication among providers. Patients are informed and involved in their treatment. Essential to integrated health care delivery is a high-performing primary care provider who can manage the delivery of seamless, well-coordinated care. The key issue here is to identify the most appropriate sectors to deal with HIV/AIDS issues and establish linkages between them. The project supports interventions of a comprehensive, integrated approach to service delivery through a broad range of activities, including:

- Integration of TB, HIV/AIDS. SRH, nutrition and SGBV services is directly attributable to the CHASS Niassa project and the one stop shop implemented in most of the ART sites has contributed to the reduction of LTF, though there may also be other influential variables.

- Supportive supervision/TSV which is well coordinated and integrated into the DPS/SDMAS routine visits to health facilities but the mentoring process has created significant dependence.

- Continuing mentorship program to ensure quality of care, treatment, and support, despite constant staff turnover at the district and facility level.

The integrated technical approach has enable the PHC system to test more patients for HIV, place more patients on ART more quickly and efficiently, reduce loss-to-follow-up, achieve greater geographic HIV care coverage, provide patient-centered care delivery model or “holistic”

care, including family and community; care continuity; coordination and integration across settings and providers; chronic disease management; patient education; prevention and wellness care; and information management.

M & E Program

The project conducts regular data quality assessments to ensure the quality, validity, and reliability of the data collected, discuss the findings and report on progress, potential concerns, and additional or unexpected opportunities.

In addition, the project has conducted frequent site visits to ensure that data collection is occurring and that the information transmitted is valid and reliable. Following the monitoring and evaluation plan, the project has ensured a unified and standardized systems and processes which support a streamlined and user-friendly approach building on in-country systems and tools (Modulo Basico) to avoid parallel systems and redundancies.

Continued to strengthen district statistics department (NEDs) to ensure high quality of data collection, analysis and dissemination of information, through technical assistance visits at the district level

Continued technical support to strengthen the quality of data collected through the MOH HIS system through the *módulo básico* (MOH database) through quarterly joint site visits to all health facilities (with NEDs). The visits include review of the data flow, orientation to data collection at different settings within sites, and data verification.

Key highlights for the first quarter of Year 4

CHASS Niassa has made considerable progress during this quarter. During the first quarter, CHASS Niassa is on course to reach its annual targets. In general, the project has reached 25% of its annual targets.

HCT

This quarter, a total of 26,215 individuals were counseled and tested in a provider initiated counseling and testing (PICT) setting, of whom 1,062 (4%) tested positive. In the same period, a total of 4,388 patients were tested through community HCT, with 253 (5.7%) testing positive. There was a decrease in the number of people tested through community HCT compared to the previous quarter due to a reduction in implementing partners´ activities. The was a result in part due to the delayed approval of the CHASS N annual work plan which lead to delay approval of sub agreements with community partners. For PICT the number of people tested increased by 25% compared to the previous quarter, which was likely the result of improved registration of patients tested and improved availability of test kits.

PMTCT

This quarter, 14,208 pregnant women were registered in ANC settings. Of these women, 13,313 (94%) knew their status and 903 (6.7%) were HIV positive. 697 (77%) of the HIV positive women were provided with ARV prophylaxis at an ANC service. The proportion of those tested positive who were provided with ARV prophylaxis increased from 69% to 77% from last quarter as a result of closer support to MCH nurses. When training was provided to MCH nurses, tutors were also trained. During the quarter, these trained tutors increased their participation in the PMTCT activities, and supported progress reviews and control of stocks of test kits and ARVs while also reinforcing the inclusion of women previously on Option A.

This quarter a total of 384 new HIV+ pregnant women initiated Option B+, up from 363 last quarter (a 6% increase from last quarter). This is likely the result of consolidation of the B+ strategy in the province.

ART

A total of 1,292 new patients initiated ART this quarter, an 11% decrease compared with last quarter. This represents 43% of the annual target. A total of 11,749 patients are currently on ART; this is a 9% increase compared to last quarter and contributed to reaching 138% achievement of the annual target. Of these patients, 103 new children initiated ART; this is 8% of the total new inclusions in ART. The decrease in enrollment was associated with difficulties in identification of patients with eligibility criteria as the CD4 machines from four HFs faced periods of inactivity during quarter.

TB/HIV

This quarter 454 new TB patients were registered, 448 (98.7%) of whom knew their HIV status. Of the 448, 178 (39.7%) were HIV positive and all of them (178) received CTZ prophylaxis; 159 (89.3%) initiated ART. Overall the proportion of HIV+ patients initiating ART increased from 79% to 89%, likely as a result of improvements in documentation of TB results, consolidation of implementation of the one-stop-shop model, and universal access in the province.

LTFU

A total of 218 defaulted (faltosos) patients in Pre-ART and 494 in ART were delivered to CCMs and lay-counselors for identification and 140 (64%) of Pre-ART patients and 322 (65%) of ART patients were located. Of the patients located, a total of 129 (92%) patients in Pre-ART and 278 (86%) in ART were encountered and 113 (88%) and 247 (89%) in Pre-ART and ART patients, respectively, returned to treatment. In the same period, 131 patients that had abandoned Pre-ART and 278 that had abandoned ART were delivered, of which 96 (73%) patients in Pre-ART and 188 (68%) in ART were located. Of the patients located, 80 (83%) patients in Pre-ART and 152

(81%) ART were encountered and of those patients, 71 (89%) patients in Pre-ART and 145 (95%) in ART returned to treatment.

GBV

At the HF level, a total of 1,002 (343 males and 659 females) individuals were screened for GBV and 28 were identified as sexual violence cases of which 27 (96%) were tested for HIV; all were found to be negative. Nine (32%) of the women who were victims of sexual violence received PEP and 7 (25%) of them received emergency contraceptives. The low coverage of emergency contraception was due to the fact that most of the victims of sexual violence were not eligible (males and under-10 years old females) for emergency contraceptives, whereas for PEP, the low coverage was due to the arrival of patients at HFs after more than 72 hours from exposure (19 individuals). The project will work to address this problem in the next quarter through the reinforcement of TSV and through improvement of registration and transportation of PEP and contraceptive kits to the health facilities. The project supports the implementation of the JHPIEGO/MISAU GBV guidelines which is being used in all 16 districts and 20 HFS. In addition, the project strongly supports the engagement of men as active allies and partners to prevent GBV and participated in the promotion and organization of the Men to Men groups in some of the districts. The groups are being created to encourage men to positively influence each other as men,

Project Objectives

The USAID/Mozambique Clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. The project supports USAID's Strategic Objective 9 (SO 9) "to improve health of vulnerable populations in Mozambique," and more specifically contributes to Intermediate Result (IR) 7.3, "Improved use of proven interventions to prevent major infectious diseases." CHASS/Niassa is implemented by Family Health International (FHI 360) in partnership with Abt Associates and Food for the Hungry (FH).

CHASS's goal in Niassa is to contribute efforts to strengthen the provincial health system and enhance the capacity of the Provincial Health Directorate (DPS) to manage its own health systems and finances, increase human resources for health, improve quality and use of strategic information, strengthen local organizations and align with national priorities and plans. The project's specific objectives are to:

1. Increase access, quality and use of HIV care and treatment services to rural communities by intervention in seven areas: counseling and testing, laboratory services, prevention of maternal to child transmission (PMTCT), adult care and treatment, pediatric care and

treatment, palliative care, and prevention, diagnosis and treatment of HIV-tuberculosis (TB) co-infection;
2. Provide a continuum of accessible HIV and related primary health care services including maternal and child health (MCH) and reproductive health services (including support at clinics that do not provide antiretroviral therapy (ART) or PMTCT) and to improve linkages and referrals within and between facilities and communities;
3. Support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to, by the end of the project, handover project activities to Mozambican authorities and to assist the DPS in the development of robust systems of monitoring and evaluation for HIV-related programs that can be adapted for use across the health field.

The cornerstones of the CHASS Niassa technical approach are systemic integration of HIV and AIDS clinical services within the primary health care system; a broad continuum of HIV related services spanning the health sector and the community; health systems strengthening through quality improvement and sustainability planning; well-coordinated technical assistance and mentoring across service delivery platforms; and partnership with DPS/Ministry of Health (MISAU), USAID and local and international non-governmental organizations to support services within the existing government health care structure.

The expected outcomes include reduced HIV transmission; increased number of people receiving antiretroviral (ARV) treatment; increased number of people who know their HIV status; increased number of HIV positive people who are case-managed and referred to primary HIV care for ART and other services necessary for optimizing health outcomes; and increased number of people from the community who are referred to primary health care services.

Project Performance Indicators

Objective 1: Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.

CHASS N supports the implementation of HIV/AIDS services in 65 health facilities (HFs) as a means to strengthen PHC system in Niassa province. ART is fully integrated into the existing primary health care system through 46 health units distributed across 16 districts. Integration included: a) placing ART services in existing units; b) retraining existing health workers; c) strengthening laboratories, testing, and referral linkages; e) expanding HCT and ART in TB wards; f) integrating HIV and antenatal services; and g) strengthening the health system through improve provincial/district-level management such as shortages or stock out of drugs, uneven

distribution of health services and human resources, poor availability of equipment or guidelines. Additional support is provided to improve retention and promote adherence to health services through community interventions (community mobilization, community Health Counseling and Testing, home-visits, and active case finding through "busca consentida").

HIV Counseling and Testing Support Activities

CHASS N supports the implementation of a strategic mix of approaches to HTC, such as community-based and provider-initiated HTC based on a provincial's context and make-up, has greatly expanded coverage, access and acceptance of testing. In clinical settings, HCT is supported in a total of 65 HFs through the Provider-Initiated Counseling and Testing (PICT) approach, and in seven of these HFs through the UATS (Health Counseling and Testing Units) approach. Community HCT is implemented at district level in a total of four districts, namely Lichinga, Lago, Mandimba, and Mecanhelas. These districts were selected based on population size and are estimated to contain 44% of the total population of the province (Census 2007). The project has ensured that HTC and linkage to care efforts are undertaken in both clinical and community settings by health professionals, community and case managers. Settings include antenatal clinics, inpatient and outpatient departments, tuberculosis clinics, sexually transmitted infection and reproductive health clinics, adolescent and young adults programs using the provider-initiated HTC approach. Mobile or outreach, community/home-based and stand-alone voluntary counseling and testing settings rely on a client-initiated HTC approach.

During the quarter, a total of 1,489 individuals (686 males and 803 females) were counseled and tested for HIV in the UATS. Out these, 289 tested positive. Compared to the previous quarter, the number of patients tested increased by 8% (from 1,380 to 1,489) and the proportion testing positive decreased from 22% (304/1,380) to 19% (289/1,489). This increase in the number of people tested can be attributed to the mapping exercise conducted by CHASS N and DPS to identify the sites with inconsistent use of HCT registers and the subsequent provision of registers and trainings to the HF staff on quality reporting of HCT data. The improvement in the availability of HIV test kits in the province also contributed to this increase.

Where PICT is implemented, during this quarter, a total of 26,215 individuals (13,857 males and 12,358 females) received clinical counseling and testing of which 1,062 (4%, 566 males and 496 females), tested positive; the proportion testing positive was the same among males and females. In comparison with last quarter, there was a 55% increase in number of people tested (from 16,888 vs 26,215) (See Annex 1). The project has achieved 25% of its annual target.

In the Community HCT program, a total of 4,649 patients (2,106 males and 2,543 females) received counseling (Figure 1). There was a 40% decrease in the absolute number of people counseled, from 7,724 in last quarter, to 4,649. This decrease is attributed to the delay in

approval of the CHASS Niassa annual plan, which led to a long break in community partners´ activities. Despite the lack of operational budgets, community partners continued to implement activities on a smaller scale. Community HTC has enhanced awareness within communities about HIV and AIDS and has also served as vehicle to address health and social issues in the commuity.

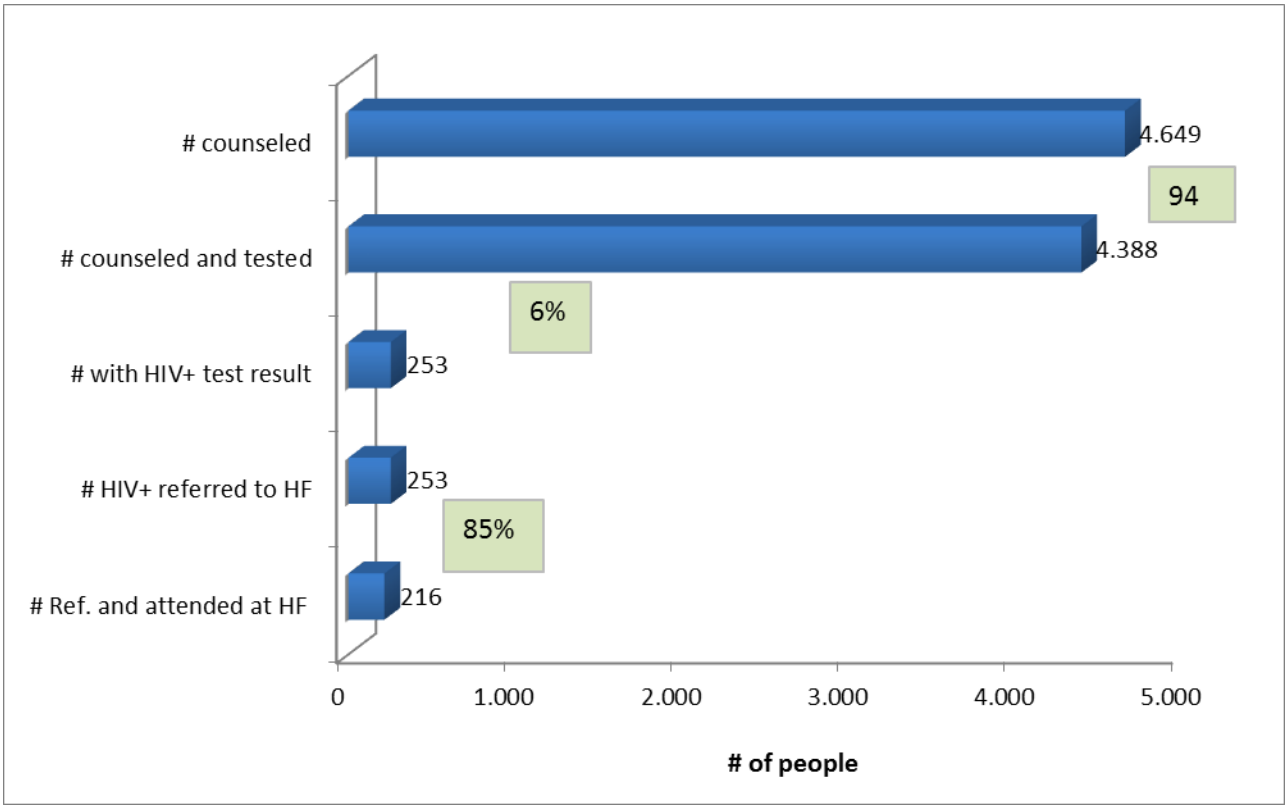
A total of 4,388 (1,975 males and 2,413 females) of the individuals who were counseled in HCT setting were tested (94%). The proportion tested increased from 89% in the previous quarter. This improvement in uptake of testing is the result of training workshop to strengthen the skills of HWs/CCMs in providing psychological support. CHASS N ensured the participation of supervisors of Community Case Managers (CCMs) as a means to improve the quality of counseling at the community level. These activities were complemented by the provision of job-aids and guidelines for psychological support.

Among those tested in HCT settings, 6% (103 males and 150 females) tested positive. All those tested positive were successfully referred to a health facility (see figure 1). Although the percentage of individual testing positive was slightly higher among women (6%) than among men (5%), the difference was not statistically significant (p=0.15). Of those referred 216 (85%, 88 males and 128 females) reached a health facility in the province and were attended. This is not a significant change from the previous quarter. However, to address the 15% of individuals who tested positive and did not reach a HF, CHASS N has reinforcing active tracking of these patients. All efforts are being made to improve follow-up in the community of patients testing positive, and to ensure a high adherence to treatment among all PLHIV on ART Although active search is currently being done; the current system does not track this group specifically.

Overall, the achievements in HCT were positive in all the testing types (except community, as indicated above). Factors contributing to the positive results included the improvement in the availability of test kits, improved registration of individuals tested through supply of registers, as well as collaboration and support from the District Health, Women and Social Action Services (SDSMAS) in all districts. CHASS N recruited a Technical Officer for Pharmacy, to be based in Lichinga, and it is expected that the technical assistance (TA) in managing drugs and test kits will be improved.

Coordination and data review meetings with DPS and community implementing partners, as well as Joint Technical Support visits are reinforced and on-the-job training/mentoring in HCT are readily provided. In addition, activities to expand the c-HCT to Cuamba have been initiated, and during the quarter, CHASS N conducted a mapping, identification and selection of CCMs for implementation of the activities in that district; this will continue in the next quarter. Finally, CHASS N continues to support the districts and ensure that test kits supplied by the provincial warehouse are provided to the community partners according to demand and set targets.

Figure 1 - Community HCT Cascade in Niassa Province from October to December 2013



tTest kits were available this quarter, but many of the available kits were due to expire in February 2014. To maximize the use of these kits, they are being rerouted to the HCT sites where larger numbers of people are tested. This will minimize the number of tests that are unused prior to expiration. Future stock, including those already requested, will be allocated based on expiration dates to HF or to c-HCT.

Prevention of Mother to Child Transmission (PMTCT) Support Activities

CHASS N will continue its support in PMTCT to 65 HFs (43% of the total number of HFs in Niassa) but covering close to 90% of the population in the province. Both Option A and Option B+ for PMTCT are being implemented in the province. Implementation of Option B+ began in June 2013. with Option B+ with Tenofovir (TDF) being offered in a 6 HFs in quarter four of year 3. Clinical activities this quarter consisted of building the capacity of HF staff on the side effects of TDF and in monitoring of biochemistry changes. In addition, HIV focal points in the HFs and district facilitators have been trained to provide support on how to manage adverse events in clients receiving Option B+.

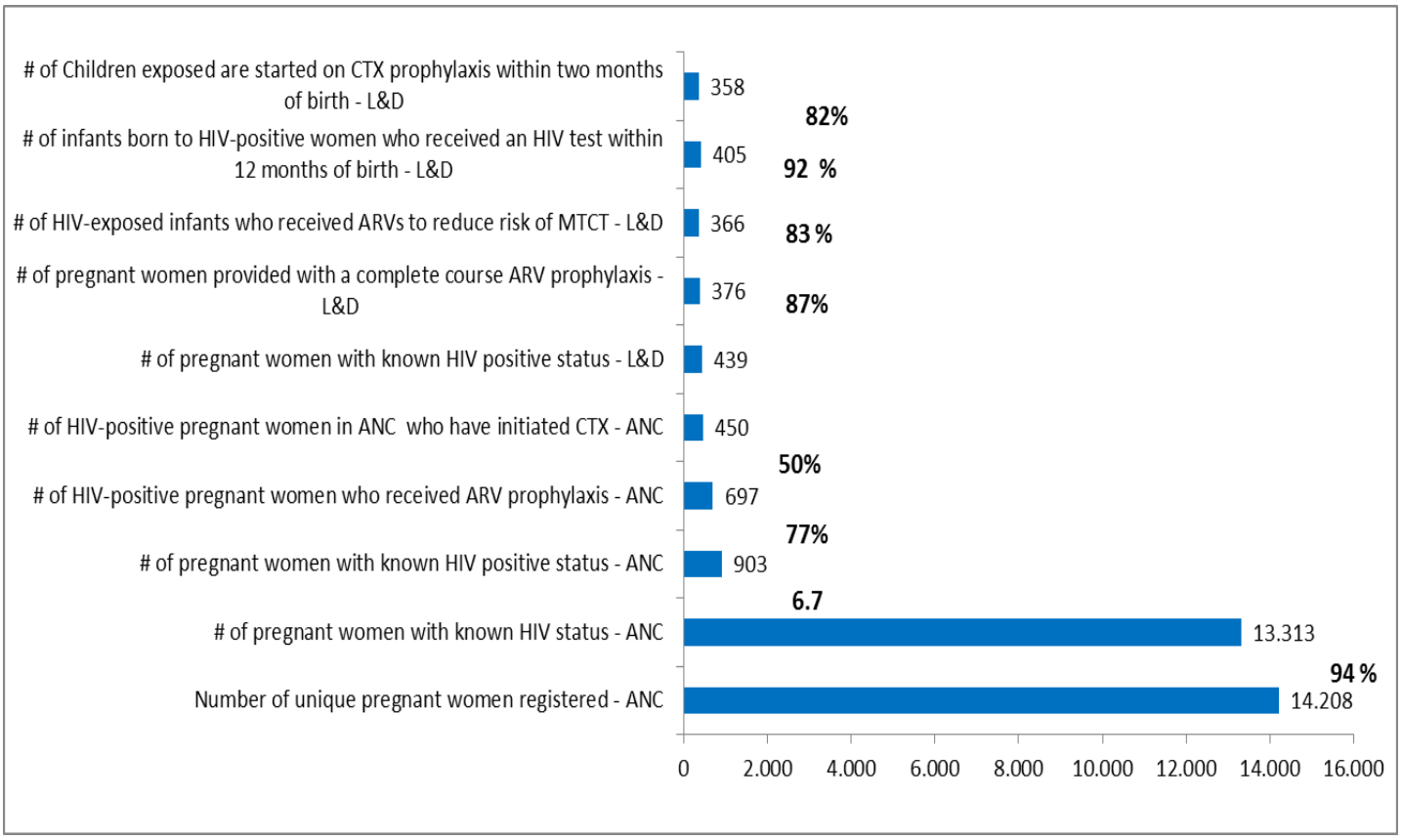
This quarter a total of 14,208 pregnant women were registered in Antenatal Care (ANC) settings. Of those registered pregnant women, 13,313 (94%) knew their HIV status (either HIV status

known at entry or tested in the ANC setting). Among them, 903 (6.8%) were HIV positive and 697 (77%) of the HIV positive women were provided with ARV at an ANC service (Figure 2). Coverage of ARV prophylaxis for pregnant women increased from 69% of the HIV+ women last quarter to 77% this quarter. This increase is likely the result of improved support provided by tutors to HF staff. Tutors are based in the HFs and their monitoring of PMTCT activities in ANC has been reinforced during this quarter through participation in daily PMTCT activities. The supply of ARVs also improved in the province as a result of improved collaboration between the provincial level pharmacy and the districts and health facilities. This has contributed to a reduction in response times from 22 days in last quarter to 12 days for emergency requests. In addition, there was a consolidation of the control of stock of ARVs within the one-stop-shop model for PMTCT as the nurses improved the organization of patient charts and FILAs in collaboration with the HF pharmacies. In addition, CHASS N hired a dedicated pharmacist based in Lichinga to support DPS in management of medicines. Overall, although there has been noticeable progress (69 to 77%) and CHASS N is determined to reach the 85% threshold in the coming quarters.

The proportion of pregnant women in ANC with known HIV status (including those positive at entry and tested in ANC) increased slightly from 93% to 94% ($p<0.01$), compared to last quarter. This could be due to the focus given to reviewing the errors in filling the register books (correction of errors) and monthly summaries during TA visits and to the improved availability of test kits.

The number of women started on ART increased by 5.8% from the previous quarter, from 363 to 384, as a result of the consolidation of the strategy in the province. As at the end of the quarter, a total of 210 women had been enrolled in the Option B+ with TDF, which is 55% of all women enrolled in Option B+ in PMTCT this quarter, and 30% of the total number of HIV+ women who received ARV prophylaxis in PMTCT. Technical assistance provided jointly by DPS and CHASS Niassa, which involved organization of patient clinical charts, might have contributed to the increase in enrollment. In addition, there was better involvement of HF pharmacy staff in the Option B+ activities, including the control of stock and subsequent timely supply of ARVs to the MCH sector. There was also a supervision visit from the national level ministry of health (MOH) to three districts in Niassa which aimed to assess the challenges faced in the implementation of Option B+. As part of the TA visit, the resulting recommendations about good and bad practices were replicated to other HFs implementing the strategy. In addition, CHASS N and DPS monitored the abandons and defaults among Option B+ patients. While the number of new patients initiating ART increased this quarter, the number of LTFU patients decreased by 66% (from 98 to 33). CHASS N will continue to monitor this closely.

Figure 2 – PMTCT Cascade for Niassa, October to December, 2013

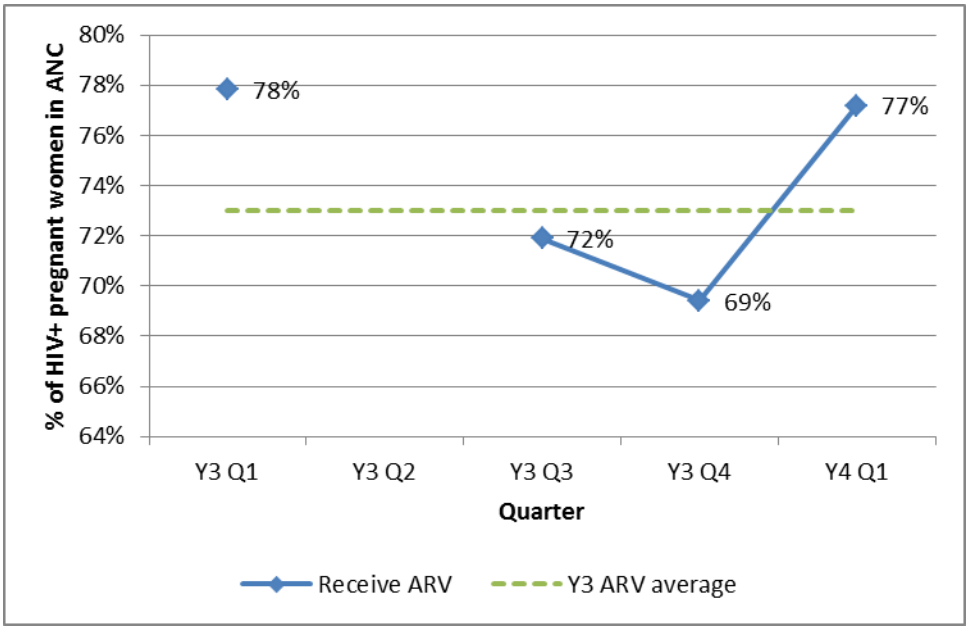


In general, performance on the PMTCT cascade (figure 2) this quarter shows a continuing trend of improved performance. Although the percent of women who knew their status did not increase relative to the prior quarter, it is substantially higher than the quarterly average for FY13 (83%) and is higher than all quarters in FY13 (Figure 3) suggesting that CHASS N has sustained the improved performance shown last quarter. A similar positive trend is seen with regard to ART coverage of HIV+ pregnant women. Not only was performance higher this quarter than last, it was also higher than the FY13 quarterly average of 73%.

This quarter 4,011 partners of pregnant women received counseling and were tested for HIV in ANC, a 5% increase compared to the previous quarter (from 3,835 to 4,011). The proportion of partners tested also increased, from 22% last quarter to 30% this quarter. Improvements in the availability of test kits in the province likely contributed to this increase.

Fifty percent of HIV+ pregnant women were provided with CTZ in ANC this quarter, a reduction from 55% in the previous quarter. This decrease was associated with the stock out of CTZ in the province, combined with the 49% increase (from 607 to 903) in the number of HIV+ pregnant women served.

Figure 3 – ART coverage of HIV+ pregnant women in CHASS N sites, Years 3 and 4, by quarter



Note: Quarter 2 for year 3 is not included in Figure 2 because the values are not logical (over 200% of HIV+ women registered received ART).

In the Labor & Delivery (L&D) settings, 439 HIV+ women delivered at maternity and 376 (86%) of them received ARV as a prophylaxis treatment. During the same period, 366 (83%) exposed children were provided with ARVs to prevent the transmission of HIV (Figure 2). Compared to the previous quarter prophylaxis coverage increased for the both mothers (from 62% to 86%) and HIV-exposed children (57% to 83%). This is likely due in part to improved registration of information on the provision of ARVs in maternity. Each day, during the shifts of nurses, detailed information is presented regarding progress made that day and CHASS N included control of these registers as part of its TA visits.

This year the number of HFs providing ART under the Option B+ strategy is expected to increase as per the MOH recommendation which states that all the HFs should provide ART with Option B+. In response to this recommendation, a new challenge for CHASS N will be to build the capacity of nurses to provide ART in all sites. Though MCH nurses from all the HFs were trained, they did not all started activities immediately after training. Refresher training, support, mentoring and on-the-job training is being planned for those who have not started implementing Option B+ as yet. Limited capacity at some HFs to perform the hemoglobin tests required for the provision of Option B+ is also a challenge and CHASS N plans to address this challenge through the purchase of and use of auto-analyzers.

Efforts to strengthen PMTCT services continues and includes monitoring of abandons and defaults among Option B+ patients. CHASS N has noted that the first discharges of patients

from Option B+ to the ART services are expected to begin during this quarter, therefore special attention to this population will be taken into consideration to prevent defaults and abandons.

Early Infant Diagnosis technical support

This quarter 439 babies were born to HIV positive mothers. 405 (92%) of these children had Polymerase Chain Reactions (PCRs) collected and sent to the reference laboratory in Nampula; results were received for 347 (86%). This represents a significant increase in the proportion of HIV-exposed infants receiving PCR results from 46% to 86% and is likely the result of increased staffing at the Nampula lab (one additional person was recruited for data entry). The proportion of exposed infants tested via PCR also increased from 59% last quarter to 92% this quarter. This increase is associated with improved quality of the PCR samples collected, increase in the number of PCR collection sites, and coordination of PCR transportation routes within sites that CHASS Niassa transports do not cover, using DPS vehicles.

CHASS Niassa continues to focus on improving the quality of PCR samples collected as a key element of the TA provided to the laboratories and HFs. Furthermore, on-the-job training in PCR sample collection will be undertaken in response to laboratory turnover in the province. With the creation of the mini-internal routes for transportation of PCR samples, there is substantial room for increasing the coverage of PCR samples collected. The project has developed mini-internal routes for transportation for PCR samples to increase the coverage of PCR samples collected.

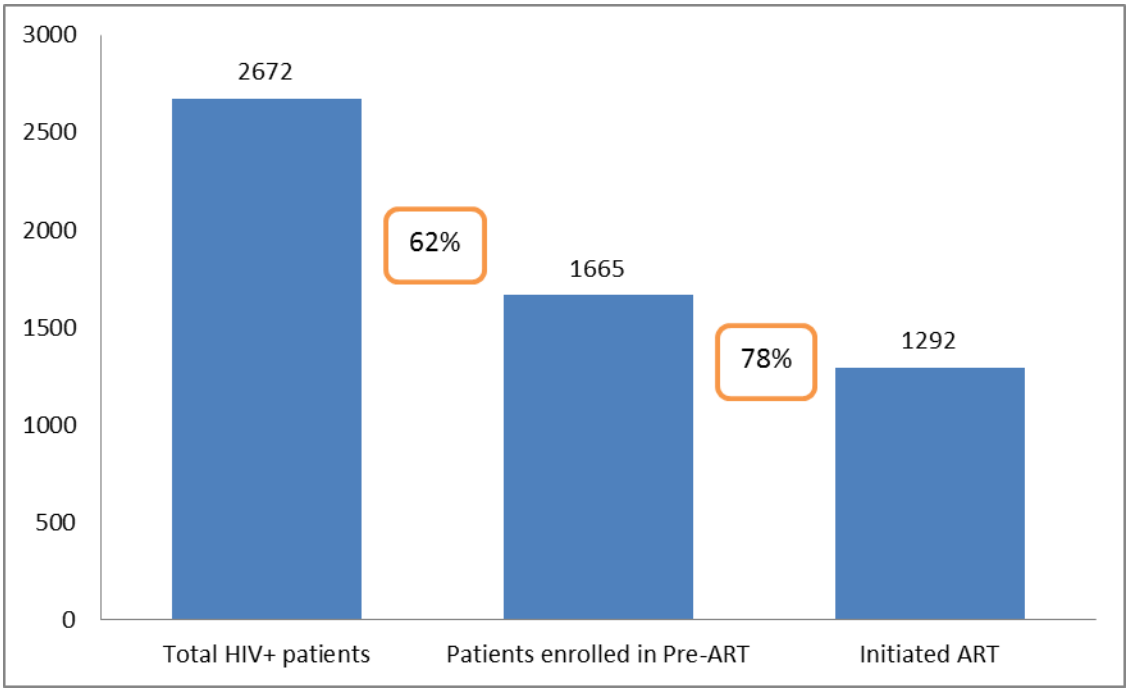
Pre-ART Care and Treatment Technical Support

During the quarter a total of 2,672 patients tested positive in all testing points (1,062 in PICT, 253 in Community HCT, 289 in UATS, 968 in PMTCT services, and 100 in TB sector). Of those testing positive, 1,665 (62%) patients were enrolled in Pre-ART services, of which 1,292 (78%) were newly enrolled in ART (figure 3). Compared to the previous quarter there was a decrease in the proportion of patients tested HIV+ who enrolled in Pre-ART, from 65% to 62%. One factor contributing to this decrease is the trend by clinicians to only register new pre-ART patients when CD4 count results are received and/or when the patient comes for the follow-up consultation. Finally, as Option B+ is still new for most nurses and CHASS N is continuing to mentor nurses to register patients in Pre-ART books. Most nurses only register new patients enrolled in ART without simultaneously registering them in the Pre-ART register, despite the trainings and TA conducted in this regard by both CHASS N and DPS teams. Despite these decreases, the absolute number of new pre-ART patients enrolled increased by 23% as compared to the previous quarter (from 1,349 to 1,665), and contributed to reaching 28% of the annual target for enrollment of Pre-ART patients. The project is reviewing the procedures that are being used in the HFs and is promoting a more structured pre-ART care interventions including counseling, regular review, clinical staging, timely initiation of ART, psychosocial support and prevention and management of OI such as TB.

Both the number of new patients enrolled in ART and the proportion of Pre-ART patients enrolled in ART decreased compared to the last quarter. The number of new patients enrolled declined by 13% (from 1449 to 1,292) whereas the proportion of pre/ART patients enrolled in ART decreased from 107% to 78%. These decreases are likely the result of the delay in processing CD4 counts as a result of inactivity of CD4 count machines in 4 HFs and are also likely the result of improved reporting given that the prior quarter had clear over reporting (>100%).

The challenge in Pre-ART continues to be in the registration process. CHASS N and the DPS are addressing this through TA visits and on-the-job training. The implementation of Electronic Patient Tracking System (EPTS), expected to start in the next quarter, will also contribute to improvement in the registration process in the largest sites which comprise more than 85% of our data.

Figure 2 - Pre-ART cascade in Niassa, October to December 2013

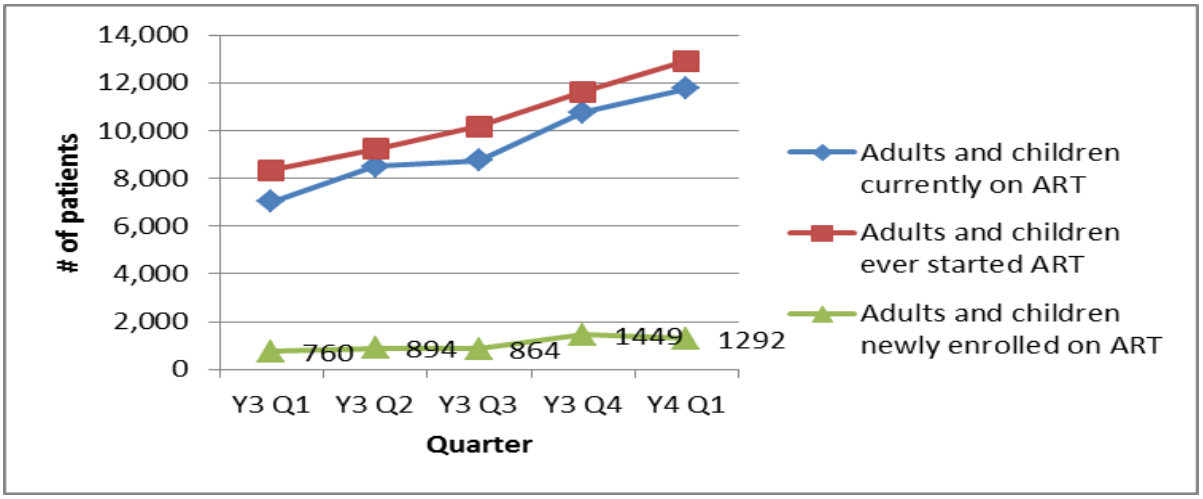


Adult Care and Treatment Technical Support

During the quarter, 1,292 new patients initiated ART; 11% less than the previous quarter (from 1,449 to 1,292) although the newly initiated patients contributed to reaching 43% of the annual target by the end of the first quarter. At the end of the reporting period 11,749 patients were currently on ART, which represents a 9% increase as compared to the previous quarter and contributed to reaching 139% of the annual target. The decrease in the number of new patients

enrolled is attributed to constraints in identifying patients with eligibility criteria to initiate ART, as the CD4 machines in HP Lichinga, CS Mecanhelas, HR Cuamba and CS Metangula faced periods of inactivity between November and December due to either breakdown of the equipment or absence of personnel. This issue led to delays in receiving results for CD4 counts requested. Overall, the number of patients on ART continues to increase (Figure 5) and despite the decrease relative to last quarter, performance this quarter was well above the average performance for year 3.

Figure 5 – # of patients on ART (current, ever and newly enrolled), FY 13 and 14, by quarter



Pediatric Care and Treatment Technical Support

During the quarter, 103 children were enrolled in ART, which is a 7% increase (from 96 to 103) compared to the previous quarter. In addition, the proportion of HIV+ children among all patients in ART increased from 7% in last quarter to 8%, in this quarter. This increase in the proportion of children enrolled in ART is associated with the support provided to HFs in monthly review of patient clinical charts to identify children who had not yet been enrolled in ART based on previous inclusion criteria, as well as advocacy with HF staff and trainings provided for implementation of universal access for the under-5 children.

Despite increases in both the number of new children enrolled in ART and the proportion of patients enrolled in ART who are children, the inclusion of children in ART remains a challenge. To address this, in addition to ongoing TA, CHASS N aims to identify children not previously included in ART based on past inclusion criteria. This will be complemented by the reinforcement of the family-centered approach for care and treatment of HIV+ patients.

TB/HIV co-infection support services

CHASS N supports the implementation of TB/HIV services in a total of 16 HFs, specifically in HFs of the districts' headquarters. All the supported HFs are implementing the partial one-stop-shop model, with clinic staff trained in prescription of ARVs.

This quarter, 454 new patients were registered in TB services. This was a 28.6% increase (from 353 to 454) compared to last quarter and is likely the result of the reinforcement of the need for TB screening during ART care/treatment services. Of the 454 new patients registered, 448 (98.7%) were screened for HIV and 178 (39.7%) of them were known or tested positive (Figure 6). All of the 178 positive patients received CTZ prophylaxis and 159 (89.3%) of the TB/HIV co-infected patients initiated ART. Compared to the previous quarter, the proportion of new TB/HIV co-infected patients enrolled in ART increased from 79% to 89.3%, continuing a trend of improved coverage since Q2 of last year (Figure 7). The percent of TB patients tested for HIV has also improved over the past year, those most notably in the past quarter. These increases are associated with advocacy done during the quarter for improvement in registration of patients, and continuous cross-checks between the TB and ART registers. Clinical tutoring of newly trained TB supervisors during the TA visits addressed the essentials of the one-stop-shop model, registering patient information, and TB data management.

CHASS N collaborated with the TB CARE project to support DPS training in early diagnosis and treatment of TB in children in Lago in October 2013. The training targeted clinical staff (doctors, MCH nurses, and medical agents) and was motivated by the low levels of TB detection in children in the province. Following this training, the proportion of TB patients that were children increased from 4.2% (15 out of 353) last quarter to 13.2% (60 out of 454) this quarter.

The proportion of TB/HIV co-infected patients enrolled in ART can still improve. Increasing screening is the key challenge with regard to TB and this will be addressed through support and continuous guidance to ensure screening for TB in all the entry points. Secondly, improvements in transcription of information on ART patients are needed, especially for those patients who start ART outside the TB sector. On-the-job training of TB staff during TA visits are being implemented and focus on cross-checking TB and ART registers; this will be reinforced to improve the quality of information.

Figure 6 – TB/HIV cascade in Niassa province, from October to December 2013

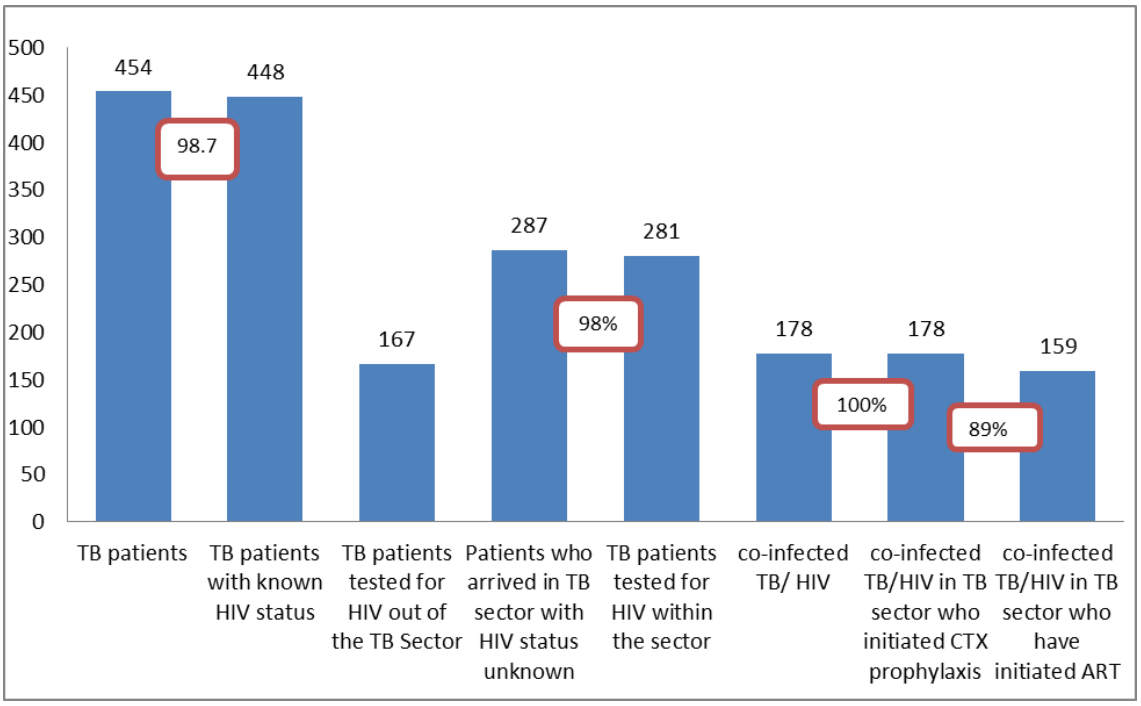
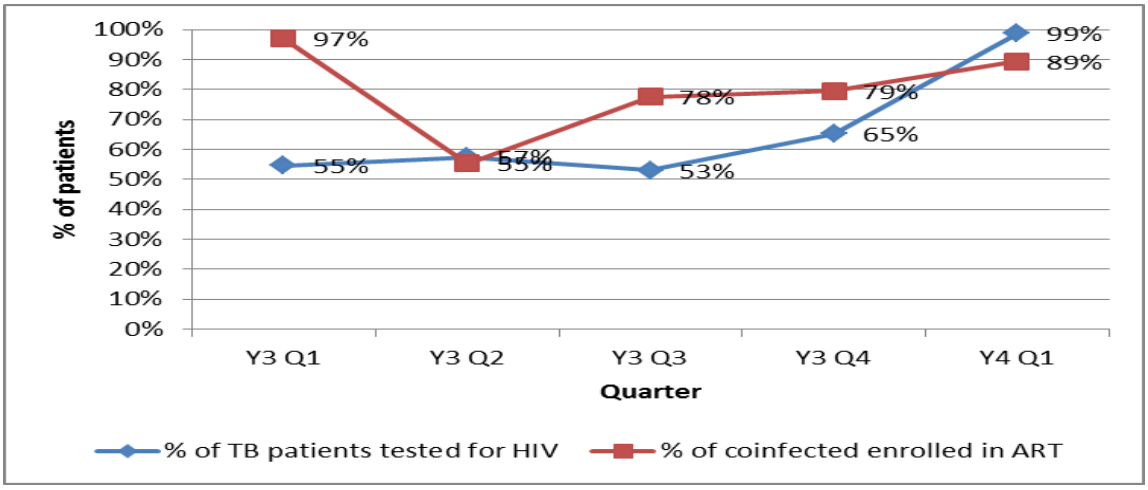


Figure 7 – Coverage of TB patients (% tested for HIV and % co-infected who are enrolled on ART), FY 13 and 14, by quarter



Adherence to Treatment and Retention in Care Technical Support

During the quarter, a list of 218 (90 males and 128 females) patients who had defaulted (LTFU) in pre-ART were given to the CCMs and lay-counselors for tracing and 140 (68 males and 72 females) or 64% were located in their respective communities. The CCMs have been able to

meet with 129 (92%; 59 males and 70 females) of them and counseled to return tfor treatment and 113 (56 males and 57 females) (88%) of them agreed to return for treatment. Overall, just 56% of males and 44% of female defaulters were returned to treatment and men were much more likely to returned for treatment then 81%.

For both PMTCT and TB, 75% of defaulters were returned to care whereas 89% of CCR patients were returned (see table 1). Most PMTCT, TB, and CCR patients who abandoned care were also returned but the numbers are too small for meaningful percentages to be calculated.

Compared to the previous quarter, there was a 240% increase in both the number of defaulted and abandoned patients delivered (from 293 to 995 for defaults and from 132 to 450 for abandon). This was associated with the intensification of the organization of patient clinical charts, including for Pre-ART patients, and updating of patient status in the register books. This improved identification should help to improve retention overall as patients who default and abandon care are identified sooner and more accurately.

The allocation of *ficheiros móveis* in pharmacies in 16 HFs improved the organization of *Ficha Individual de Levamentamento de ARVs* (FILAs) and facilitated the identification of ART defaulters. TA provided to the pharmacy staff, MCH nurses, TB staff, and CCMs, also enabled wider identification of defaulters. On the other hand, the proportion of patients located, encountered, and returned to treatment, decreased for both defaulters and abandoners. The proportion of patients located decreased from 69% to 61% for defaulters and from 67% to 66% for abandoners compared to the previous quarter. The proportion of patients returned to treatment decreased from 93% to 87% for defaulted patients. These decreases are likely related to the partial interruption of activities by the implementing partners due to the delay in approval of the annual plan. In addition, the rainy season aggravated the conditions of the roads in rural areas, increasing the difficulty in getting to patients´ residences.

During the quarter, CHASS N and DPS rolled out a new psychological support form that requires additional details about patients to make it easier to identify their location. Besides the name, it includes nickname, phone number, name and number of the next of kin, as well as information about the reference point of residence. It is expected that the issues related to false or difficult to trace names will be reduced. However, distances between HFs and places of residence for many patients and the delay in the approval of the psychosocial support instruments remain challenges.

Table 1- LTFU indicators disaggregated per areas in Niassa from October to December 2013

	CCR		PMTCT		TB		Pre ART		ART		Total	
	Total	%	total	%	total	%	total	%	total	%	total	%
Defaults (from 15 to 59 days)												
# of patients defaulted (faltosos) delivered	178		25		80		218		494		995	
# of patients located[1]	76	43%	18	72%	52	65%	140	64%	322	65%	608	61%
# patients encountered[2]	63	83%	16	89%	47	90%	129	92%	278	86%	533	88%
# patients returned to treatment	56	89%	12	75%	36	77%	113	88%	247	89%	464	87%
# patients deceased	8	11%	1	6%	1	2%	4	3%	16	5%	30	5%
# patients transferred out	5	7%	1	6%	4	8%	7	5%	28	9%	45	7%
# patients refused to return	7	11%	4	25%	11	23%	16	12%	31	11%	69	13%
# patients not located	102	57%	7	28%	28	35%	78	36%	172	35%	387	39%
Abandon (60+ days)												
# of patients abandon delivered	10		8		23		131		278		450	
# of patients located	4	40%	5	63%	8	35%	96	73%	188	68%	301	67%
# patients encountered	1	25%	4	80%	8	100%	80	83%	152	81%	245	81%
# patients returned to treatment	1	100%	3	75%	8	100%	71	89%	145	95%	228	93%
# patients deceased	3	75%	1	20%	0	0%	10	10%	10	5%	24	8%
# patients transferred out	0	0%	0	0%	0	0%	6	6%	26	14%	32	11%
# patients refused to return	0	0%	1	25%	0	0%	9	11%	7	5%	17	7%
# patients not located	6	60%	3	38%	15	65%	35	27%	90	32%	149	33%

Figure X. Outcome of patients who defaulted, by type of care

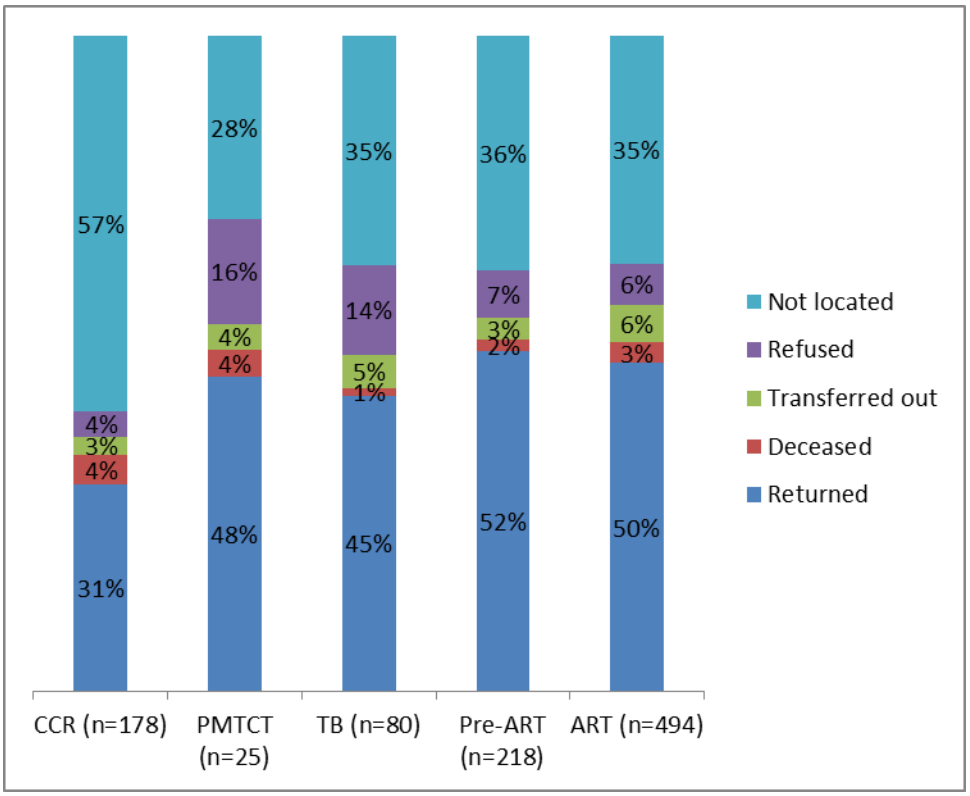
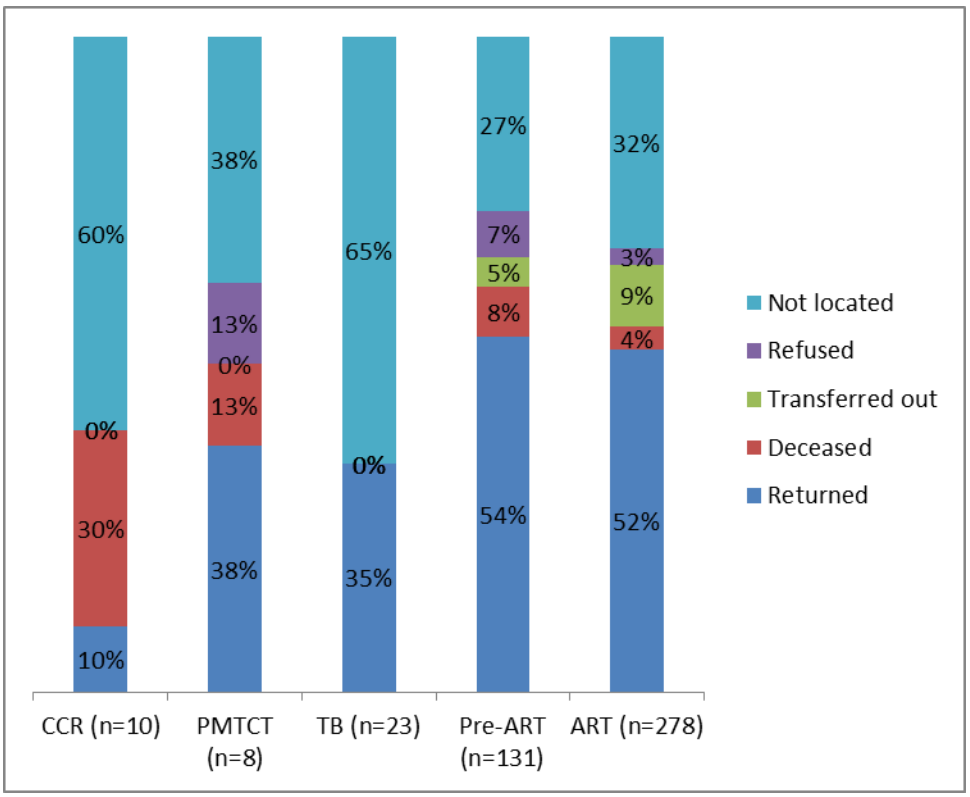


Figure X. Outcome of patients who abandoned care, by type of care



Retention of enrolled patients and referral of patients across sectors, especially referrals of TB/HIV co-infected patients remains a challenge. The project is now promoting preparing/counseling HIV+ pregnant women for continuing ART after delivery through reinforcement of psychosocial support and home-visits (with linkage to the community component); this is particularly important given that the first women enrolled under Option B+ are beginning to give birth.

Family Planning (FP)

During the quarter, 17,470 women were registered as having had FP consultations, of whom 3% (542 women) were HIV+. A total of 293 (54%) of the HIV+ women were provided with oral contraceptives, 217 (40%) with injectable contraceptives, and 32 (6%) with an intrauterine device. The number of HIV+ women provided with one FP method increased by 28% (from 422 to 542) compared to the last quarter. The increase is likely due to the improved availability and use of FP registers in the maternity, as well as to advocacy with and orientation of the clinical staff in the ART sector on referring women in ART to FP services during TA visits and on-the-job training. The priority for the next quarter will be to advocate with the DPS for the integration of FP into HIV services.

Laboratory

CHASS N continued supporting 19 laboratories in 16 districts of Niassa province; 58% (11 out of 19) of these laboratories have the capacity to perform CD4 counts. During the quarter a total of 3,802 CD4 counts were performed, which represents a decrease of 11% as compared to the previous quarter (from 4,239[1] to 3,802). This decrease resulted from a breach in operations in four labs. During the first 3 weeks of November 2013 CS Entrelagos in Mecanhelas and CS Metangula in Lago suffered from a breakdown of the POCT-CD4 PIMA; during the first 3 weeks of December 2014 HP Lichinga experienced the breakdown of the FACS CALIBUR equipment which required a repair by the supplier; during the first 2 weeks of December 2013 HR Cuamba had not received the hard disk for backup from Maputo for the FACS COUNT machine; and during the first 2 weeks of December. The province has made provision for one backup (spare) POCT-CD4 PIMA for cases of breakdown. Nevertheless, as two labs had problems at the same time, only Mecanhelas could benefit from the backup machine during the repair time, leaving Lago with a breach in operations for a longer period. Strategies being adopted by CHASS N and DPS to reduce the inactivity of some PIMAs will include training of additional technical staff at HFs to avoid interruptions due to absence of staff. This training will be provided by the provincial team of trainers. In one additional PIMA will be acquired to be kept in Cuamba to serve as backup for the southern region of the province, while the existing extra machine from Lichinga will serve as backup machine for the northern region.

Among the total number of CD4 count processed (3,802), 1,832 were done through the supplied POCT-CD4 PIMA machines. Table 2 presents the achievements made exclusively through the PIMAs. It is worth noting that in addition to the interruptions highlighted above, Marrupa did not process CD4 counts in October because one of the two staff trained to operate the PIMA located there had left the district and the other was on annual leave.

Table 2 –Progress in CD4 count in Niassa using POCT-CD4 PIMA, October to December 2013

Health Facility	October	November	December	**Total**
CS Cobue	52	43	53	148
CS Metangula	64	63	17	144
CS Mavago	12	6	14	32
CS Mecula	22	25	32	79
CS Marrupa	0	60	40	100
CS Maua	46	51	72	169

[1] The number of CD4 results reported in the last quarter was 5,029. However, after submission of the report we realized that an error had been made and 790 CD4 counts were reported twice by a substitute technician working at HR Cuamba while the trained staff member was on annual leave. The actual number of tests performed last quarter was 4,239.

CS Mecanhelas	133	376	256	765
CS Entre Lagos	23	7	84	114
CS Mandimba	113	93	75	281
Total	**465**	**724**	**643**	**1,832**

During the quarter 488 PCR samples (405 first collection and 83 repeated collection) were collected and sent to the Nampula reference laboratory, a 22% increase compared to the previous quarter (from 401 to 488). Of the samples sent, 347 results were received (71% of the samples collected and sent), an 86% increase (from 186 to 347) in the absolute number of PCR results received and an increase from 46% to 71% in the percent of results received as compared to the previous quarter. Insofar as the test results are concerned, of the 347 samples, 25 (7%) were positive, representing a decrease from the previous quarter, from 15% to 7%. The increase in the proportion of results received is the results of better operation of the lab in Nampula, with no breakdown of the machines, combined with the addition of a new staff member in Nampula to enter results.

The increase in the number of PCRs collected is associated with improved quality of PCR collection (no samples were rejected during the quarter compared to 17 last quarter) as a result of the TA provided and on-the-job trainings of the MCH nurses. In addition, 5 new PCR collection sites were created this quarter in Cuamba (CS Titeriane, PS Matias, CS Namicova), Sanga (CS Mbemba) and Mandimba districts (PS Ntembo), making a total of 72 collection sites. The introduction of a route for transportation of PCR samples linking the HFs in Lichinga shortened the waiting time for samples in these HFs. This effort was complemented by making the Medico Chefe of Lichinga responsible for PCR transportation, thus increasing accountability.

During the reporting period, a total of 3,368 smear slides for lab diagnosis of TB were processed with 230 (7%) diagnosed positive. A total of 260 samples were processed using Gene Xpert machines and M DNA was detected in a total of 42 samples (table 3). There was a 32% increase in the number of samples processed using the Gene Xpert machines (from 174 to 260), which is likely the result of improved collaboration between clinical and laboratory staff, as the breakdown problems faced in the initial periods of operation of the machines were solved making reception of results more consistent and increasing the reliability of the lab services in the eyes of the clinical staff, leading the clinical staff to request analysis of more samples.

Table 3 - Gene Xpert Results in Niassa, October to December 2013

	# of samples processed	**Presence of DNA of M.Tuberculosis detected**	**Presence of DNA of M.Tuberculosis not detected**	**Invalid**	**Resistance to Rifampicine identified**
October – December	260	42	207	2	6

To further improve the quality of diagnostic services, CHASS N will advocate for the allocation of auto-analyzers for biochemistry and hematology in the districts with conditions to operate the machines with the same capacity as used by MISAU. This will allow to them conduct the complete exams required for ART patients and will improve the quality of care provided.

Injection Safety/Infection Prevention & Control/Biosafety Technical Support

The core functions of infection prevention and control that the project is supporting in Niassa focus on strategies to protect clients/patients, staff and others from exposure to infection. This quarter one baseline measurement for implementation of Infection Control Program (ICP) was undertaken in CS Mecula jointly with the (ICP) DPS focal point in the province. The result of Mecula baseline was 37.4% of ICP National Standard. This quarter few activities were developed due to the daily of work plan approval and availability of funds.

During the quarter 12 health workers (8 males and 4 females) had occupational exposures, all of them from the HP Lichinga. Ten of them (6 males and 4 females) were provided with PEP. The other 2 worker were not provided with PEP because they had minimal exposure.

Nutrition, access to food and utilization technical support

The CHASS Niassa nutrition program aims to strengthen nutrition counseling and care for People Leaving with HIV and AIDS (PLHIV) in clinical- and community-based services in Niassa Province. The program supports the implementation of the Nutrition Rehabilitation Program (NRP) volume 1, which has been implemented in Niassa Province since July 2012, covering children under 14 years old in a total of 18 HFs. The NRP interventions are grouped into three components: Outpatient Treatment of Malnutrition (TDA), Treatment of Malnutrition in Internment (TDI) and Community NRP.

Nutrition Rehabilitation Program Technical Support – Clinical Component

A total of 137 (13 referred from TDA to TDI) children attended the in-patient nutrition services (TDI). All of them were tested for HIV and 15 % (20/137) were HIV+. In the same period a total of 407 (121 were discharged from TDI and 286 admitted in TDA, all of them tested for HIV) patients were admitted in ambulatory patients service (TDA), of these 140 were cured from malnutrition. TDI increased by 140% (57 to 137) and TDA by 72% (237 to 407) compared to last quarter. The increase is due to improved reporting of NRP data by districts to DPS. Weak integration of nutrition interventions in HIV/AIDS policies and programs is the main gap in the realization of universal access to nutritional care and support. In addition, there are problems of malnutrition screening, recording and reporting, work overload and constant absence of professionals in the health centers for trainings and district and provincial level meetings.

Training for health staff in M&E and implementation of the project for the improvement of quality of NRP in Cuamba, Muembe and city of Lichinga has been rescheduled for next quarter. This training will be done in coordination with the FANTAIII project. The project will also be collaborating with the World Food Program (WFP) in the distribution of Corn Soy Blend plus (CSB+) in 10 health facilities in Niassa. The WFP will also provide management training for CSB and health workers. These previously scheduled activities were delayed because CHASS Niassa had problems with the availability of funds and then there was overlap with DPS activities.

Community Nutrition Intervention – Referrals and Counter-referrals

At the community level a total of 49 children were identified as malnourished and were referred to a health facility by CCMs (table 4)—exactly the same number as last quarter. Of the children identified, 46 (93%) were followed-up at HFs.

Table 4 -- Number of malnourished patients referred from the community and followed at HF level in Niassa, October to December 2013 [2]

	Patients Referred					**Patients Followed**				
Age	**0-14**		**15+**			**0-14**		**15+**		
Sex	**M**	**F**	**M**	**F**	**Total**	**M**	**F**	**M**	**F**	**Total**
CS Cid Lichinga	1	1	3	2	**7**	3	3	3	2	**11**
Chiuala	2	0	12	6	**20**	2	0	12	6	**20**
Namacula	3	2	0	0	**5**	3	2	0	0	**5**
Mandimba	0	0	1	0	**1**	0	2	1	0	**3**
Maua	0	1	0	0	**1**	0	0	0	0	**0**
Entre lagos	0	1	0	0	**1**	0	1	0	0	**1**
CS Lúrio	4	2	0	0	**6**	4	2	0	0	**6**
CS Mississe	6	2	0	0	**8**	0	0	0	0	**0**
Total of the patients referred and followed	**16**	**9**	**16**	**8**	**49**	**12**	**10**	**16**	**8**	**46**

Progress was unchanged because the CCMs did not operate at full capacity due to delay in approval of the CHASS N annual plan, resulting in a delay in approval of implementing partners´ annual plans

Nutrition Community Intervention – Information Education and Communication (IEC)

During this quarter a total of 2,518 beneficiaries (2,197 female and 321 male) participated in 16 cooking demonstrations. 7,109 beneficiaries (4,883 women and 2,226 men) participated in IEC sessions. This represents a 9% increase (6,549 to 7,109) over last quarter. This increase was due to improved documentation of IEC sessions conducted by CCM, mother-to-mother (M2M) groups and community health workers. Basic themes covered the selection and use of healthier food, fortified porridge, prevention of malnourishment, the importance of infant feeding, the correct use of *moringa*, consumption of diversified locally available nutritious foods and good

[2] Data from CHASS M&A

hygiene practices. These activities were done in coordination with the Community Care Program (PCC).

Gender Equity and Gender Based Violence (GBV) supported activities

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

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

During this quarter, a total of 4,554 individuals (2,027 males and 2,527 females) were reached through community interventions addressing GBV (table 5). These individuals were reached as individuals and/or in small groups. A total of 401 individuals (194 males and 207 females) were sensitized and 4,153 people were sensitized in small groups (1,883 males and 2,320 females). Compared to the achievements from last quarter, there was a 751% increase in individuals reached by the community intervention (from 535 to 4,554).

Table 5 - GBV Sensitization Achievements (HFs and Community) in Niassa Province, October to December 2013

Description	Males	Female	Sensitization
Individual	194	207	401
Small Groups	1,883	2320	4153
Community	0	0	0
Total	2,027	2,527	4,554

This increase was the result of better documentation of the community GBV interventions and improved management of GBV data through an electronic database.

The project is planning additional training for new CCMs in three districts (Mecula, Mavago and Muembe) and continuation of refresher trainings to the existing CCMs to improve knowledge and skills to screen cases of violence. In addition, the project will continue with distribution of awareness raising materials including, posters, pamphlets and other IEC materials. In coordination with "*Mulher Lei e Desenvolvimento*" (MULEIDE) and PCC, the project will support the creation of M2M groups in communities in Chimbonila, Lago and Mecanhelas with a focus on addressing norms of masculinity. In Mandimba district, the project supported the creation of one M2M group last quarter. Support to M2M groups continued during this quarter, leading to the increase in number of participants from 10 to 15.

GBV Screening at the HF

During the quarter, a total of 1,002 (343 males and 659 females) individuals were screened for GBV, of which 973 (342 males and 631 females) were identified as cases of physical violence, 28 (1 male and 27 females) as cases of sexual violence, and 1 (female) as a case of psychological violence. All but one of the 28 victims of sexual violence (96%) were tested for HIV and all of them were negative. Nine (32%) of the women received PEP and 7 (25%) emergency contraceptives. Coverage of emergency contraception was low because 1 of the victims was male and 18 of the females were under 10 years old and thus not eligible for contraceptive services. In the case of PEP, 19 of the 28 individuals were not provided with this prophylaxis, as they arrived at HFs more than 72 hours after exposure. In comparison to the last quarter, the number of patients screened for GBV increased by 58% (from 633 to 1,002) as a result of the sensitization activities conducted within the communities by the CCM with the support of community leaders. Analysis by type of violence, indicates a 64% increase (from 10 to 28) in the cases of sexual violence reported compared to the previous quarter. In the next quarter, CHASS N will continue to support the DPS in the expansion of "GBV units" in three HF covered by the GBV intervention. This will enable treatment of the victims of violence in one centralized "GBV unit" and will ease tracking the type of services provided.

GBV Encounters at HFs

This quarter a total of 1,351 (482 males and 869 females) service encounters at health facilities addressed GBV: 1,002 for screening (343 males and 659 females) and 349 (139 males and 210 females) for provision of post-GBV services (table 6). This was a 48% decrease (from 2,592 to 1,351) in service encounters compared to last quarter. Seven women received emergency contraception, while 25 partners were tested (13 males and 12 females), nine women received PEP, 106 individuals received psychosocial counseling (45 males and 61 female), and 120 people were referred to the police (48 male and 72 female).

Trainings in GBV

During the quarter nine clinical staff (8 males and 1 female) benefited from on-the-job training in the "*Protocolo do Atendimento Integrado às Vitimas de Violência*". In addition, 26 CCMs (14 males and 12 females) were provided with refresher training in GBV, community mobilization, community counseling and testing, and nutrition. In the next quarter, more clinical staff will be trained in GBV including MCH nurses, clinical staff, and lab technicians.

Table 6 - GBV Service Encounters in Niassa, by type and sex of recipient, October to December 2013

Type of service encounters		Nr of encounters		
		Males	**Females**	**Total**
GBV Screening	**Physical Violence**	342	631	973
	Psychological and Patrimonial Violence	0	1	1
	Sexual Violence	1	27	28
	Subtotal - screening	**343**	**659**	**1002**
Post GBV services	**Tested for HIV**	34	48	82
	Family Planning	0	0	0
	Ante-Natal Care	0	0	0
	Partners Tested	12	13	25
	Emergency contraception	0	7	7
	Post-Exposure Prophylaxis	0	9	9
	Psychosocial Counseling	45	61	106
	Police Referral	48	72	120
	Subtotal – post-GBV services	**139**	**210**	**349**
Total		**482**	**869**	**1351**

Persons provided with PEP, by exposure type - Rape/Sexual Assault Victims.
During the reporting period 9 individuals received PEP, all of them female. CHASS N will support DPS in providing on-the-job training in integration of GBV prevention and response efforts into the existing primary health care system in 16 districts. Next quarter CHASS will continue advocating with DPS for continuous allocation of HF kits for sexual assault cases.

Objective 2: Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.

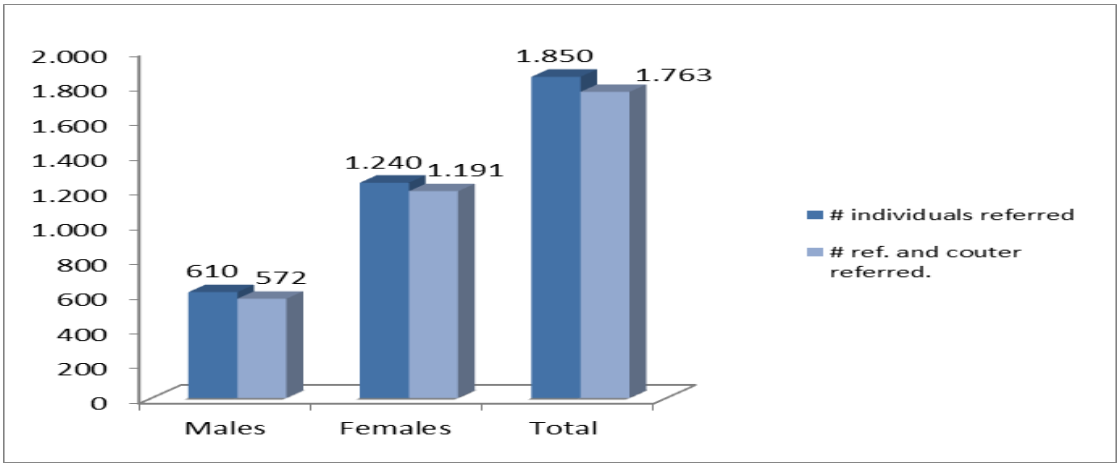
Strengthening the district referral and counter-referral networks

CHASS N supports establishment and strengthening of the referral network to link community interventions to health facilities. It has already been established in 33 HFs with ART services.

During this quarter, a total of 1,850 individuals (610 males and 1,240 females) (Figure 8) were referred for various services, including 633 for MCH services (ANC, Post-Partum Consultation-CPP, Family Planning Consultation-CPF, Consultation for Children at Risk-CCR, Labor and Delivery) and 7% of these were couples, 182 referred to TB services, 555 to HIV services, and 393 to other services (Nutrition, GBV, and Malaria). Of the people referred, 95% (1,763 individuals) completed the referral cycle.

Compared to the previous quarter, the number of individuals referred decreased by 18%. This decrease is likely the result of the partial interruption of community implementing partners' activities. It is expected that during the next quarter activities will increase as the issues related to operational budgets have been solved with the approval of the annual plan. The proportion of individuals who completed referrals decreased from 97% to 95%, which could be associated with the season (festive and seeding) and with the fact that some of the individuals referred had not reported to the CCMs by the end of the reporting period.

Figure 3- Referral and Counter-Referral Results in Niassa, by sex and total, October to December 2013



Community Adherence Support Group (*GAAC*)

From October to December 2013, 26 new "*Grupos de Apoio para Adesão dazs Comunitarios*" (GAACs) were created in the province. The 105 operational GAACs benefit 359 patients (114 males and 245 females), a 22% increase from the previous quarter (from 294 to 359). During the quarter, 68 new patients (33 males and 35 females) were enrolled in the GAACs, 1 returned to a group, and 4 patients left a group (1 suspended, 2 transferred out to another HF, and 1 who dropped). Mobilization campaigns both at the community and at HFs facilities (for the waiting patients) contributed to the creation of new GAACs as well as to mobilizing new members. In addition, a decision was made to change the supervisor of GAACs in Cuamba to a more dynamic person. CHASS Niassa will work with the existing GAACs in order to increase the number of participants per GAAC as the average is very low (3 individuals per GAAC).

Objective 3: **Strengthen GRM/MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.**

This quarter CHASS Niassa has contributed to improving the health system in Niassa across the World Health Organization (WHO) health system building blocks.[3] In order to develop health system capabilities necessary to effectively plan, manage, and evaluate integrated HIV services in quarter 1 the project has supported the DPS/SDSMAS with the following interventions:

Strengthening of Service delivery

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

For the reporting period, CHASS N planned to conduct a total of 524 TA visits (both CHASS N-specific and joint TSV). Due to task overlaps that occurred during the period, including the need to participate in seminars, facilitation of trainings not planned in the previous quarter, and to participate in meetings with DPS at various levels, only 351 (67%) of the planned visits were organized.

Accreditation of the laboratories (FOGELA)

The Clinical Laboratory of the Provincial Hospital currently participates in the Program for Improvement of Clinical Laboratory (FOGELA). During the reporting period, a quality manual was created to guide laboratory activities and ensure that minimum quality standards are met. The manual aims to improve the services provided to patients as well as improve the quality of quality. In the next quarter CHASS N will work with the provincial hospital to reinforce the need for documentation of laboratory activities and sharing of information.

Strengthening of the HR management

Training in Data Quality and Information Use for Managing HR and Updates of employees Profiles on the eCAF System

In the context of national trainings being conducted by the Human Resources Department of the MOH, and in coordination with CHASS N, 17 DPS and SDSMAS technicians from Niassa province were trained on quality of data and use of information for the management of Human Resources (HR). This 5-day training was held in Nampula province. The training aimed to familiarize the heads of human resources in the analysis of data quality, production of reports based on data filled in worksheets, use of the information for the management of human resources (HR), improve data quality and promote mechanisms to transform eCAF data into useful information for Managing HR. With this training it is expected that Niassa province will produce a nominal list of employees by district with validated information necessary for the MOH annual report. The information should be submitted by February 2014, after which a

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

national workshop will be held for validation and consolidation of the information sent by the provinces.

Following the guidelines given during the above training, CHASS Niassa provided TA to DPS to proceed with the allocations of employees in the eCAF system for the districts of Ngauma, Majune, Chimbonila, Mavago, Mandimba, Muembe, Maúa, Cuamba Mecanhelas, Lichinga. In addition, Beneficiary Management Units (UGBs) were formed in the Cuamba Rural Hospital and SDSMAS of Lichinga. Associations for other units will be done in coordination with the Ministry of Planning and Finance.

Pre-Service Training support

CHASS-N supports pre-service training of health workers. This quarter CHASS N continued to monitor the MCH Nurse class that started in July. All 30 candidates are still attending.

Post-graduation scholarship support

In order to improve the quality of management skills for DPS senior staff, the project continues to support post-graduate scholarships for masters degrees in public health, management and HIV. The beneficiaries of the scholarships are drawn from provincial and district managers and are expected to return and work in the province/districts for a minimum period equivalent at least to the time of study. Four beneficiaries are still participating in the program at Catholic University at Beria campus in a semi presence regimen.

In-service training

During the reporting period one formal in-service training took place, targeting the CCMs with the objective of providing them with the knowledge and skills to ensure access to and quality of services for PLHIV, as well as to ensure provision of strategic integrated care services to victims of GBV. In total, 26 CCMs participated in the training (Annex 3). Their skills and knowledge were built in areas related to techniques of community mobilization, identification of suspects of TB in community, counseling for adherence to care and treatment, identification of LTFU, and identification of symptoms of GBV. Their capacity in integrated services for care and psychological support was also built.

Strengthening of Financial Management

Establishment of UGEA in Districts of Chimbonila and Lichinga

In supporting the DPS to improve financial management and procurement, two Management Units of Procurement of Goods and Services of the State (UGEAs) were created, one in Chimbonila and another in Lichinga. On-the-job training on the implementation of Decree 15/2010 of 24 May (Regulation of implementation of Public Contracts, Supply of Goods and Services by the State) and other laws related to procurement processes was also provided.

Sub agreement management with DPS

In this quarter, CHASS N along with DPS coordinated a meeting to assess progress made in year 3 of CHASS N implementation as well as to plan the activities for year 4. As a result, amendments for the sub agreement with DPS and other partners were elaborated.

CHASS N supported the DPS in the procurement, logistics and management of the sub-agreement at provincial and district level. The total DPS sub-award estimated amount for the LOP is US$4,269,884. The amount planned for fiscal year 4 for the period October 2013 to September 2014 is $1,084,859.70, and the expenditure to the end of the first quarter was $188,859.97 corresponding to 17% of the annual budget planned (table 8 below- annexes). The sub-agreement is split into two mechanisms: a fixed-price contract for costs paid directly to the DPS and a sub-agreement for costs incurred on behalf of the DPS.

One of the major challenges facing implementation of the sub-agreement is delay in definition of priority activities. As a way forward, CHASS N will coordinate with DPS to ensure earlier starting of the planning process for the next fiscal year.

Supply Chain Management

Capacity building of supply chain managers at provincial, district, and facility levels

CHASS N supports the DPS in assuring the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Currently CHASS N is supporting 16 district warehouses, 1 provincial warehouse and 3 warehouses of provincial/rural hospitals, totaling 20 warehouses. The support consists of capacity building of staff, improvement of working conditions, and training and installation of software (*Sistema Iinformatizado de Gestão de Medicamentos* – SIMAM V2) in 8 locations, including the provincial warehouse, warehouse of the provincial hospital, as well as the warehouses of Mandimba, Lago, Marrupa, Cuamba, Sanga and Mecanhelas districts. TA visits were conducted at 15 sites that include warehouses and district health facilities. Following the recommendations of the MOH/Pharmacy Department, pharmacothererapeutics committees (the study of the therapeutic uses and effects of drugs) were created in 6 HF (CRH, Sanga, Lago, Mandimba,

Mecanhelas and Marrupa). These committees aim to discuss all issues related to pharmacotherapeutics, rational use of drugs and medication management. These committees should be established in all district headquarters HF.

Challenges in distribution of medicines from the districts warehouses to the peripheral HFs prevail, and are associated with the continuous stock-outs of medicines and kits of the Programa de Medicamentos Essenciais (PME). The situation of stock out in the province was aggravated by deficiencies in supplies of medicines from CMAM at the central level, as the central level also faced stock-outs.

Table 7 presents the list of essential medicines which had stock-outs. CHASS supported the DPS in the immediate reinstatement of HIV testing through air shipments from CMAM to DPS.

Table 7 - List of Drugs in Stock-out in Niassa province, from October to December 2013

Nº de ordem	**Drug Name**	**Period of stockout**
1	Sal Ferroso + Acido folico Comprimido	66 dias
2	Paracetamol 500mg Comprimido	42 dias
3	Amoxicilina 500mg Caps	32 dias
4	Amoxicilina 500mg 250 mg/5ml Susp	90 dias
5	Ampicilina 500mg Inj	80 dias
6	Ceftriaxina 1g Inj	27 dias
7	Cefixime 100mg Comp	90 dias
8	Cefixima 400mg comp	52 dias
9	Penicilina Benzatinica 2.400.000 UI Inj	90 dias
10	Azitromicina 500mg Comp	26 dias
11	Azitromicina2 50mg/5ml Susp	60 dias
12	Metronidazol 250mg Comp	37 dias
13	Eritromicina 500mg Comp	13 dias
14	Cotimoxazol 240mg/5ml Susp	60 dias
15	Cotimoxazol 480mg/5ml inj	89 dias
16	Cloranfenicol Inj	13 dias
17	Cloranfenicol Susp	35 dias
18	Isoniazida 300mg Comp	36 dias
19	Isoniazida 100mg Comp	31 dias
20	3DFC Adulto	28 dias
21	Mebendazol 500mg comp	60 dias
22	Mebendazol 100mg comp	90 dias
23	Albendazol 400mg Comp	60 dias
24	Coartem 6*3	60 dias
25	Coartem 4*6	48 dias
26	Quinina 300mg Comp	90 dias
27	Quinina 600mg Inj	70 dias
28	Bleomicina Inj	35 dias
29	Prometazina 10mg/ml Inj	90 dias
30	Diclofenac 50mg Comp	90 dias
31	Diclofenac 75mg Inj	60 dias
32	Ibuprofeno 200mg Comp	90 dias
33	Ibuprofeno 400mg Comp	90 dias

Health Information System

In quarter 1 year 4, the priority M&E activities were the initiation of implementation of EPTS, strengthening of the M&E system based on recommendations from visits from USAID during the previous fiscal year, and continued implementation of routine TA visits to the HFs and Núcleo de Estatística Distrital (NEDs).

Implementation of EPTS system has begun, however, installation of the DPS system was not finalized due –to delay in delivery of IT infrastructure by the suppliers. The required infrastructure included: computers for entering the retrospective information, –materials for installation and operationalization of the server at the DPS (routers, memories, cabling, etc). This also constrained the implementation of the training for the part-time data entry clerks that was planned for December 2013. Thus, it was agreed with the trainer (from Friends in Global Health-FGH), that the training will happen in early 2014, depending on his availability.

Concerning the strengthening of the M&E system, Standard Operating Procedures (SOPs) to guide the implementation of the M&E activities at various levels have been drafted and are under discussion. They will be disseminated among the key stakeholder to improve management of data quality. The SOP address data verification as well as data sharing, correction of discrepancies, and data use, both within CHASS N, and at DPS at HF, district, and provincial levels.

The routine TA visits undertaken by the M&E team focused on analyzing the monthly reports, capacity building in preparation of sector reports, support and capacity building for organization of patient clinical charts, and support in ensuring consistency of data in Módulo Básico. This led to improved quality of data, as the level of data discrepancy (both between the registers and the monthly summaries) and transcription errors into Módulo Básico reduced.

Next quarter the M&E team will focus on finalizing the SOPs, as well as installing, training and beginning implementation of SESP. The data cleaning processes will continue, together with capacity building of DPS staff at various levels.

Major Implementation Issues

During the quarter, the technical and administrative relationship between CHASS N staff and DPS staff improved considerably. The response time for the requests posted by DPS as part of the sub agreement improved as did coordination for implementation of joint TSV. There is also increasing ownership by the DPS at provincial level of the TA strategy and DPS is in a better position to undertake visits without participation of CHASS N technical staff and to report the findings using the existing TA reporting tools.

Staffing

With the death of one of the M&E assistants, CHASS N lost one of its technical staff during the quarter. One Finance Assistant based in Cuamba and the Clinical Advisor based in DPS both have resigned their posts. At the same time, one Pharmacy Technical Officer was hired in Lichinga and recruitment is underway to replace the Clinical, Pharmacy & M & E Advisors, Finance Assistant, M&E Assistant, Technical Officer for Community Services.

Challenges

The major challenges facing CHASS N are:

- Ensuring compliance by all the 46 HFs with the new guidelines from MOH that dictate a change in the treatment line to TDF.
- Following up on the expansion of the Option B+ strategy in PMTCT to 13 additional HFs. This will demand close attention because the MCH nurses who will implement it were trained last year but they have not used the knowledge and skills that they learned in training.
- Ensuring follow-up of the initial pregnant women who initiated ART under the Option B+ at the ANC as they will be discharged and referred to ART services.
- Ensuring correct functioning of the POCT-CD4 PIMA machines in both the current HFs and the 6 expansion sites.
- Ensuring continuing availability of sufficient stock of HIV test kits through ongoing stock controls.

Upcoming Priority Activities

- Undertake and present the results of the assessment of the ARV distribution strategy to the peripheral HFs not implementing ART.
- Focus support to HFs to increase screening of TB in all the entry points in order to increase detection.
- Follow-up and support the implementation of the Quality Improvement projects under implementation, and disseminate the results.
- Initiate the implementation of the EPTS.
- Monitor, with a closer attention, the implementation of community HCT in Cuamba (expansion site).

ANNEX 1 – Progress toward the targets in CHASS Niassa from October to December 2013

PMTCT ANC	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
Number of health facilities providing MCH services that provide HIV testing and ARVs for PMTCT on site, ANC/ L&D settings	65	65							
Number of unique pregnant women registered in ANC		14,208							
Number of pregnant women with known HIV status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	47,553	13,313	28%						
Number of pregnant women with known HIV positive status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	862	903	105%						
Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission, total, by regimen, by setting (ANC)		697							
Number of HIV-positive pregnant women in ANC who have initiated CTZ	-	450							
Number of partners of women who are HIV tested in ANC setting	15,417	4,011	26%						
PMTCT L&D									
Total number of unique pregnant women registered in L&D		12,192							
# women receiving an HIV tests & results in a PMTCT L&D setting		5,151							
Number of pregnant women with known HIV positive status LD (includes women who were tested for HIV and received their results)		439							
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	734	376	51%						
Number of HIV-exposed infants who received ARVs to reduce risk of MTCT in L&D setting, (total/ by regimen)	-	366							

Number of infants born to HIV-positive women who received an HIV test within 12 months of birth	**1,850**	**405**	**22%**						
Children (<18months) born to HIV+ pregnant women who are started on CTZ prophylaxis within two months of birth	**-**	**358**							
COUNSELING & TESTING									
Number of service outlets providing counseling and testing according to national and international standards	**65**	**65**							
Number of individuals who received counseling and testing for HIV and received their test results(CT setting: Clinical)	**103,736**	**26,215**	**25%**						
Number of individuals who received counseling and testing for HIV and whose results were HIV+		**1062**							
HIV care and treatment									
Number of health facilities that offer ARV treatment clinical services	**33**	**46**							
Number of HIV-positive adults and children receiving a minimum of one clinical service	**17,017**	**22,373**	**131%**						
Number of adults and children with advanced HIV infection newly enrolled on ART	**3002**	**1292**	**43%**						
Number of adults and children with advanced HIV infection currently receiving ART, by sex, pregnant women	**8,507**	**11,749**	**138%**						
Number of adults and children with advanced HIV infection who ever started ART, by sex, pregnant women	**-**	**12,911**							
TB/HIV SERVICES									
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	**16**	**16**							
Number of TB patients registered during the reporting period	**-**	**454**							
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	**1,838**	**178**	**10%**						

Number of TB patients who had an HIV test result recorded in the TB register	**992**	**448**	**45%**						
Number of HIV-infected TB patients in the TB sector who have initiated cotrimoxazole (CTZ) prophylaxis	**635**	**178**	**28%**						
Number of HIV-positive TB patients who have started ART	**524**	**159**	**30%**						
GBV									
Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)	**50,000**	**4554**	**9%**						
Number of GBV service-encounters at a health facility	**18,000**	**1351**	**8%**						
Number of health facilities with Gender-Based Violence and Coercion (GBV) services available	**16**	**20**	**125%**						

ANNEX 2 - In-service training in Niassa from October to December 2013

Technical Area	Nº. of facilitators	Target group	Nº. of participants	Dates	Venue	Observations
Comunidade						
Refresher training in community mobilization, GBV, Psychological Support, and Prevention with Positives	**5**	Community Case Managers from the districts of the southern region of Niassa	**26 (12 Females and 14 Males)**	9-13 December	**Mandimba**	
Total			**26**			

ANNEX 3 – DPS Sub agreement financial execution

		Current Fiscal/Project Year	Oct	Nov	Dec	Despesas Acumuladas	Saldo	%
		01/10/2013-30/09/2014						
1	TOTAL COSTS INCURRED BY SUBAWARDEE							
	Pre-Service training Lichinga Pre-service training for MCH nurses candidates /Formacão em pré-servico para técnicos de SMI de nivel medio	3,060,000					3,060,000	**0%**
	Kit de Instalação	615,600		615600		615,600.00	0	**100%**
	TOTAL COSTS INCURRED BY THE SUBAWARDEE	3,675,600	0	615,600	0	615,600.00	3,060,000	**17%**
I.	EQUIPMENT	1,016,553	0	0	207,675	207,675.00	808,878	**20%**
II.	TRAVEL/TRANSPORTATION	0					0	
III.	OFFICE EXPENSES (Items less than 500 USD)	489,426	0	0	0		489,426	**0%**
IV.	Other direct Costs	1,167,884	0	0	0		1,167,884	**0%**
	Institutional Support	5,518,488	0	115,803	18,710	134,512.71	5,383,975	**2%**
	Infrastructure/Rehab	2,194,338	884,972	0	0	884,971.83	1,309,366	**40%**
	Public Heatlh and meetings support	171,873	0	8,400	49,038	57,438.40	114,435	**33%**
	Management and Printing of Clinical records	1,200,000	0	0	0		1,200,000	**0%**
	Supervision visits	2,084,246	0	0	0		2,084,246	**0%**
	Master Degree Scholarship	800,000	0	293,100	0	293,100	506,900	**37%**
	Total DPS	13.136.829	884,972	1,032,903	275,423	2,193,297.94	16,125,109	**17%**
	Direct activicties support in the districts	13,142,500	70,434	165,365	135,963	371,762.25	12,770,738	**3%**
	Dispesas pagas ref. Ao ano 3		471,021	1,981,769	459,089	2,911,879	-2,692,689	
TOTAL PROJECT COSTS		**31.460.907**	**1,426,427**	**3,180,037**	**870,475**	**5,476,939**		**17%**

ANNEX 4: **CHASS Niassa financial expenditures up to December 2013**

Quarterly Report - Financial Information	
Implementing Partner:	**FHI360**
Activity Name:	**CHASS Niassa : Mozambique**
Implementation Period:	**Aug-2010 to Jul-2015**

Line Item[1]	Total Life of the Project Budget (LOP)	Total Amount Obligated (to date)	Mortgage	Planned Expenditures for the quarter (Oct-Dec 2013)	Actual Expenditures Thru this Quarter			Deviation % (actual Vs Planned Expenditures)[2]	Pipeline	Projection (next quarter)
					Prior to this quarter (until 30 Sept-2013)	This Quarter (Oct-Dec 2013)	Total as per 31 Dec 2013			
	(A)	(B)	(C)=A-B	(D)	(E)	(F)	(G)=D+E	(H)=F/D-1	(H)=B-G	(H)
Personnel & Fringe	6,895,770	6,332,317	0	401,911	3,990,354	401,911	4,392,265	0	0	422,007
Benefits & Fringe	2,226,927	2,255,180	0	52,748	1,377,128	52,748	1,429,876	0	0	55,385
Travel	2,981,857	1,583,073	0	134,877	1,810,506	134,877	1,945,383	0	0	141,621
Equipment >$5K	694,218	507,069	0	10,913	700,656	10,913	711,569	0	0	11,459
Supplies	63,710	42,686	0	846	46,572	846	47,418	0	0	888
Training	0	0	0	0	0	0	0	0	0	0
Sub grants*	6,541,719	4,407,846	0	351,744	3,575,719	351,744	3,927,463	0	0	369,331
Consultancy	0	0	0		0	0	0	0	0	0
Other Direct Costs	6,570,714	2,883,257	0	206,296	4,448,629	206,296	4,654,925	0	0	216,611
Total Direct Costs	**25,974,915**	**18,011,428**	**0**	**1,159,335**	**15,949,564**	**1,159,335**	**17,108,899**	**0**	**0**	**1,217,302**
Indirect Costs	6,776,233	3,923,748	0	320,849	3,947,795	320,849	4,268,644	0	0	336,891
Cost Share	3,232,265	0	0	0	0	0	0	#DIV/0!	0	0
Grand Total	**35,983,413**	**21,935,176**	**14,048,237**	**1,480,184**	**19,897,359**	**1,480,184**	**21,377,543**		**557,633**	**1,554,193**
							0			

Notes

1. The budget line may vary from one project to another, the items must be in line with the approved budget for the project.
2. Please provide short explanation on deviation