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# CHASS Niassa

## Agreement No. 656-A-00-10-00-113

**FY2014 4rd Year of the Project**

**2<sup>nd</sup> Quarter Report: January to March 2014**



**April, 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
FANTAI	Food and Nutrition Technical Assistance (FANTAI) 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 (District 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 Gestão de Medicamentos
SIFO	Sistema de informação das Formações Contínuas
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): **23,935,176**

Actual Expenditures Through this Quarter: **22,793,735**

Current Pipeline Amount: **1,141,441**

Projected expenditure January 2014 to 2014: **1,632,576**

Geographic Focus: Niassa Province, Mozambique

## **I. SUMMARY**

The USAID/Mozambique clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. CHASS N is supporting the DPS in efforts to prevent, care for, and treat PLHIV in Niassa and is implementing critical programmatic, and advocacy initiatives aimed at eliminating HIV infections and supporting HIV-positive children, mothers, and families. In collaboration with our international and local NGO partners and the DPS, the project works directly with individual districts to implement a broad range of HIV/AIDS services that focus on:

- Expanding the provision of comprehensive PMTCT services;
- Improving access to HIV care and treatment;
- Reducing stigma and increasing awareness; and,
- Strengthening systems and building capacity.

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

- Development of harmonized multisectoral joint plans and capacity building at all levels to increase participation and sense of ownership of the community regarding implementation of activities related to HIV/AIDS prevention, treatment, and care and support.
- Expansion of HIV prevention services.
- Awareness creation and mobilization activities that ensure participation of the community.
- Mobilization and distribution of resources for program implementation through strengthened partnerships.
- Strengthen the multisectoral monitoring and evaluation system.

This quarterly report presents an elaborated report of the multisectoral response activities performed in Niassa at all levels. It touches upon outstanding performances and areas of unsatisfactory performance while also elaborating on major challenges faced during this reporting period, with planned actions for the immediate future.

## **/KEY HIGHLIGHTS**

### **HTC**

- 49% increase in Provider-Initiated Counseling and Testing.
- 20% increase in testing done at the HCT Units (UATS).
- 79% increase in the absolute number of people counseled, from 4,649 in last quarter, to 8,319 in Community HCT (C-HCT).

### **PMTCT**

- 84% of HIV+ pregnant women provided with ARV prophylaxis.
- 8% increase in the number of HIV+ women who initiated ART under Option B+.
- 24% of all patients initiating ART in the quarter were women initiating under Option B+.
- 59% of the HIV+ women provided with CTZ prophylaxis in ANC.
- 73% of HIV-exposed children provided with ARV prophylaxis in maternity wards
- 86.4% HIV-exposed children registered in the CCR started cotrimoxazole prophylaxis.

### **ART**

- 1,419 new patients initiated ART which is 10% increase from achievements in previous quarter, and contributing to reaching 93% of the annual target.
- 13,783 patients are currently on ART, which represents a 14.8% increased as compared to the previous quarter and contributed to reaching 125% of the annual target.

### **TB/HIV**

- 11% increase (504) from previous quarter of new registered TB patients.
- 98% (495) registered TB patients knew their HIV status.
- 38% (190) of registered TB patients were HIV positive, and all the positives received a CTZ prophylaxis.
- 80% of the HIV positive registered TB patient initiated ART.

### **GBV**

- 567 (235 males and 332 females) individuals were screened for GBV

- 10 (1 male and 9 females) were identified as victims of sexual violence
- 10 (100% of the victims of sexual violence) were tested for HIV
- 9 (90%) of the women who were victims of sexual violence received PEP
- 7 (70%) of them received emergency contraceptives this was because 2 of them were under ten years old.

## II. PROGRESS REPORT

The majority of activities scheduled for this reporting period were completed or underway by the end of the quarter. CHASS N's work activities included: finalization of modifications for all sub-awardees; provision of extensive technical assistance to 65 HFs, 16 districts and DPS staffs and local NGO partners; convening a Program Management Meeting and Quarterly Review Meeting with CHASS N staff and partners; expansion of the program to increase the uptake of ARV, PMTCT/Option B+, HCT and create linkages to increase access to treatment, care and support for people living with HIV/AIDS (PLWHA). Regarding M&E, the collaboration with DPS improved during the quarter, with aim to improve the quality of data reported, specifically with regards to routine data verification, as well as data validation at the province level, with the inclusion of monthly data and M&E discussion as part of the HIV Technical Working Group meetings. In addition, the program continued to strengthen its partnership and consultations by participating in the U.S. Government (USG), MISAU and other relevant stakeholders' convened events.

### Performance Progress toward the targets from Q1+2 in 2012 to Q1+2 in 2014

- 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) went from **776** in 2012 to **1,361** in 2014 during the same period.
- Number of pregnant women provided with an antiretroviral prophylaxis in a PMTCT/CPN setting went from **749** in 2012 to **1,039** in 2014 during the same period.
- Number of HIV positive pregnant women in ANC who have initiate CTX went from **311** in 2012 to **787** in 2014 during the same period.
- Number of children (<18 months) born to HIV+ pregnant women who are started CTX prophylaxis within two months of birth went from **303** in 2012 to **604** in 2014 during the same period.
- Number of partners of women who are HIV tested in ANC sitting went from **2,642** in 2012 to **8,528** in 2014 during the same period.
- Number of service outlets providing counseling and testing according to national and international standards went from **45** in 2012 to **65** in 2014 during the same period.
- Number of outlets providing antiretroviral therapy went from **21** in 2012 to **46** in 2014 during the same period.



- Number of adult and children with advanced HIV infection newly enrolled on ART period went from **974** in 2012 to **2,711** in 2014 during the same period.
- Number of adult and children with an advanced HIV infection who ever stated ART by sex, pregnant women went from **6,882** in 2012 to **14,330** in 2014 during the same period.
- Number of adult and children with an advanced HIV infection currently receiving ART by sex, pregnant women went from **5,920** in 2012 to **13,783** in 2014 during the same period.
- Number of HIV + adult and children receiving a minimum of one clinical service went from **8,488** in 2012 to **22,422** in 2014 during the same period.
- Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed went from **14** in 2012 to **16** in 2014 during the same period.
- Number of TB patients registered during the reporting period went from **597** in 2012 to **958** in 2014 during the same period.
- Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease went from **237** in 2012 to **368** in 2014 during the same period.
- Number of HIV positive TB patients who have started ART from **70** in 2012 to **311** in 2014 during the same period.

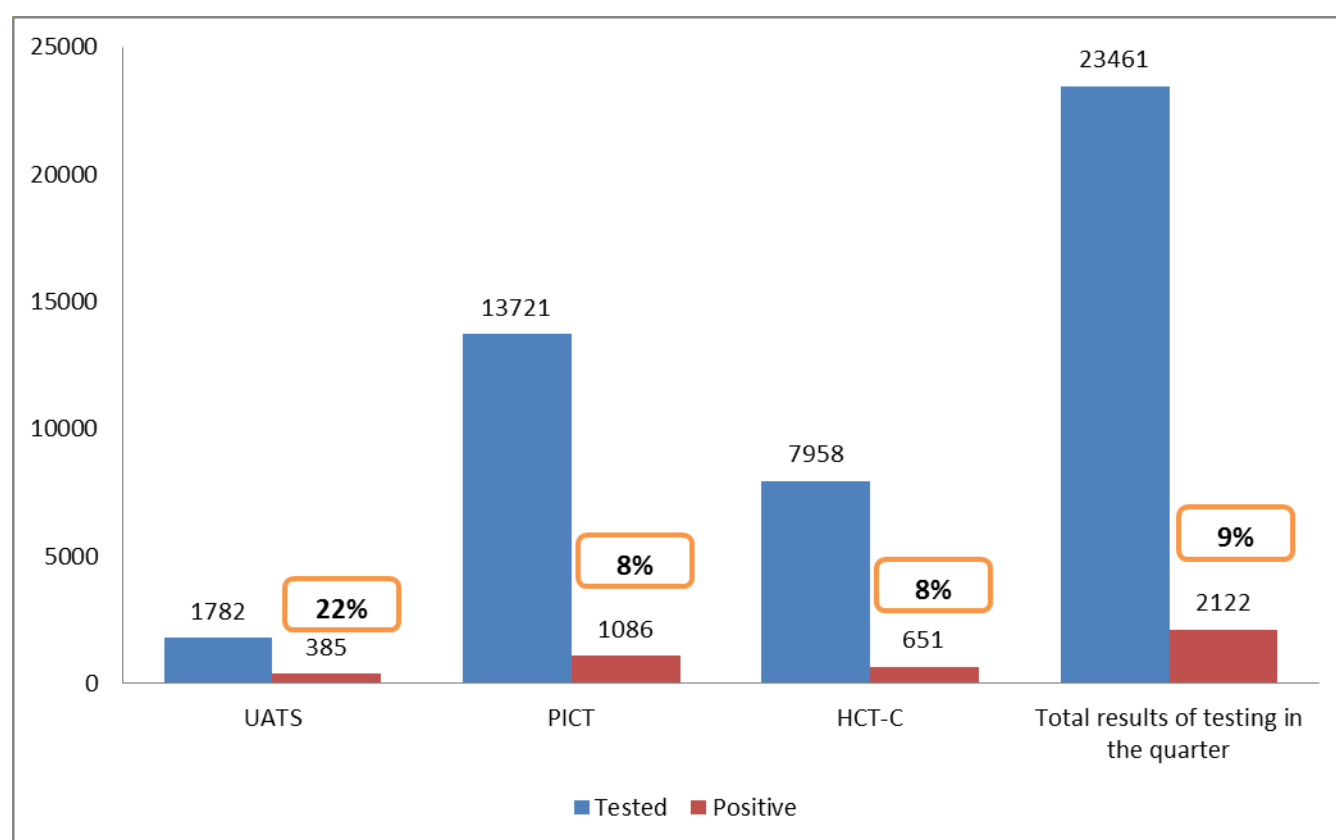
## PROJECT PERFORMANCE INDICATORS

**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.**

### HCT service expansion

Currently HTC services has been made available in 65 health facilities. As shown in the figure below, the number of Health facilities which provide HCT in 2011 was 25 , and has grown to 65

**Figure 1 - Total Number of Testing Breakdown by UATS, PICT, and HCT-C, Niassa Province, January to March 2014**



### Utilization of HIV Counseling and Testing Service

CHASS Niassa is ensuring utilization of HCT services at Health Counseling and Testing Unit (UATS) in 12 health facilities by educating and encouraging people to access the services as major intervention in the prevention of HIV through community mobilization and home visits. During the quarter, a total of 1,782 individuals (953 males and 829 females) were counseled and tested for HIV in the UATS (see Figure 1). Of these, 237 were children. Out these, 22%, 385 (160 males and 225 females) tested positive. There is also a notable difference in prevalence by

sex, as 16% of males tested positive, whilst for females, the prevalence was 27% (p-value < 0.005) Compared to the previous quarter, the number of patients tested increased by 20% (from 1,489 to 1782) and the proportion testing positive increased from 19% (289/1,489) to 22% (385/1782). Also during the quarter 132 individuals tested as couples, this represents an increase of 55% (from 85 in previous quarter to 132 in the present quarter).

The increase in the number of people and couple tested can be attributed to reinforcement of training of health staff in HIV and couple counseling and testing during the joint technical support visits, improvement in provision and use of HCT registers and availability of HIV test kits.

### **The Provider-Initiated Counseling and Testing (PICT)**

During the quarter, 13,721 (6,365 males and 7,356 females) people received counseling and testing for HIV and received their test results (CT setting: Clinical); 2,136 of them (16%) were children. The number of people tested increased by 49% in comparison to last quarter (from 9,192 to 13,721). Among the individuals tested in PICT, 1086 tested positive, corresponding to 8% of the total number of people tested. The achievements of the annual target were 22% as at the end of the second quarter (see Figure 1). Ideally this should be closer to 50%. However, deficient documentation of the number of people tested, due to, both the lack, in some facilities, of registration books, and the fact that some clinical staff at health facilities continued not registering patients tested consistently. In addition, there was a generalized problem of recording HCT results at the district HQ, therefore centralizing results from peripheral HFs at HQs, which makes difficult to follow-up and monitor. In collaboration with DPS, a guideline has been produced and disseminated to address this issue of centralized reporting enabling better intervention specifically targeting HCT.

On the other hand, the results corresponded to an improvement in the number of people tested compared to previous quarter. Project staff were instrumental in facilitating reproduction and distribution of HTC record books, review of data records and the provision of continuous TS visits in selected sites as necessary. Furthermore, during this quarter stock outs of HIV test kits was minimal due to improvements in the distribution chain and availability of HIV test kits in the province.<sup>1</sup> CHASS N played an important role as the pharmacy TO recently recruited, is providing closer support to DPS in quantifying tests needed as well as in assessing the potential for stockout of the kits, therefore, facilitating the timely requisition. Within the province, CHASS Niassa provided logistic support for functionality of the transportation trucks, by providing fuel and other needed inputs.

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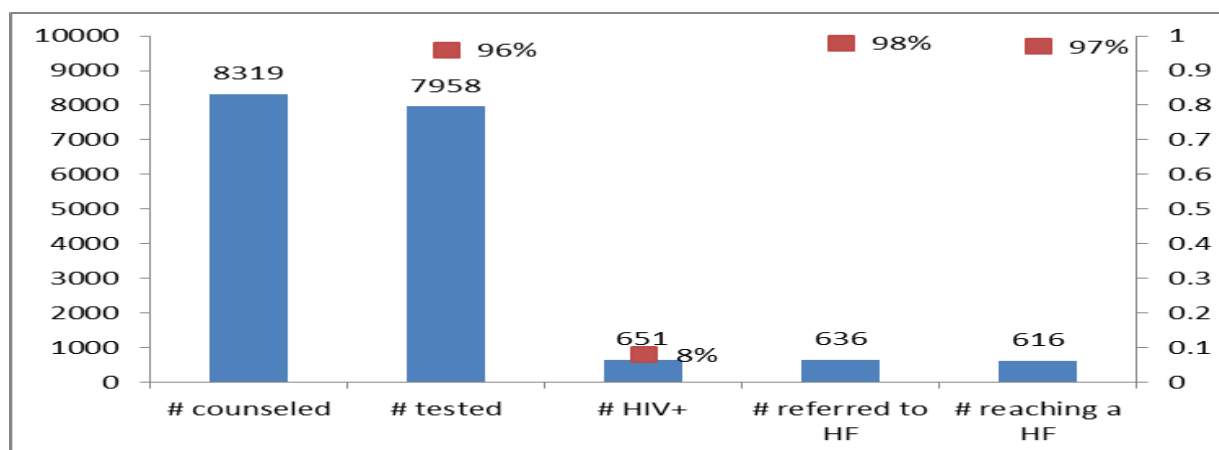
<sup>1</sup> The number of individuals reported as having tested in a clinical setting in the previous quarter was over reported due to a calculation error. The previously reported number of people tested of 26,215 was corrected to 9,192.

### ***Community Health Counseling and Testing (HTC-C)***

A total of 8,319 patients (3,993 males and 4,326 females) received counseling in community settings this quarter (Figure 2); 1,486 of them (18%) were children. There was a 79% increase in the absolute number of people counseled, from 4,649 in last quarter, to 8,319. HIV Lay Counselors provide pre- and post-test counseling, administer the test, and provide linkage to primary care, and extensive follow-up for those who test positive. HIV Lay Counselors/CCM do extensive outreach and off-site HIV screening at community events and non-traditional venues.

A total of 7,958 (3,824 males and 4,134 females) of the individuals who were counselled in HCT-C, 7958 (96%) were tested (see figures 1 and 2). The proportion of individuals tested increased from 94% in the previous quarter to 96% in the current quarter, and this improvement in is related to training of new counselors, reinforcement of TSV and the availability of HIV test kits at the community level.

**Figure 2 - Community HCT Cascade in Niassa Province from January to March 2014**



Among those tested in HCT-C settings, 8%, 651(329 males and 322 females) tested positive. Ninety-eight percent, 636 (321 male and 315 females) of those tested positive in HCT-C were successfully referred to a health facility (see figure 2), with 97% of them, 616 (312 males and 304 females), having reached a health facility in the province and receiving care. As indicated by the results, there were 2% (15 patients out of 651 tested positive) who were not referred to HFs. This was due to refusal of some of the individuals tested to be referred to HFs as they did not accept their test result. CHASS N will enforce the counseling of this group to ensure their adherence to care services. In addition, in the next quarter the project will enforce the implementation of an active defaulter tracing system to reduce loss to defaulters after C-HTC, and loss to follow-up (LTFU) among HIV, PMTCT, TB, and HIV/TB co-infected patients

receiving treatment. Patients who do not show up after a referral for HCT-C will be routinely contacted by a CCM via telephone, in-person visit, or both very soon after not showing up after referral.

Overall, the achievements in HCT were positive through all three approaches. Factors contributing to the positive results included the a) reinforcement of training messages during joint TSV, b) reinforcement of district supervision by the District Medical Chief, and c) improvement in the availability of HIV test kits.

CHASS N will work on piloting a new approach for community HCT that is more focused on the index-case approach and will continue coordination meetings with DPS and community partners. The project will conduct joint TSV with the DPS focal person, and provide on-the-job training and monitoring to further improve the quality of HIV testing. Finally, CHASS N will continue 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 to undertake community based counseling and testing.

### ***Prevention of Mother to Child Transmission (PMTCT) Support Activities***

#### **Providing Technical Assistance for Prevention of Mother-to-Child Transmission of HIV Services in Niassa**

During this quarter, the project continued to expand access to PMTCT services and strengthen linkages for pregnant women and their HIV-exposed infants to care and treatment at 65 health facilities by integrating PMTCT services into routine maternal-child health services. Since the beginning of the project, our interventions have significantly contributed to the goal of the MISAU and USG to expand and improve PMTCT services in Niassa province by:

- Supporting the DPS in rolling out the national PMTCT program using national guidelines and training curricula;
- Increasing the number of women and families enrolled in care and treatment programs by strengthening linkages between PMTCT and care and treatment;
- Increasing access to quality PMTCT services, including linkages to care and treatment for women, children, and their families;
- Increasing uptake of ARV prophylaxis in HIV-positive pregnant women and HIV-exposed infants;
- Scaling up the use of combination regimens in PMTCT Strengthen the integration of PMTCT and maternal and neonatal health services to contribute to the improvement of maternal and neonatal health.

In this quarter CHASS N continued to support PMTCT in 65 HFs (43% of all HFs in Niassa); these facilities cover 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/B+ began in June 2013 and Option B+ with Tenofovir (TDF) was expanded to 6 more health facility (from 6 to 12 HFs) this quarter.

This quarter, 14,238 pregnant women were registered in ANC settings. Of these women, 12,861 (90%) knew their status and 567 (4%) were HIV positive (Annex 1). Among the HIV positive women, 479 (84%) were provided with ARV prophylaxis at an ANC service (figure 3), 344 of whom initiated Option B+. These women composed 24% of all patients initiating ART in the quarter (344/1419). The remaining 10% of women did not know their HIV status, as they were not tested due to refusal to get tested (normally consent from their partners before testing), or there could be cases of false stock-out of tests in some facilities. Interventions from CHASS N in the area of HCT among pregnant women will focus on couples counseling, complemented by community sensitization by the CCMs and Traditional Birth Attendants (TBA). Regarding the number of HIV+ pregnant women, 88 did not initiate ART during the quarter, corresponding to 15.5% of the total number of HIV+ pregnant women. CHASS N will trace these women in the next quarter to ensure they are provided with ARVs.

With the advent of Option B+, increased emphasis will need to be given to ensuring that women initiating ART continue their treatment. To do this, the focal point person (CCM) in each ART site will be responsible for overseeing and ensuring timely follow-up of defaulters and potential defaulters. The same focal point will also be responsible for ensuring management of the referral system both at the HF and the community levels. Special attention will be given to prevent defaults and abandons through the reinforcement of adherence counseling during the ANC consultation and home visits by the community managers. Active case finding will also be done through busca activa.

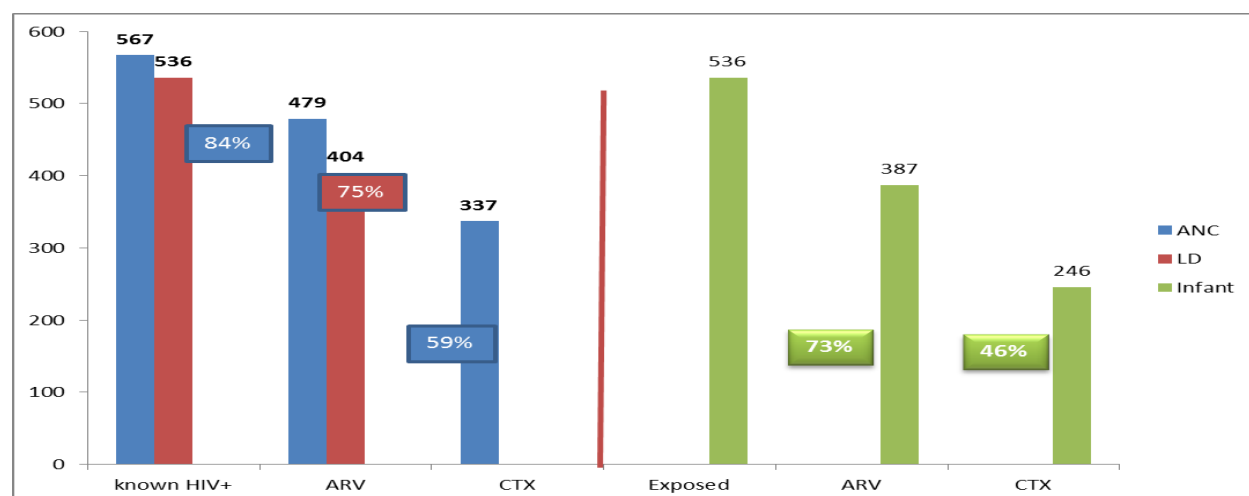
The proportion of HIV positive ANC clients who were provided with ARV prophylaxis increased by 13 percent points (from 71% to 84%) as a result of closer support to MCH nurses in the review of records during TA visits, and the strengthening of TSV with clear recommendations for action. (See Figure 4)

Among the 14,238 pregnant women enrolled at ANC, 4,517 (32%) brought their partners to the consultations and their partners were tested for HIV, which was an increase from last quarter, both in absolute number of partners tested (from 4,011 to 4,517, corresponding to a 13% increase) and in the proportion pregnant women attending ANC whose partners were tested (from 28 to 32%) (Annex 1). The increase in partners' testing was related to CHASS N, in coordination with DPS, involving the CCM and M2M groups in the mobilization of the community to participate in MCH services, and, the distribution of written invitations for partners to attend.

Regarding provision of CTZ prophylaxis, during the quarter, 59% of HIV+ pregnant women were provided with prophylaxis in ANC, corresponding to a marginal increase by 2 percentage

points compared to last quarter (from 57% to 59%) (Annex 1). The project is collaborating with CMAM to improve the distributions of drugs in Niassa. In addition, the joint TSV and on-the-job training for health staff on eligibility criteria for suspension of Cotrimoxazole were intensified.

**Figure 3 – PMTCT Cascade for Niassa, January to March, 2014**



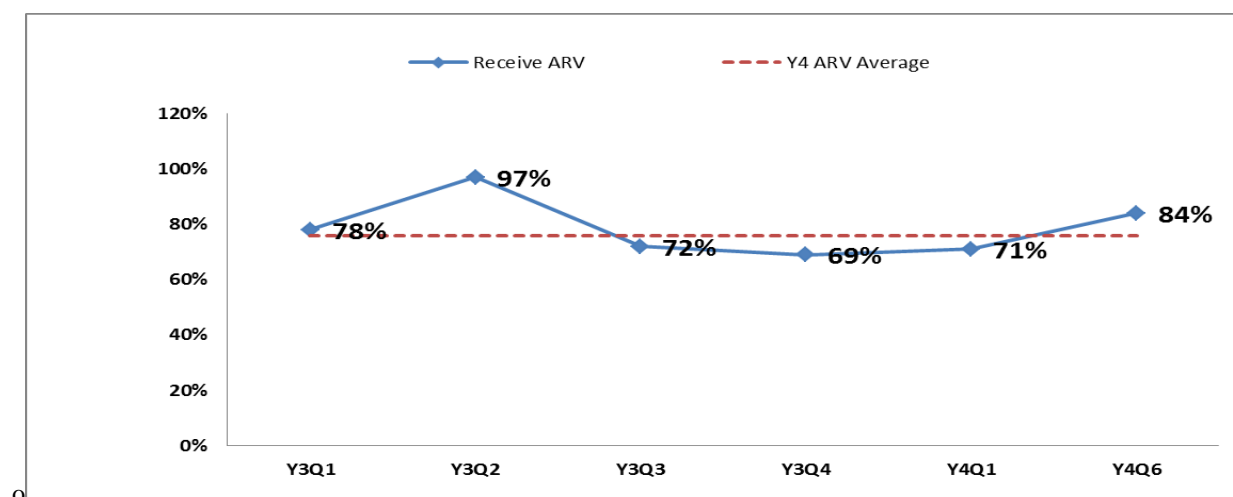
In general, performance on the PMTCT cascade (figure 3) this quarter had declined relative to performance in the previous quarter. CHASS N is working with DPS Niassa to fix this problem by maximizing the use of all available entry points to ensure timely initiation of cotrimoxazole prophylaxis. This will be facilitated through the use of provider-initiated HIV testing and counseling (PITC) to identify HIV-exposed and -infected infants and children, use of child health cards with HIV-specific information, and outreach services including immunization and CCM home visits. In addition, the project will strengthen CCM community-based capacity to identify HIV-exposed infants and children, and provide referrals for testing and care, including initiation and continuation of cotrimoxazole prophylaxis and treatment. The identification will be done through identification of HIV+ mothers in their communities during the home-visits and community sensitizations. Adequate initial and ongoing counselling is critical to achieving good adherence. The project will support the DPS in the introduction of adherence training and implementation of adherence strategies at the HF and community levels.

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%) suggesting that CHASS N has sustained the improved performance shown last quarter.

Reliable and accurate health information is still a major challenge to the CHASS Niassa project. Efforts have been made to improve the quality of routine health data from the primary health-care system. Various data quality improvement interventions have been conducted to increase the completeness and accuracy of the routine health data in the provinces and included three

main components: (i) training days on data collection, (ii) monthly reviews of data and (iii) data audits at individual facilities..

**Figure 4– ARV coverage of HIV+ pregnant women in CHASS N sites, Years 3 and 4, by quarter - ANC**



This quarter, 12,080 pregnant women were registered at the maternity ward and 4,335 received HIV testing and results, 536 (12%) of whom were diagnosed as HIV+. This is a considerable increase in HIV prevalence in the maternity ward compared to last quarter, during which 8% (439) of women with known status were positive status. During this quarter, 404 (75.3%) women were provided with a complete ARV course (figure 3). Maternity wards remain the last opportunity to establish the presence of HIV before delivery and provide access to critical PMTCT interventions for mother and baby. The project is promoting the importance of retesting HIV-negative women in high prevalence settings which is underscored by the high levels of new HIV infections found in late pregnancy.

### ***Family Planning (FP)***

With regard to FP activities, 626 HIV+ women were followed at FP consultations and 593 (94%) received a FP method (4 IUD, 381 Injectable Pills, 178 Pills, and 30 Implants). This was an increase from last quarter when just 45% (249) of the 542 HIV + women received a method. This increase was due to inclusion of FP in the routine activities of the CHASS N technical team.

Advocacy with district nurses responsible for raising awareness about counseling and testing of women during FP consultation was undertaken to prioritize HIV+ women for screening of cervical and breast cancer according to the MOH guidelines.

### ***Early Infant Diagnosis technical support***

**# of HIV-exposed children who received antiretroviral to reduce the risk of vertical transmission in L & D - All schemes:**



The successful use of dried blood spot testing (sometimes referred to as DBS), and the effective routine of transportation initiated by the CHASS N project, increased the numbers of infants receiving early diagnosis and consequently improved early initiation of antiretroviral therapy (ART) for infants below 18 months. HIV prevalence among infants in the PMTCT program decreased from 13.9% to 8.7% in those quarter. The project is promoting the returned of exposed children for confirmation of infection status after weaning, highlighting the imperative need to offer effective interventions to prevent postnatal transmission.<sup>2</sup>

During the quarter 387 (72%) children received ARV prophylaxis at the Maternity ward (see figure 3) compared to 336 (83%) in the previous quarter. This quarter 488 HIV-exposed children were registered in the CCR, =422 (86.4%) of whom started cotrimoxazole prophylaxis while 76 (16%) received ARV **treatment** services. Infants from PMTCT and ART sites were tested as per the national algorithm for infant diagnosis. Samples were collected and transported weekly to the the regional laboratories for DNA PCR testing, and results were then sent back to each HF.

During the quarter, the province received results, from the Nampula Lab, of 365 results of PCR of which 32 (8.7%) were positive and these children were referred to the ART service. Compared to previous quarter, where 783 PCR results were received, with 109 (13.9%) testing positive and referred to ART services, there was a drop in the number of results received by 46%, which was due to the fact that, in Q1 there were many results received of samples sent in previous quarters which were only process in Q1 after improvement in the response capacity by the Nampula Lab. The project is promoting the return of exposed children for confirmation of infection status after weaning, highlighting the imperative need to offer effective interventions to prevent postnatal transmission.<sup>3</sup>

The main challenge of the quarter was the stock out of Nevirapine in the province, which resulted from a national level stock out, contributing to the low proportion of exposed children provided with ARV in maternity.

### ***Pre-ART Care and Treatment Technical Support***

During the quarter a total of 3,488 patients tested positive in all testing points (1,086 in PICT, 651 in Community HCT, 385 in UATS, 1057 in PMTCT services, and 190 in TB sector). Of those testing positive, 1711 (49%) patients were enrolled in Pre-ART services, and 1,419

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<sup>2</sup> Study in Tanzania has shown a considerable seroconversion of previously PCR negative children. Introducing a multi-site program for early diagnosis of HIV infection among HIV-exposed infants in Tanzania.

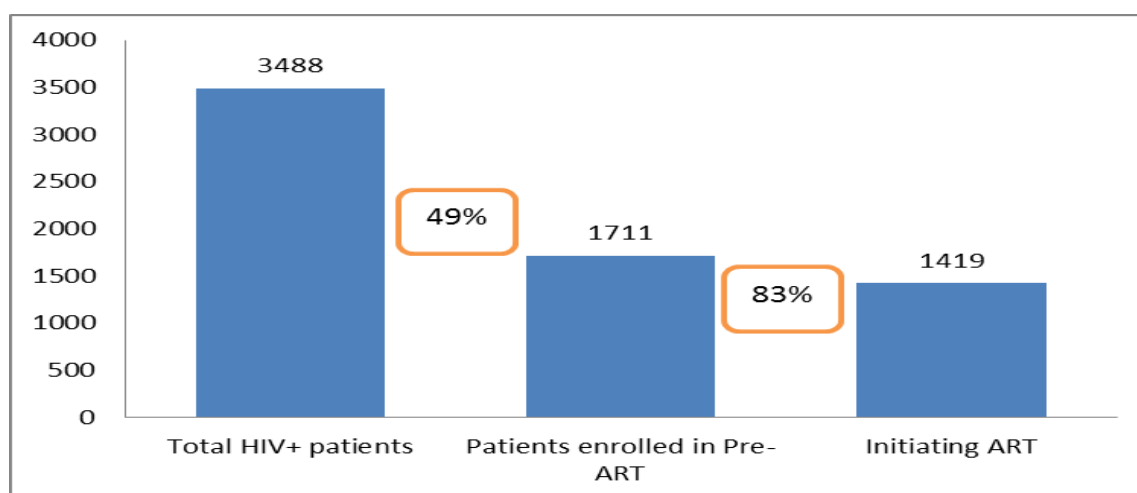
<sup>3</sup> A study in Tanzania showed **a considerable** seroconversion of previously PCR negative children. **in** Introducing a multi-site program for early diagnosis of HIV infection among HIV-exposed infants in Tanzania.

(40.6%) were newly enrolled in ART (figure 5) and 358 (10.3%) did not receive care or treatment.

During this quarter there was an improvement in the quality of registration of patients and of biweekly collection of blood samples for patients attended in HFs lacking the capacity to conduct CD4 counts and PCR analysis through the implementation of transport routes of samples of CD4 and PCR.

Both the number of new patients enrolled in ART and the proportion of Pre-ART patients enrolled in ART increased compared to the last quarter. The number of new patients enrolled increased by 32% (from 1,292 to 1711) whereas the proportion of pre-ART patients enrolled in ART increased from 78% to 83%.

**Figure 5 - Pre-ART cascade in Niassa, January to March 2014**



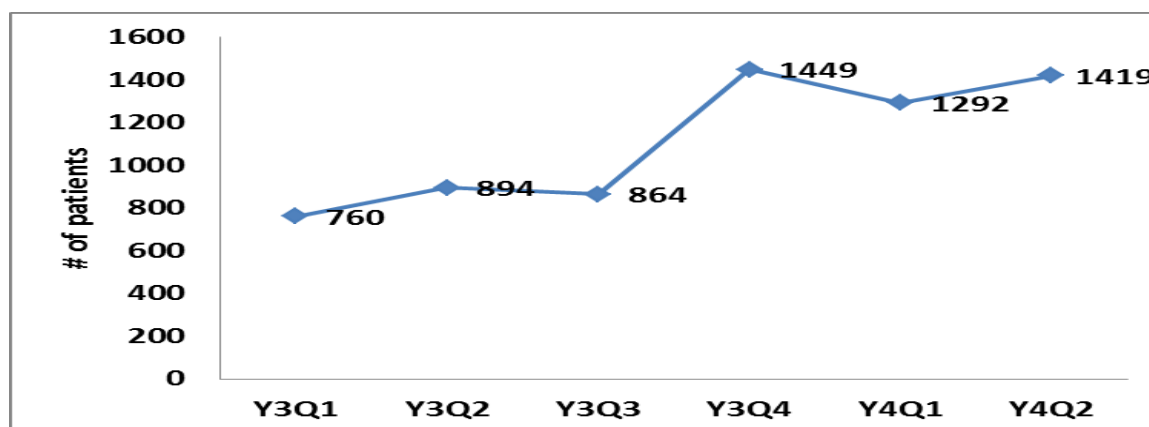
Pre-ART loss to care is considered a major impediment to improving the outcomes of HIV care and treatment overall and is itself a contributor to the high mortality observed during the first year on ART, and wastes scarce health system resources. Without an effective health information system that allows patients to be tracked from site to site and over time, as they come and go from care, it is nearly impossible to assess the extent to which patient mobility mitigates the observed loss to care rates. The project is promoting several operational solutions for individual patients, dropping out of pre-ART care such as improvements in the information provided to patients, reminders conveyed by text message or phone, and dispensing prophylaxis for opportunistic infections, such as cotrimoxazole and isoniazid, more actively to pre-ART patients.

In the coming quarter, CHASS N will work with DPS to enforce the norm of enrollment of patients in Pre-ART at the day of diagnosis, instead of waiting for the CD4 results. This will be complemented by improvement in the control and provision of stock of register tools (patient charts).

### ***Adult Care and Treatment Technical Support***

During this quarter, 1,419 new patients initiated ART (figure 4) 10% more than the previous quarter (1,292). The newly initiated patients contributed to 93% of the annual target by the end of the second quarter (figure 6) although the number of new patients has been fairly consistent over the past three quarters. The increase in the number of new patients enrolled is attributed to intense work to raise awareness of MCH nurses about the need to register patients in the Pre-ART and ART registers. This increase can also be attributed to full implementation of universal access to ART by PMTCT, and TB/HIV patients, and under-five children. The bigger challenge to the project is retention of the patients in care. To fix this problem, the project is working with DPS, to reinforce adherence counseling at HF and community levels, and further promoting active case finding of defaults and abandon. As of March 2011, a total of 5,560 individuals were currently receiving ART medication and at the end of this reporting period 11,00 patients were currently on ART. Overall, the project has reached 125% of the annual target.<sup>4</sup> Engagement in HIV care is increasingly recognized as a crucial step in maximizing individual patient outcomes highlighting the importance of extending adherence beyond antiretroviral medications to include adherence to clinical care.

**Figure 6 – # of patients on ART (newly enrolled), FY 13 and 14, by quarter**



One of the challenges facing CHASS N is the quality of care and treatment data. After the cleaning exercise undertaken in April/May 2013, it was found that the exercise had actually resulted in worse data quality. Unfortunately, the CHASS N M&E team was excluded from that

<sup>4</sup> In "Patient retention in antiretroviral therapy programs up to three years on treatment in sub-Saharan Africa, 2007–2009: systematic review", Mathew P. Fox and Sydney Rosen estimated 24 month retention rates of 76% using meta-analysis. This estimate was higher than that in their earlier review, which only analyzed studies through 2 years and found estimated retention of 62% at 2 years.

exercise. In 2014, the CHASS N M&E team is working with DPS to improve data quality. A new round of cleaning exercise is under implementation, with an improved strategy for sustaining the process, that includes a better involvement of the HF staff, creation of quality monitoring tools at various levels, and also increased accountability by the District Medical Chefs for the quality of data they report.

### ***Pediatric Care and Treatment Technical Support***

During the quarter, 113 children were enrolled in ART, which is a 10% increase (from 103 to 113) compared to the previous quarter. The proportion of HIV+ children among all patients in ART was 8% which is the same proportion as last quarter,

Despite increases in the number of children newly enrolled in ART, the proportion of ART clients who are under age 15 is lower than expected. To address this, CHASS N aims to reinforce identification of children not previously included in ART based on past inclusion criteria by revision of clinical charts of all under fives who are HIV+ positive.

### ***TB/HIV co-infection support services***

CHASS N supports the implementation of TB/HIV services in a total of 17 HFs, specifically in HFs of the districts' headquarters. All the supported HFs are implementing the partial one-stop-shop model, with health staff trained in prescription of ARVs. It is partial because the prescriptions are only made in the TB sector and in most of the health facilities the dispensing of drugs is done in pharmacies with the collecting of samples for blood count, biochemistry and CD4 often done in the laboratory, with collection routes for CD4 samples system on fixed days.

This quarter, 504 new patients were registered in TB services. This was a 11% increase (from 454 to 504) compared to last quarter and is likely the result of the reinforcement of the need for TB screening during ART care/treatment services. Four-hundred and ninety-five of the registered patients (a total of 98.2%) were screened for HIV and 190 (38.3%) of them were known or tested positive (Figure 8). All of the 190 positive patients received CTZ prophylaxis and 152 (80%) 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 decreased from 89% to 80% (figure 7), a level that is more consistent with prior performance but is lower than expected. To improve the diagnosis and management of tuberculosis the TSV were carried out jointly with TB CARE project and DPS, where health workers received on the job training on the diagnosis and management of infant tuberculosis and also allocated 177 manuals for diagnosis of TB.

As a result of the diagnosis of infant TB activities, the proportion of children treated for TB increased from 13.2% (60 children out of 454 TB patients) last quarter to 18% (91 children out of 504 TB patients) this quarter.

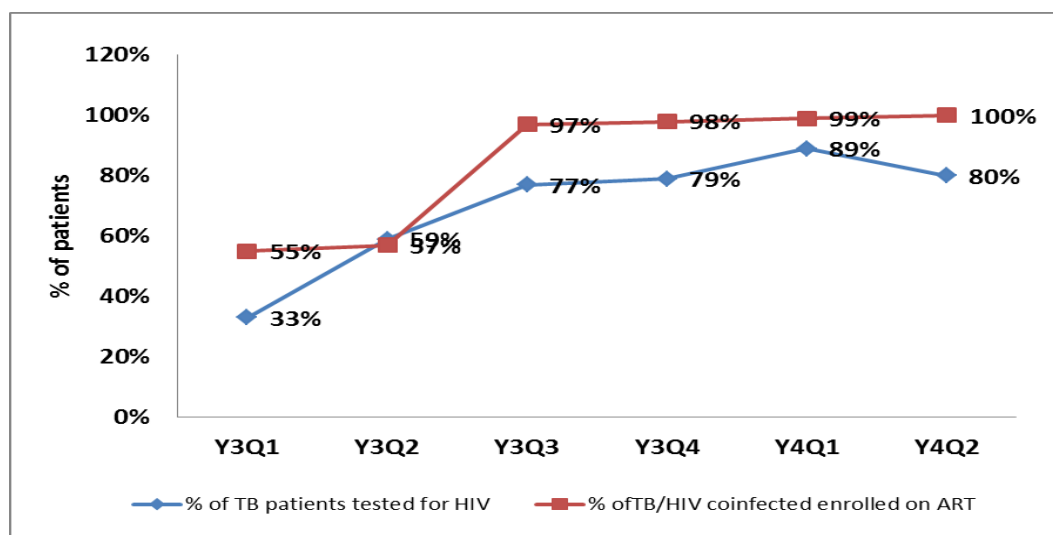
Increasing screening is still a challenge for improving the proportion of TB/HIV co-infected patients enrolled in ART. Thus, improvement in transcription of information on ART patients is needed, especially for those patients who start ART outside the TB sector. On-the-job training of TB staff during TA visits is being implemented with a focus on cross-checking TB and ART registers; and this will be reinforced to improve the quality of information.

Throughout the review period, 124 TB children under-5 received isoniazid prophylaxis compared to 60 in the prior quarter, which represents an increase of 106%.

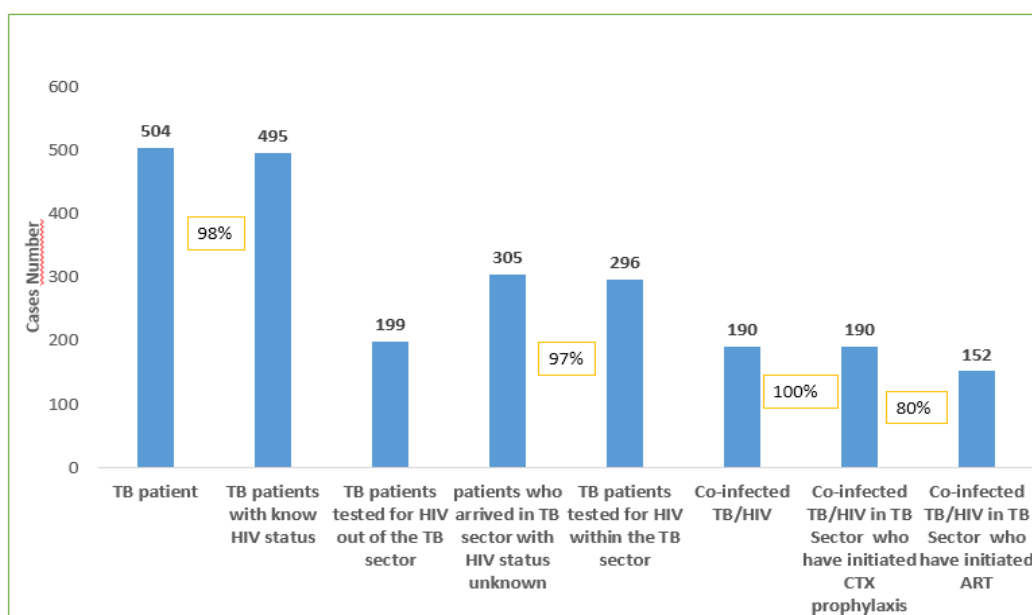
#### Other activities in partnership with TB CARE

In partnership with the TB CARE, CHASS N held TSV for C-DOTs and follow-up training for 70 volunteers from ESTAMOS, an implementing partner. CHASS N also provided TB IEC for DPS and provide technical and logistical support for organizing and conducting Quarterly Meetings to discuss tuberculosis program data.

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



**Figure 8 TB/HIV cascade in Niassa province, from January to March 2014**



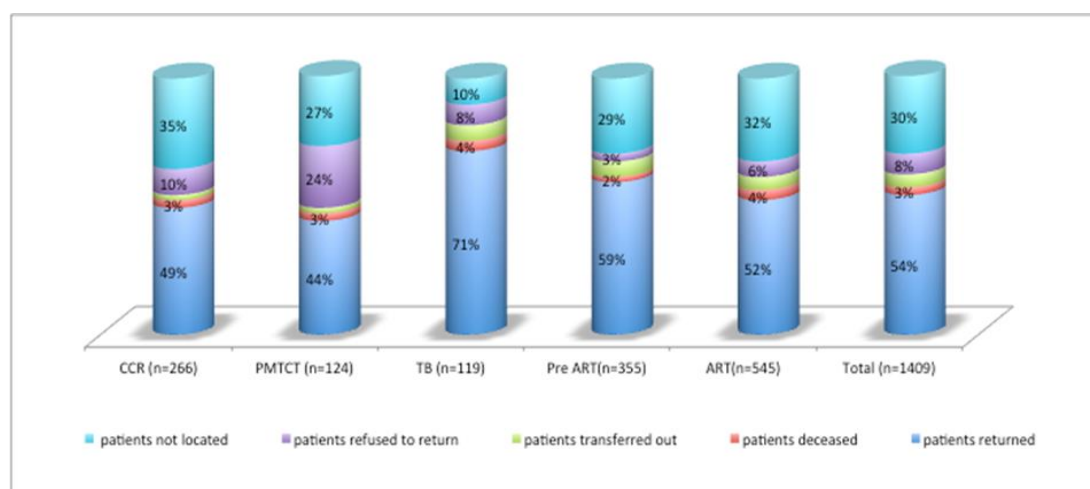
### ***Adherence to Treatment and Retention in Care Technical Support***

During the quarter, a list of 355 (158 males and 197 females) **defaulted** patients in Pre-ART were delivered to the CCMs and HCT-C lay-counselor tracing, and 59% (211 patients) of these patients returned to treatment, 2% (8 patients) had died, 6% (22 patients) had transferred to other parts of the country, and 3% (11 patients) refused to return to treatment, even after sensitization and counseling sessions for adherence. The remaining 29% (103 patients) could not be found at the addresses provided during Pre-ART counseling sessions (see figure 9).

In ART component, a total of 545 (228 males and 317 females) patients who abandoned treatment were delivered to CCMs for tracing, and 52% of these patients (286) returned to treatment, whilst the remain patients were either deceased (4%, 23 patients), transferred out of their residence area (5%, 28 patients), refused to return to treatment after sensitization (6%, 33 patients), or could not be located at the provided addresses (32%, 175 patients). (See figure 9)

The level of return in the other services, including CCR, PMTCT, and TB for the defaulted patients ranged from 44% to 71%. Among the defaulted patients from these services, 35% in CCR, 27% in PMTCT and 10% in TB refused to return after counseling and sensitization.

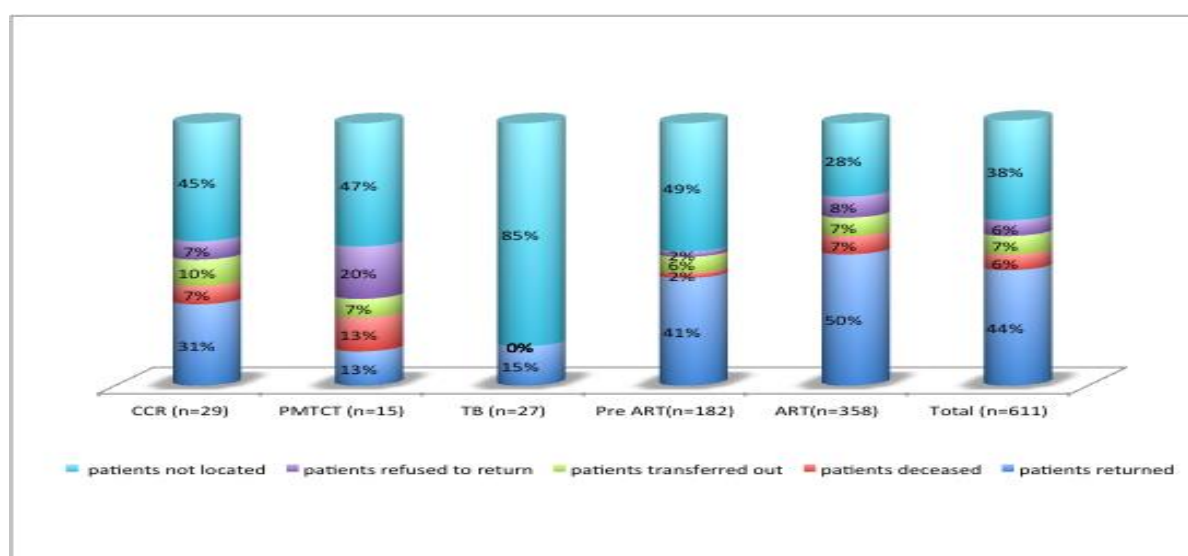
**Figure 9 Outcome of patients who defaulted, by type of care from January to March 2014**



With regard to efforts to ensure return of patients that abandoned treatment, a list of 182 patients (81 males and 101 females) was delivered to the CCMs for tracing, and 41% (74 patients) returned to treatment. Among the remaining patients 59%, 2% were deceased (4 patients), 6% had transferred (11 patients), 2% (3 patients) had refused to return to treatment, and 49% (90 patients) could not be located. (see figure 10)

In ART, 358 patients who had abandoned treatment (123 males and 235 females) were listed and delivered to CCMs for active finding, of which 50% (178 patients) returned to treatment, while the remaining 50% did not return, with 7% (26 patients) having died, 7% (26 patients) transferred out, 8% (28 patients) refused to return, and 28% (100 patients) who could not be located (details are provided in figure 10).

**Figure 10 Outcome of patients who abandoned care, by type of care from January to March 2014**



The level of return in the other services, including CCR, PMTCT, and TB for the abandon patients ranged from 13% to 31%, with the lowest level being for PMTCT patients, followed by TB. Among the abandon patients from these services, 7% in CCR and 20% in PMTCT refused to return after counseling and sensitization.

Adherence to treatment and retention in care are complicated and dynamic issues, influenced by internal and external factors that include the patient, the health system (including clinic environment, providers, supporting services [counseling, nutritional support, case management], and other critical systems [supply chain, laboratory, pharmacy, etc.]), the community, and medication barriers in the case of treatment adherence. Many of the same barriers to treatment adherence have also been noted as barriers to retention in care, although less research has been done in that area.

Retention of enrolled patients and referral of patients across sectors, especially referrals of TB/HIV co-infected patients remains a challenge. The project is still 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.

### ***Laboratory***

CHASS N continued supporting 18 micro and functional laboratories in the 16 districts of Niassa province; 61% (11 out of 18) of these laboratories have the capacity to perform CD4 counts. During the quarter a total of 6,088 CD4 counts were performed, which represents an increase of 60% as compared to the previous quarter (from 3,802 to 6088). This increase resulted from steadier distribution of reagents, and a decrease in stock outs of other laboratory commodities. This was complemented by the full operation of the Cuamba and Lichinga Lab equipments, together with the use of PIMA equipment in 9 HFs, which led to more timely return of results to clinicians.

An illustration of the effect of the POCT-CD4 PIMA Machines, Table 1 shows that 32% of the CD4 counts undertaken during this quarter was done using these machines

During the quarter 435 PCR samples (379 first collection and 56 repeated collection) were collected and sent to the Nampula reference laboratory, a 11% decrease compared to the previous quarter (from 488 to 435).

Of the PCR samples sent, 365 results were received, an 96% increase (from 186 to 365) in the absolute number of PCR results received as compared to the previous quarter. This was due to improvements in the processing of the samples, Lab response time laboratory equipment and management of the process of sending results from the HF to HC Nampula and vice versa. As far



as the test results are concerned, of the 292 samples, 32 (8.7%) were positive, representing a decrease from the previous quarter, from 13.9% to 8.7%. These sero-positivity rates for PCR of children under 18 months are higher than the national average of 5% reported in the Annual Report of CNCS 2013.

**Table 1 –Progress in CD4 count in Niassa using POCT-CD4 PIMA, January to March 2014**

<b>HF</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>Total Q2</b>	<b>Total Q1</b>
Cs Cobue	25	24	41	148	90
Cs Metangula	131	139	147	144	417
Cs Mavago	37	12	21	32	70
Cs Mecula	23	47	32	79	102
Cs Marrupa	68	70	0	100	138
Cs Maua	44	43	46	169	133
Cs Mecanhelas	219	246	115	765	580
Cs Entre Lagos	110	56	37	114	203
Cs Mandimba	95	158	91	281	91
<b>Total</b>	<b>752</b>	<b>795</b>	<b>530</b>	<b>1832</b>	<b>1824</b>

During the reporting period, a total of 4,138 smear slides for lab diagnosis of TB were processed with 488 (11.8%) diagnosed positive. Compared to the last quarter, it is observed that the number of blades increased by 18%, however the sero-positivity also increased from 6.9%.

A total of 80 samples were processed using Gene Xpert machines and M DNA was detected in a total of 19 samples, 1 was identified resistant to rifampicin (table 2). There was a 70% decrease in the number of samples processed using the Gene Xpert machines (from 260 to 80), which is due the breakdown of results printer. To solve this issue DPS is buying a new printer.

**Table 2 - Gene Xpert Results in Niassa, January to March 2014**

	<b># of samples processed</b>	<b>Presence of DNA of M.Tuberculosis detected</b>	<b>Presence of DNA of M.Tuberculosis not detected</b>	<b>Invalid</b>	<b>Resistance to Rifampicine identified</b>
October – December	260	42	207	2	6
January-March	80	19	61	0	1

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 them to 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.

During the quarter 8 health workers (4 males and 4 females) had occupational exposures, from HP Lichinga (6), Nipepe (1) and Ngaúma (1). These professionals have the following exposures: intermediate (4) and minimum (4). Regarding the implementation of IPC activities, technical support and joint measurement with the IPC provincial head was done at Lichinga Provincial hospital, Mandimba HC and Mecula HC.

To provide better protection against infections to healthcare providers and users, CHASS in coordination with DPS is supporting the health facility sector of NTCP in the implementation of IPC of TB Infection Control.

### ***Nutrition, access to food and utilization technical support***

The CHASS Niassa nutrition program aims to strengthen nutrition counseling and care for People Living 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***

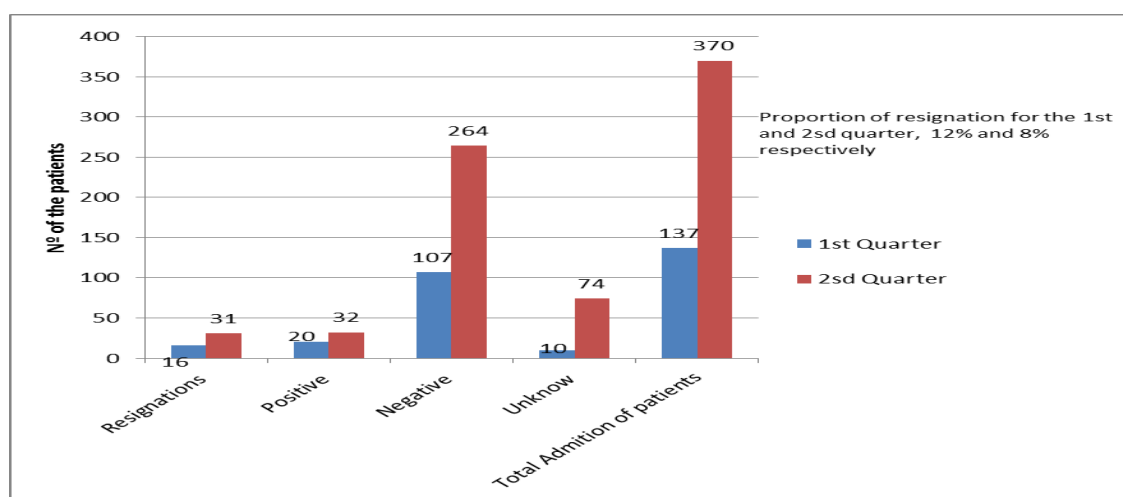
Malnutrition is a common complication of human immunodeficiency virus (HIV) infection and plays a significant and independent role in its morbidity and mortality. A total of 370 children attended the in-patients nutrition services. All of them were tested for HIV and 8%(32/370) were HIV+ (figure 11). The number of children attended increased by 170% (137 to 370) compared to last quarter, due to the improvement of assessment of children and reporting of NRP data from districts to DPS.

Despite the development and implementation of the Nutrition Rehabilitation Program (NRP) volume 1, there are major limitations in the ability to provide effective nutritional support. These include poor appreciation of the significance of malnutrition in HIV-infected people and poor accuracy of the tools for estimating nutritional status.

On major challenge in implementing the NRP in the province is the lack of M & E component, and an effective system to collect data about nutrition and HIV/AIDS. In addition, specific NRP book for recording inpatient data are still not available so the data is collected in the books in which patients with all types of conditions are recorded and there is no indication of HIV serostatus. To address this problem, the CHASS Niassa team have recommended for Health technicians to record this information in the observations column, although collection of the data remains difficult with this approach. CHASS N project has also provided training to strengthen the capacity of health care providers to integrate nutrition interventions into HIV care and treatment services.

Next quarter, CHASS N nutritionist will work with the new DPS nutritionists in an effort to improve screening of malnutrition cases, classification and treatment according to the NRP protocol. The project also plans to include the nutrition indicator in the next cohort study.

**Figure 11<sup>5</sup>: Children attended the in-patient nutrition services in Niassa province from January to March 2014**



### ***Nutrition Rehabilitation Program in TDA (Treatment of Malnutrition in the Outpatient services)***

A total of 217 children were admitted in ambulatory, all of them were tested for HIV and 23% (49/217) were HIV+. Out of these 76 were cured of malnutrition. The number of children admitted decreased by 24% (286 to 217) compared to last quarter. This decrease was due to irregular sending of NRP data from districts to DPS. The biggest challenges in implementing the NRP in the province are associated with data because the monthly data summary does not include information relating to HIV and nutrition assessment in pre-ART/ART.

<sup>5</sup> Data source from DPS: 9 Districts (Cuamba, Majune, Mandimba, Mecanhelas sent Muembe sent their data during all period. Lichinga City, Lichinga District, Mavago and Ngauma sent their data not regularly ) The DPS / CHASS N are still with a great challenge to ensure that all districts send regularly their data to DPS

the next step is to start distribution of Corn Soy Blend plus (CSB+) in 10 health facilities in Niassa in collaboration with WFP. We could not start implementing this quarter due to a delay in the signature of the Memorandum of Understanding between USAID, WFP and MOH.

### ***Nutrition Rehabilitation Program Technical Support – Community Component***

#### ***a. Community Nutrition Intervention – Referrals and Counter-referrals***

At the Community level 50 Children with malnutrition were newly identified, and 13 other children were identified in previous months, and just arrived at HF this quarter so a total of 63 children were followed at health facilities (Table 3). This was an increase of 37% (46 to 63) in the number of patients followed compare to last quarter.

**Table 3: Number of Malnourished patients referred from the community and followed at HF level in Niassa, January to March 2014 <sup>6</sup>**

	Patients Referred					Patients Followed				
Age	0-14		15+			0-14		15+		
Sex	M	F	M	F	Total	M	F	M	F	Total
Chiuaula	0	0	0	0	0	0	0	1	1	2
Namacula	0	1	0	0	1	0	1	0	0	1
Meponda	1	2	0	0	3	0	1	0	0	0
CS Cuamba	1	0	1	0	2	1	0	0	3	4
Etatará	7	4	0	0	11	7	4	0	0	11
Meripo	1	0	2	3	6	1		2	3	6
Malanga	2	1	0	3	6	2	1	0	3	6
Mandimba	0	1	0	0	1	0	1	0	0	1
CS Marrupa	1	2	0	0	3	1	2	0	0	3
Mavago	2	1	0	2	5	2	1	0	2	5
Mecanhelas	1	0	0	0	1	1	0	0	0	1
Metarica	0	0	0	0	0	2	7	2	0	11
Muembe	0	0	3	0	3	0	0	3	0	3
Nanlicha (Nipepe)	4	1	0	0	5	4	1	0	0	5
Macaloge	2	0	0	1	3	2	0	0	1	3
<b>Total</b>	<b>22</b>	<b>13</b>	<b>6</b>	<b>9</b>	<b>50</b>	<b>23</b>	<b>19</b>	<b>8</b>	<b>13</b>	<b>63</b>

#### ***b. Nutrition Community Intervention – Information Education and Communication (IEC)***

During this quarter a total of 3,108 (2442 female and 666 Male) adults accompanying children to the consultations of healthy children, children at risk and other queries like PTV, pre-ART / ART, TB / HIV, and residents of the communities where these activities take place) in those Districts benefitted from community interventions for nutrition. This was a 23% (2518 to 3108)

<sup>6</sup> Data source from CHASS M&A

from last quarter. The lack of regular reporting of data by Districts to DPS affects a complete analysis of the Province. But in this quarter more effort was given to obtaining data from the Districts and 8 districts reported compared to 5 last quarter; the increase in reporting contributed to the increase in the number of beneficiaries.

The main challenges were the quality of data and regular reports of from activists. During the next quarter technical assistance visits with DPS staff in the follow-up to the activities of community NRP will be carried out.

***c. Community nutritional counseling and education, and Demonstration gardens done in partnership with Community Care Program (PCC)***

During this period new cases of nutritional counseling and education, and home gardens demonstration increased by 70% (651 to 1105) compared to the previous quarter, due to the improvement in the identification of cases as well the recording of data, as result of TA visits. in the Ngauma, Cuamba, Metarica and Mecanhelas HFs.

***Implementation of Quality Improvement Project (QIP) within the Scope of Nutrition Rehabilitation Program in collaboration with FANTA III and DPS Niassa***

The overall goal of QIP is to improve the malnutrition approach in children less than 15 years old in CCR and consultation for chronic diseases (TB/HIV, pre-ART and ART) in health centers of Lichinga, Muembe, Cuamba and Cuamba Rural Hospital in the period of February 2014 to January 2015. A baseline study was done in February 2014 in the consultations of the child at risk (CCR), Pre-ART and ART that aims to evaluate if children have nutritional evaluations, and if so, if they were referred to receive treatment or supplementation in the NRP. In four health facilities where data were collected, only Lichinga had good performance in the nutritional assessment in CCR with about 80% of children with conditions such as age, sex, weight and height recorded in the CCR record. Other health units do not have registration identification data and anthropometric individual records in the CCR. The situation in ART consultation is almost similar to CCR.

The evaluation results will be shared with health units in the next quarter because they are still being analyzed.

The Implementation of QIP Assessments will be done quarterly in June and September of year 4. The Follow up of the implementation of QIP is being done during the visits of AT with DPS and CHASS Niassa team and also in collaboration with FANTAIII.

**Gender Equity and Gender Based Violence (GBV) supported activities**

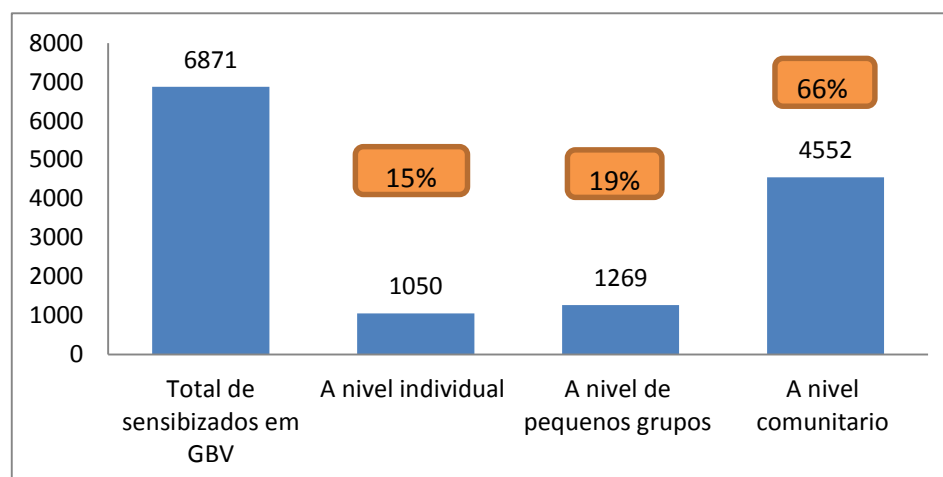
Gender equity has been a component of CHASS Niassa since implementation began. In 2012 Gender Based Violence was also incorporated as part of the intervention, starting with 9 HFs. During quarter four of FY13 the interventions were expanded to 20 HFs, with a focus in the

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 6871 individuals (2520 males and 4351 females) were reached through community interventions addressing GBV (figure 12). These individuals were reached as individuals and/or in small groups. A total of 1050 individuals (400 males and 650 females) were sensitized, 1269 people were sensitized in small groups (299 males and 970 females) and 4552 people (1821 males and 2731 females) were sensitized in Community level. Compared to the achievements from last quarter, there was a 50.37% increase in individuals reached by the community intervention (from 4,554 to 6871). The increase in the number of people sensitized resulted from the distribution of IEC materials in folders with GBV prevention packages to new CCMs once we did the refresher training of CCMs in the south and north zones so in their turn intensified sensitization in community, reaching more people in GBV.

**Figure 12 : GBV Sensitization Achievements (HFs and Community) in Niassa Province, January to March 2014**



The project is planning to enhance the creation of district committees of GBV, distribute IEC materials with GBV illustrations and provide refresher training for 88 CCM in the northern and southern zone that have been trained in GBV and in coordination with MULEIDE and PCC train members of the associations so that can address GBV in their work.. ***GBV Screening at the HF***

During this quarter a total of 567 people were screened, of which 555 were cases of simple physical violence, 10 sexual violence and 2 psychological violence. Among the 555 individuals

victims of physical violence are 98 cases of gender based violence (23 male and 65 female). Regarding the 10 people who suffered from sexual violence, 1 was male aged between 18-24 years old, and were 9 females with the following age distribution: between 1-10 years old, 2 cases; 10-14 years old 3 cases; 15-18 years old 2 cases and 18-24 years old 2 cases.. . (See table 4)

**Table 4 GBV Service Encounters in Niassa, by type and sex of recipient, January to March 2014**

Type of service encounters		Nr of encounters		
		Males	Females	Total
GBV Screening	Physical Violence	234	321	555
	Psychological and Patrimonial Violence	0	2	2
	Sexual Violence	1	9	10
	Subtotal - screening			567
Post GBV services	Tested for HIV	24	74	98
	Family Planning	0	0	0
	Ante-Natal Care	0	0	0
	Partners Tested	0	0	0
	Emergency contraception	0	7	7
	Post-Exposure Prophylaxis	1	9	10
	Psychosocial Counseling	204	204	567
	Police Referral	204	332	567
Subtotal – post-GBV services				
Total				567

The number of cases screened decreased by 43% compared to last quarter (from 1002 to 567) with a 64% decrease in the number of cases of sexual violence (from 28 to 10). The decrease in reported cases is likely due to sexual violence being addressed within the community and not referred to the HF. To address this situation CHASS N plans to train community leaders in referral of cases to the referral sites, working with community courts in sensitizing them to the need for referral of cases of sexual violence.

### ***Trainings in GBV***

During the quarter 26 clinical staff (14 males and 12 female) benefited from on-the-job training in the “*Protocolo do Atendimento Integrado às Vitimas de Violence*”. In addition, 38 CCMs (19 males and 19 females) were trained in GBV, community mobilization, community counseling and testing, and nutrition. In the next quarter, more clinical staff will receive on-the-job training in GBV.

### ***Persons provided with PEP, by exposure type - Rape/Sexual Assault Victims.***

During the reporting period 10 individuals suffering from sexual violence received PEP, 1 male and 9 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.

The project promotes the integration of gender throughout the DPS prevention, care, and treatment programs, with a focus on increasing gender equity in HIV/AIDS programs and services, including in reproductive health, reducing violence and cohesion and engaging men to address norms and behaviors.

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

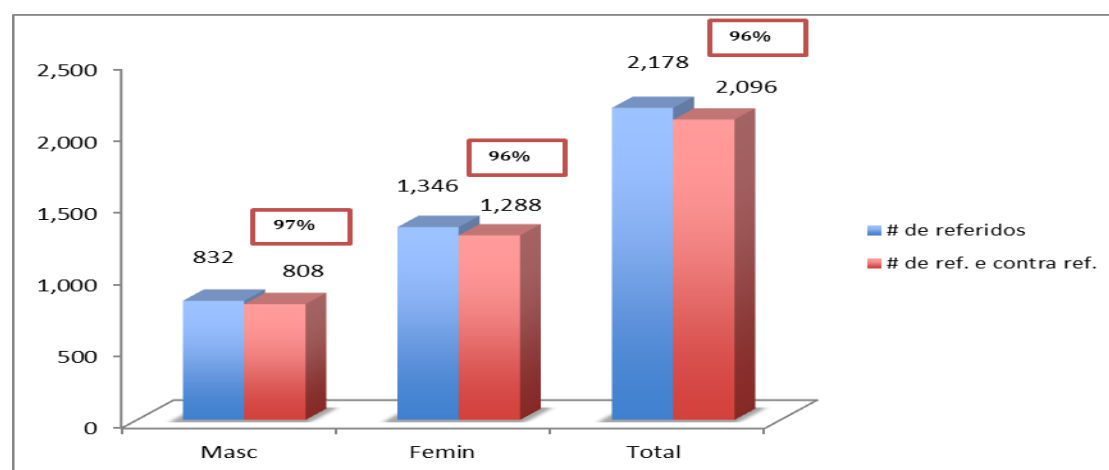
**Strengthening the district referral and counter-referral networks**

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 2,178 individuals (832 males and 1,346 females) (Figure 12) were referred for various services, including 653 for MCH services (ANC, CPP, FP, CCR, L&D), 8% (68) of whom were couples; 175 for TB services; 755 to HIV services; and 595 to other services (Nutrition, GBV, and Malaria). Of the people referred, 96% (2,096 individuals) completed the referral cycle.

Compared to the previous quarter, the number of individuals referred increased by 18%. This increase is because the activities progressed normally after partial interruption in the previous quarter as well as because of provision of reference books, and an increase of 38 CCM to support PMTCT interventions.

**Figure 12 Referral and Counter-Referral Results in Niassa, by sex and total, January to March 2014**





In order to increment this activity CHASS will expand and train 16 new CCM for the six new ART sites (CS de Lissiete, Caronga, Chissimbiri, Cheia Cheia, Maiaca and Nacumua) as well as seven new counselors for Cuamba. CHASS N will also distribute M&E materials and review the data quality.

### **Community Adherence Support Group (GAAC)**

From January to March 2014, 3 new “*Grupos de Apoio para Adesão dazs Comunitarios*” (GAACs) were created in the province. The 104 operational GAACs benefit 350 patients (113 males and 237 females), a 3% decrease from the previous quarter (from 359 to 350 this was due to disintegration of 4 groups) The reasons for the disintegration are various, the main one is the decentralization of ART to other HF, where the strategy is not being implemented, others are related to disagreements in the groups or change of residence of members. During the quarter, 6 new patients (3 males and 3 females) were enrolled in the GAACs, and 15 patients left a group (12 dropped 2 transferred and 1 died). 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. CHASS Niassa will continue to 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) using community interventions through community mobilizations and home visits.

***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.<sup>7</sup> 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 435 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

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<sup>7</sup> Service delivery; governance; human resources for health; finance; medical products, vaccines and technologies; and information systems

participate in meetings with DPS at various levels, only 355 (78%) of the planned visits were conducted.

### ***Accreditation of the laboratories (FOGELA)***

The Clinical Laboratory of Provincial Hospital is participating in the Building Programme Management of Laboratory Accreditation (FOGELA).

The audit done after the beginning of the implementation of FOGELA, Lichinga provincial hospital, was awarded with one star corresponding to a range of 0-5 score. The obtained star corresponds to 165 points in the checklist process of gradual improvement quality of laboratories towards crediting for clinical and public health laboratories, WHO-AFRO (see table 6).

**Table 6 FOGELA Standard Scores**

No Stars (0 – 142 pts)	1 Star (143 – 165 pts)	2 Stars (166 – 191 pts)	3 Stars (192 – 217 pts)	4 Stars (218 – 243 pts)	5 Stars (244 – 258 pts)
<55%	55 – 64%	65 – 74%	75 – 84%	85 – 94%	≥95%

This is an ongoing process, the audit are annually, until reaching the number of stars to allow an international evaluation, and is recommended to maintain or increase the score. In order to obtain more stars, the laboratory facilities should be improved (humidity and painting); in the halls of crops privacy and best seats for kids harvest; ensure better operation of the equipment (eg biochemistry unit) testing to ensure continuous, uninterrupted and response to user/ physician; improve control of documents; implement corrective and preventive actions in addition to ensuring better delegation of tasks by the responsible of the laboratory

### **Strengthening of the HR management**

#### **In-service training on the Training Information Management System (SIFO)**

18 DPS program heads (F.Contínua, SESP, TB, DRH, Nutrição, RAF, SEA, Saúde Mental, Rep Enfermagem, PCI, PAV, Estatística e Malária) were trained on SIFO during the period under review. As result of this training a new flow of in service trainings was designed and is expected to improve the management of the in service training in province. Proper registration of in-service training continues to remain challenging. The training covered the main areas of SIFO, including the basic tool, data analysis and processing, and report writing.

### ***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 and are expected to graduate in December 2015.

### ***Post-graduation scholarship support***

In order to improve the quality of management skills for the DPS senior staff, the project continues to support post-graduate scholarships for master degree 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. One DPS staff have completed the theoretical part of the course and is currently writing a master's thesis, and three continue to attend class at Catholic University at Beira campus in semi presence regime.

### ***In-service training***

During the reporting period in service trainings were conducted in the areas of Pharmacy: training in management and procedures, Nutrition: training of technicians in improving quality of PRN, training in management and supplementation CSB; MCH: Quarterly Meeting MCH / PMTCT pilot quality improvement in STI services & HIV; HSS: training of directors of SDSMAS in financial management and procurement, training program leaders of DPS in information systems of in service training SIFO and financial management and procurement for CBOs. (see the annex2)

### **Strengthening of Financial Management**

#### **Training on GRM norms for procurement of goods and services and financial management**

With assistance from a senior procurement officer at MOH, 30 persons were trained on GRM norms for procurement of goods and services. The DPS, Provincial Hospital, District Hospital and SDSMAS staff participated in the training. The principal objective of this training was to equip newly assigned staff with skills and knowledge of procurement norms, as responsibility for procurement management has been decentralized to district level.

Specific topics included an in-depth presentation of decree/law 15/2010 and decree law 26/2009, development of procurement plans, contract management, and financial management. The training was held in March and the MOH will make a follow up visit (supervision) to assess the improvements in July 2014 in three districts (Mandimba, Cuamba and Marrupa).

### ***Sub agreement management with DPS***

During this period, the cumulative financial implementation of the DPS was 31% (\$ 339,560.99) of the total budget for the current fiscal year as Annex 3 shows. These expenditures, 292.070.14 USD (86%) were at the provincial level and \$ 47,490.85 (14%) at the district level. In this quarter, technical support visits were made to 13 sites. During the TA, it was found that changing of the sub-agreement technical managers at district level dictated the delay in soliciting funds by SDSMAS. Another factor explaining the low financial implementation at district level, concerns the existence of a captive funds to be disbursed upon results of 12 goals in pre value indicators. To ensure that the new managers submit processes on time, the sub-team will continue to support the DPS in the procurement, logistics and management of the sub-agreement at provincial and district level.

### **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 Informatizado de Gestão de Medicamentos – SIMAM V2*) in 8 locations, including the provincial warehouse, Lichinga Provincial Hospital warehouse, as well as the warehouses of the following districts: Mandimba, Lago, Marrupa, Cuamba, Sanga and Mecanheles. TA visits were conducted in 14 sites that include warehouses and district health facilities (District warehouse : Marrupa, Cuamba, Nipepe, Metarica, Sanga and Maua; Health Facilities: Marrupa, Nungo, Nipepe, CS Maua, Cuamaba, Lurio, 7 de Setembro and Cuamba Rural Hospital. During the TSV were identified the lack of management models, deficient knowledge of procedures for managing staff recently placed, and poor filling of the FILA's, difficulties in filing the daily ARVs books are the main causes of non-compliance with procedures. To overcome these constraints, was negotiated with CMAM models of Medicines Management and were distributed to the HF. For each irregularity in the performance management procedures observed during the TSV in the job training were performed, is also planned to the next quarter a training in Management procedures and will be trained all new personnel and we will continue to provide supervision visits to the DDMs.

**Table 7 - List of Drugs in Stock-out in Niassa province, from January to March 2014**

Drug Name	Period of stock-out	
	Q 1 - Y4	Q 2 - Y4
Salferroso+ Ácido Fólico Comp. Composto	66 Days	40 Days

Paracetamol 500mg Comp.	42 Days	40 Days
Amoxicilina 500mg Comp.	32 Days	13 Days
Amoxicilina 250mg /5ml Susp.	90 Days	18 Days
Ampicilina 500mg Inj.	80 Days	18 Days
Ceftriaxona Inj. 1g/4ml	27 Days	No stock out
Cefixima 200 mg Comp.	52 Days	60 Days
Penicilina Benzatinica Inj. 2.4MUI	90 Days	90 Days
Azitromicina 500 mg Comp.	26 Days	60 Days
Alcool Liquido Volátil	60 Days	90 Days
Metronidazol 250mg Comp.	37 Days	30 Days
Cotrimoxazol Susp. 240mg/5ml	60 Days	No stock out
Eritromicina 500mg Comp.	13 Days	10 Days
Fenoximetilpenicilina 500mg Comp.		30 Days
Kanamicina Inj. 2g/10ml		90 Days
Nevirapina 200mg Comp.		90 Days
Nevirapina Susp. 50mg/5ml		30 Days
Ciprofloxacina 500mg Comp.		90 Days
Quinina 300mg Comp.	90 Days	90 Days
Quinina Injectável 600mg/2ml	70 Days	60 Days
Coartem 6x3 blister	60 Days	60 Days
Coartem 6x4 blister	48 Days	90 Days
Diclofenac 50mg Comp.		30 Days
Ibuprofeno 200mg Comp.	90 Days	60 Days
Isoniazida 100mg Comp.	31 Days	No stock out
Isoniazida 300mg Comp.	36 Days	30 Days

Challenges in distribution of medicines from the districts warehouses to the peripheral HFs prevail, and are associated with the continuous stock-outs of medicines at the central level.

We will continue to coordinate with the central level (CMAM), a measure that when the drugs in stock out in central warehouses are refilled, must be shipped to Niassa Province quickly using other alternatives. Regarding the level of the periphery, we will assist in planning the distribution of drugs to the District to HF. However, during this quarter, the stock of kits of the “Programa de Medicamentos Essenciais” (PME) at the central level improved the provision which resulted in the availability at the provincial level.

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

In General, during this period of report there was an improvement in drug availability. However, 25 pharmaceuticals products recorded stock out, comparing to 33 who registered in the previous period. For Eg: Some drugs had a reduction in the number of stock-out days specifically Salferroso + Folic Acid Tablets, Paracetamol Comp, Amoxicillin Capsules and Oral Suspension,

Ampicillin for Injection. This improvement was due to the improvement of qualitative satisfaction of the request sent to CMAM “See Table 7 below

## **Health Information System**

During quarter 2 of year 4, the M&E team began implementing the EPTS (eSaude), continued strengthening the M&E system based on recommendations from visits from USAID during the previous fiscal year and from the FHI 360 PTQA, planned implementation of internal Data Quality Assessment (iDQA), implemented a revised cohort data collection methodology for SAPR 14, and continued implementation of routine TSV visits to the HFs and Núcleo de Estatística Distrital (NEDs).

The EPTS system has been installed on the DPS server, which required supplying all IT equipment and needed material for network infrastructure requested by DPS, including the operationalization of the server, as well as ensuring a functional IT network within DPS. Training in data entry for the SWAT team, M&E team and Clinical team was conducted by Eng. Eurico from FGH (Friends in Global Health) in early March 2014. The training was followed by hands on practice at the Hospital Provincial de Lichinga. Before training, a series of preparatory steps were taken to create the necessary conditions for the implementation phase to take place smoothly. The minimum information required for a clinical chart to be entered has been set in a guideline that will be used in the field. CHASS N decided to hire a clinical consultant to support the implementation of EPTS; the consultant’s tasks will include ensuring that the clinical charts contain the minimum required information in order to be entered, as well as clarifying any issues raised by the SWAT team concerning the contents of the clinical charts. Another important element of the preparation phase was the acquisition of the laptops to be used for entering the retrospective data, complemented by ensuring all the necessary conditions at the targeted HFs have been created. Finally, guidelines for review of the data quality were developed and will be used to ensure quality of the data entry by the SWAT team.

Ensuring sound implementation of the EPTS is a major challenge for the M&E component of CHASS N. Buy-in by both the DPS and the Lichinga Provincial Hospital has been a major gain for the process, though close monitoring of this process continues to be necessary. Thus, CHASS N has considered having staff to monitor the process on a daily basis. Assessment of the pilot at the Lichinga Provincial Hospital is expected soon after finalization of the process of entering retrospective data at this facility, before moving to the next facility.

During her recent visit, the USAID Gender Advisor recommended that CHASS N incorporate PEP into EPTS. CHASS N will suggest to the OpenMRS working group (which is a working group designed to facilitate coordination of EPTS across partners) that CHASS N take the lead in incorporating PEP into the EPTS.

With regard to the strengthening of the M&E system and improving data quality, Standard Operating Procedures (SOPs) have been developed and operationalized for M&E activities, both

for internal (CHASS N) use, and for use by DPS. The SOPs address data verification, data sharing, correction of discrepancies, and data use, both within CHASS N, and at DPS at HF, district, and provincial levels. These have been pretested, and proved to be key in addressing HF-specific data quality issues, as these enable identifying the key recording and aggregation issues specific to each facility and each sector within the facility, and feedback is provided in the form of on-the-job training to the HF staff involved. Best practices are also highlighted for reinforcement. Routine data verification was piloted in selected districts this quarter and findings will be discussed with DPS. This was done using data verification tools that enable timely assessment of data issues during the site visits, with feedback given to HF staff before closing the visits. A Data Verification and Improvement workshop, using FHI 360's recent tools, will be conducted in the next quarter to train M&E staff, DPS and partners in the approach.

In March 2014 CHASS N supported DPS in the implementation of the first round of the iDQA. Besides advocating for the need to implement this process, CHASS N supported DPS in the planning process, including organizing the initial discussions, preparing the training package, selecting the targeted HFs, and ensuring the necessary logistics. Training and data collection are planned to be held in April, with the view of sending the report by the 28<sup>th</sup> April 2014 as requested.

The routine TA visits undertaken by the M&E team focus 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 (MB). This has led to improved quality of data, as the level of data discrepancy (both between the registers and the monthly summaries) and transcription errors into MB have reduced. One evidence of this improvement is the fact that, while data for the SAPR14 has been generated mostly from MB, the number of logical errors in DevResults reduced from more than 600 in APR13 to less than 100 in SAPR14.

The methodology for the special cohort data collection used to estimate certain PEPFAR indicators was revised this quarter in an attempt to more accurately measure retention. The new approach made the following changes:

- Using the FILA to confirm cases who are suspected of being abandoned based on the clinical process (under the old methodology, these people would have been assumed to be abandoned)
- Ensuring that data are collected at 12 months from initiation (under the old methodology, everyone was followed until the end of the follow-up period so that some clients were followed for up to 15 months)
- Using clinical staff to collect cohort data (in the past we used external staff hired specifically for this purpose)

- Including patients whose clinical process was not found in the denominator (in the past, these patients were excluded from the analysis)
- Including transferred in patients in the cohort (in the past only new patients enrolled at the facility were included)

This revised cohort data collection proved challenging, even for clinical staff who know the system well. In particular, locating clinical processes was a challenge in some facilities, despite recent efforts to organize the patient files. Furthermore, for these patients, the FILAs were not reviewed although they were reviewed for anyone who would have been assumed to have been lost to follow up based only on the data in the clinical process. The inclusion of missing processes without follow up to the FILAs resulted in a decline in retention rates, rather than the expected improvement, because a large number of processes could not be located. When the retention rate is calculated using the same method used in prior reporting periods (excluding patients whose process was not located), the retention rate is the same as in APR 13 (63%). In addition to the challenge in locating processes, the staff who completed the data collection had trouble applying the exact 12 month definition. This may have resulted in higher rates of LTFU because some patients were followed for up to 15 months. Next quarter we will review the process and revise the methodology as needed to further improve data quality.

Next quarter the M&E team will focus on the continued implementation of the SESP and the operationalization of the SOPs. The data cleaning processes will continue, together with capacity building of DPS staff at various levels, as to ensure sustainability of the process and to close the loop, through consistent correction of MB at the various levels, following the review of current and retrospective monthly summaries.

CHASS Niassa is supporting DPS to implement the simplified organization of clinical patient files. Following a 3-day training held in February in Nampula, it will be replicated at the provincial level, targeting district and selected HF staff who will replicate it to the peripheral HFs. The trainings at the provincial level will be implemented in two phases (first in the northern zone, and the second in the southern), followed by an exercise of cleanup of archives.

### **Major Challenges facing CHASS N**

- Discrepancy between the numbers of patients registered as new ARV starting and recorded in the pharmacy as that started to collect the ARVs drugs and make a cross of the information contained in the ART record books (1 and 2), ART monthly summaries with MMIA (monthly summaries of pharmacy), which will allow to know the real number of patients who are in ART treatment.
- At The Nutrition services (PRN), there are no specific instruments for collection and recording of information for integrated activities HIV/Nutrition. The hospital record



books are not formatted for registration of HIV+ patients diagnosed with malnutrition, which obligate the technicians at the HF to improvise spaces on the record books to insert as observation. This is like an extra work, and not all technicians do these records. To overcome this, CHASS will do on job training for design and use of alternative instruments to collect the HIV+ with malnutrition information.

### ***Upcoming Priority Activities***

- Ensuring compliance by all the 46 HFs with the new guidelines from MOH that dictate a change in the treatment line to TDF, that state that all patients that started ART less than six months have to start TDF line and those who have started 12 months before 1st of May 2014, have to change from previous line to TDF
  - Assure the implementation of the new instruments for measuring the IPC standards and do assessments simultaneously in all eligible HF.
  - To improve the retention of patients on ART, the clinical staff during TSV will promote awareness about the clinical meaning of the failure in taking the medicine with more incidence in patients who present improvements of their clinical condition because they tend to give up the ART treatment.
  - Hold in June, the sixth round of CLINIQUAL
- Provincial-level GBV meeting in June!!!!

## ANNEX 1 – Progress toward the targets in CHASS Niassa from January to March 2014

PMTCT ANC	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Semestral	% Achieved - Semestre
Number of health facilities providing MCH services that provide HIV testing and ARVs for PMTCT on site, ANC/ L&D settings	65	65		65	100%	65	100%
Number of unique pregnant women registered in ANC	41043	14208	35%	14238	69%	28446	69%
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).	39131	13313	28%	12861	67%	26174	67%
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).	824	794	105%	567	165%	1361	165%
Number of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission, total, by regimen, by setting (ANC)	765	560	105%	479	136%	1039	136%
Number of HIV-positive pregnant women in ANC who have initiated CTZ	-	450	-	337	-	787	-
Number of partners of women who are HIV tested in ANC setting	15392	4011	26%	4517	55%	8528	55%
<b>PMTCT L&amp;D</b>							
Total number of unique pregnant women registered in L&D		12192		12080		24272	
# women receiving an HIV tests & results in a PMTCT L&D setting	8323	5151	62%	4335	114%	9486	114%
Number of pregnant women with known HIV positive status LD (includes women who were tested for HIV and received their results)		439		536		975	
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	734	376	51%	404	106%	780	106%
Number of HIV-exposed infants who received ARVs to reduce risk of MTCT in L&D setting, (total/ by regimen)	1223	366	30%	387	62%	753	62%
Number of infants born to HIV-positive women who received an HIV test within 12 months of birth	900	405	45%	746	128%	1151	128%
Children (<18months) born to HIV+ pregnant women who are started on CTZ prophylaxis within two months of birth	-	358		246		604	
<b>COUNSELING &amp; TESTING</b>							
Number of service outlets providing counseling and testing according to national and international standards	65	65	100%	65	100%	65	100%
Number of individuals who received counseling and testing for HIV and received their test results (CT setting: Clinical)	103736	9195	9%	13721	22%	22916	22%
Number of individuals who received counseling and testing for HIV and whose results were HIV+		1062		1086		2148	
<b>HIV care and treatment</b>							
Number of health facilities that offer ARV treatment clinical services	42	46	110%	46	110%	46	110%
Number of HIV-positive adults and children receiving a minimum of one clinical service	18280	22373	131%	22422	123%	22422	123%
Number of adults and children with advanced HIV infection newly enrolled on ART	2919	1292	44%	1419	93%	2711	93%
Number of adults and children with advanced HIV infection currently receiving ART, by sex, pregnant women	11012	11749	138%	13783	125%	13783	125%
Number of adults and children with advanced HIV infection who ever started ART, by sex, pregnant women	-	12911		14330		14330	
<b>TB/HIV SERVICES</b>							
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	16	16	100%	16	100%	16	100%
Number of TB patients registered during the reporting period	1490	454		504		958	
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	2194	178	10%	190	17%	368	17%
Number of TB patients who had an HIV test result recorded in the TB register	1431	448	45%	495	66%	943	66%
Number of HIV-infected TB patients in the TB sector who have initiated cotrimoxazole (CTZ) prophylaxis	867	178	28%	190	42%	368	42%
Number of HIV-positive TB patients who have started ART	760	159	30%	152	41%	311	41%
<b>GBV</b>							
Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)	50000	4554	9%	2465		2465	
Number of GBV service-encounters at a health facility	18000	1351	8%	-	-	-	-
Number of health facilities with Gender-Based Violence and Coercion (GBV) services available	16	20	125%	20	125%	20	125%
Number of people receiving post-GBV screening		-	-	1745		1745	

**ANNEX 2 - In-service training in Niassa from January to March 2014**

Technical Area	Nº. of facilitators	Target group	Nº. of participants	Dates	Venue	Observations
<b>SECTOR DE TARV</b>						
<b>I Comité TARV Provincial</b>	<b>09</b>	<b>Médicos, ESMI e TMG</b>	<b>35</b>	<b>13 a 15 de Março</b>	<b>Lichinga</b>	
<b>SECTOR DE PTV</b>						
<b>Formação em Trabalho na implementação do TARV nas Maternidades</b>	<b>10</b>	<b>Enfermeiras de SMI</b>	<b>70</b>	<b>3 a 6 de Março</b>	<b>Mandimba, Metarica, Marrupa, Nipepe, Maua, Mavago, Majune, Muembe, Lago, Ngauma, Sanga, Mecanhelas, Cuamba e Lichinga</b>	
<b>Discussão de mortes maternas</b>	<b>07</b>	<b>Médicos chefes distritais, responsáveis distritais de SMI, Enfermeiras do CHASS N, Mchip</b>	<b>37</b>	<b>24 a 26 de Fevereiro 2014</b>	<b>Lichinga</b>	
<b>Género</b>						
<b>VBG</b>	<b>06</b>	<b>Técnicos de Laboratório, SMI e técnicos de FHI360(Genero)</b>	<b>25</b>	<b>31 de Março a 2 de Abril 2014</b>	<b>Mandimba</b>	
<b>RSS</b>						
<b>UGEA</b>	<b>01</b>	<b>Directores distritais dos SDMAS,</b>	<b>30</b>	<b>10 a 14 de Março 2014</b>	<b>Lichinga</b>	

		<b>administrativos e Chefes da UGEA</b>				
<b>SIFO</b>	<b>02</b>	<b>Chefes de programas da DPS</b>	<b>18</b>	<b>25 a 27 de Fevereiro de 2014</b>	<b>Lichinga</b>	
<b>FARMACIA</b>						
<b>Reunião Provincial de Farmacia.</b>	<b>09</b>	<b>Técnicos de Farmacia e Medicos</b>	<b>34</b>	<b>10 a 11 Março</b>	<b>Lichinga</b>	
<b>Nutrição</b>						
<b>Formação em trabalho na melhoria de Qualidade em PRN Vol 1</b>	<b>4</b>	<b>Gestores de Caso comunitário</b>	<b>38</b>	<b>17 a 18 de Fevereiro</b>	<b>Cuamba</b>	
<b>Tratamento da mal nutrição moderada com CSB+ e mistura energética</b>	<b>3</b>	<b>Técnicos de Saude</b>	<b>36</b>	<b>28 de Março de 2014</b>	<b>Lichinga</b>	
<b>Logística de CSB</b>	<b>1</b>	<b>Técnicos de farmacia</b>	<b>27</b>	<b>28 de Fevereiro de 2014</b>	<b>Lichinga</b>	<b>Facilitadores do PMA</b>
<b>Administração e Finanças</b>						
<b>Gestão Financeira e Procurment para as OCBs</b>	<b>5</b>	<b>Gestores de sub-acordos, coordenador provinial e gestor financeiro da FHI360 e agentes das OCBs</b>	<b>34</b>	<b>28 de Março de 2014</b>	<b>Lichinga</b>	
<b>Total</b>	<b>57</b>		<b>384</b>			


### ANNEX 3 – DPS Sub agreement financial execution

		Current Fiscal/Project Year		Despesas Acumuladas	Saldo	%
		01/10/2013-30/09/2014		Outubro-Março		
1.	TOTAL COSTS INCURRED BY SUBAWARDEE					
2.	INDIRECT COSTS/G&A	0		0	0	0%
3.	OTHER					0%
		615.600	21.228	615600	0	100%
				0	0	0%
	TOTAL COSTS INCURRED BY THE SUBAWARDEE	3.675.600	126.745	615.600,00	3.060.000	17%
I.	Subtotal EQUIPMENT	1.016.553	35.054	342.853,33	673.700	34%
				0		
II.	Subtotal Travel	0	0	0		
III.	Subtotal Office Expenses	489.426	16.877	205.036,26	284.389	42%
IV.	OTHER DIRECT COSTS					
	In-Service Training for Health Workers	1.167.884	40.272	471.325,00	696.559	40%
	Institutional Support	5.518.488	190.293	1.491.013,71	4.027.474	27%
	Infrastructure/Rehab	2.194.338	75.667	884.971,83	1.309.367	40%
	Public Health meetings	171.873	5.927	114.188,40	57.685	66%
	Management and Printing of Clinical records	1.200.000	41.379	103.181,50	1.096.819	9%
	SubTotal Supervision visits	2.084.246	71.871	540.282,80	1.543.963	26%
	SubTotal Master Degree Scholarship	800.000	27.586	581100	218.900	73%
	Total DPS	13.136.829	452.994	4.186.063,24	7.487.154,65	32%
	SubTotal Direct activities support in the districts	13.142.500	453.190	1.377.234,55	11.765.265	10%
	SubTotal Despesas do ano 3		677.108	3.120.481,33	(3.120.481,33)	-
	Subtotal ODCs	26.279.329	906.184	5.563.297,79	20.716.031	21%
	Total Costs incurred on behalf of Subwardee	27.785.307	958.114	6.111.187,38	21.674.120	22%
9.	INDIRECT COSTS/G&A					
10.	OTHER					
	TOTAL PROJECT COSTS	31.460.907	1.761.966	9.847.268,71	21.613.638	31%

### ANNEX 4: CHASS Niassa financial expenditures up to March 2014

Quarterly Report - Financial Information										
Implementing Partner:		FHI360								
Activity Name:		CHASS Niassa : Mozambique								
Implementation Period:		Aug-2010 to Jul-2015								
Line Item¹	Total Life of the Project Budget (LOP)	Total Amount Obligated (to date)	Mortgage	Planned Expenditures for the quarter (Jan- March 2014)	Actual Expenditures Thru this Quarter			Deviation % (actual Vs Planned Expenditures)²	Pipeline	Projection (next quarter)
					Prior to this quarter (until 30 Dec-2013)	This Quarter (Jan- March 2014)	Total as per 31 March2014			
	(A)	(B)	(C)=A-B	(D)	(E)	(F)	(G)=D+E	(H)=F/D-1	(H)=B-G	(H)
Personnel & Fringe	6,895,770	6,832,317	0	402,659	4,392,265	402,659	4,794,924	0	0	422,792
Benefits & Fringe	2,226,927	2,255,180	0	152,943	1,427,588	152,943	1,580,531	0	0	160,590
Travel	2,981,857	2,283,073	0	140,501	1,945,759	140,501	2,086,260	0	0	147,526
Equipment >\$5K	694,218	507,069	0	10,073	711,569	10,073	721,642	0	0	10,577
Supplies	63,710	42,686	0	166	30,480	166	30,646	0	0	174
Training	0	0	0	0	0	0	0	0	0	0
Sub grants*	6,541,719	4,407,846	0	293,917	3,927,463	293,917	4,221,380	0	0	308,613
Consultancy	0	0	0	0	0	0	0	0	0	0
Other Direct Costs	6,570,714	3,683,257	0	195,918	4,655,417	195,918	4,851,335	0	0	205,714
Total Direct Costs	25,974,915	20,011,428	0	1,196,177	17,090,541	1,196,177	18,286,718	0	0	1,255,986
Indirect Costs	6,776,233	3,923,748	0	358,657	4,148,360	358,657	4,507,017	0	0	376,590
Cost Share	3,232,265	0	0	0	0	0	0	#DIV/0!	0	0
Grand Total	35,983,413	23,935,176	12,048,237	1,554,834	21,238,901	1,554,834	22,793,735		1,141,441	1,632,576
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										

**FEDERAL FINANCIAL REPORT**  
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page	1	of	1	
Agency for International Development		656-A-00-10-00113-00					pages	
3. Recipient Organization (Name and complete address including Zip code)								
Family Health International P.O. Box 13950 Research Triangle Park, NC 27709								
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting				
067180786	23-7413005	MOZAMBIQUE CHASS PRJ - W0525	<input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash x Accrual				
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)				
8/1/2010		7/31/2015		3/31/14				
10. Transactions						Cumulative		
(Use lines a-c for single or multiple grant reporting)								
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>								
a. Cash Receipts						\$	22,409,025	
b. Cash Disbursements							22,747,894	
c. Cash on Hand (line a minus b)							(338,869)	
(Use lines d-o for single grant reporting)								
<b>Federal Expenditures and Unobligated Balance:</b>								
d. Total Federal funds authorized							23,935,177	
e. Federal share of expenditures							22,747,894	
f. Federal share of unliquidated obligations							45,841	
g. Total Federal share (sum of lines e and f)							22,793,735	
h. Unobligated balance of Federal funds (line d minus g)							1,141,442	
<b>Recipient Share:</b>								
i. Total recipient share required							2,393,518	
j. Recipient share of expenditures							679,527	
k. Remaining recipient share to be provided (line i minus j)							1,713,990	
<b>Program Income:</b>								
l. Total Federal program income earned							-	
m. Program income expended in accordance with the deduction alternative							-	
n. Program income expended in accordance with the addition alternative							-	
o. Unexpended program income (line l minus line m or line n)							-	
11. Indirect Expense		a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
		Actual/Provisional	FY08-26.07%; FY09-29.37%; FY10-27.77%; FY11-30.17%; FY12-33.26%; FY13-38.44%; SSM 4.01%	8/1/2010	3/31/2014	15,449,774	4,507,018	4,507,018
						g. Totals:	15,449,774	4,507,018
							4,507,018	4,507,018
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:								
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)								
a. Typed or Printed Name and Title of Authorized Certifying Official  Kathy Santos-Rezendes, Acting Director - Treasury, Tax, Accounting						c. Telephone (Area code, number and extension)		
						(919) 544-7040		
b. Signature of Authorized Certifying Official 						d. Email address		
						KSANTOS@fhi.org		
						e. Date Report Submitted (Month, Day, Year)		
						4/28/2014		
						14. Agency use only:		

Standard Form 425  
OMB Approval Number: 0348-0061  
Expiration Date: 10/31/2011

**Paperwork Burden Statement**

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.