# Mozambique Progress Report

**Date:** April 30, 2014

## I. Demographic Information

### 1. City & Province:
Zambézia Province – Mozambique

### 2. Organization:
- Real Medicine Foundation Mozambique ([www.realmedicinefoundation.org](http://www.realmedicinefoundation.org))
- Vanderbilt University (VU)/ Friends in Global Health (FGH) ([www.friendsinglobalhealth.org](http://www.friendsinglobalhealth.org))

### 3. Project Title:
Mozambique Mobile Clinic

### 4. Reporting Period:
January 1 – March 31, 2014

### 5. Project Location (region & city/town/village):

Zambézia is one of the most populous provinces of Mozambique, located in the central coastal region south of Nampula and north of Sofala. It has a population of 3,849,485 inhabitants. The provincial capital is Quelimane, on the border of the Bons Sinais River. Zambézia has a total area of 103,127 km², most of which is part of the Zambezi River Basin.

With funding from the CDC (PEPFAR), FGH is reinforcing various services for care and treatment of HIV / AIDS in 10 districts: Alto Molócuè, Chinde, Gilé, Ile, Inhassunge, Maganja da Costa, Morrumbala, Mopeia, Namacurra and Pebane, supporting the district headquarters and the expansion to peripheral sites.

In April 2012, the Mobile Clinic initiated activities to support the provision of health services in the localities of Malei and Mexixine within Namacurra district. With a biweekly program, the clinic is in service 4 days per week in one of two localities, working together with the staff of the National Health System placed in health facilities, particularly aimed at their empowerment in the care and treatment of HIV. Since the start of operations, the mobile clinic has been able to transition out of Malei and Mexixine, which are now supporting the provision of services without the presence of the mobile clinic. The mobile clinic is now supporting services in Furquia and Mbawa with plans for further areas, increasing the reach of its health services.

### 6. Target Population:

The target population includes 12 districts, comprising approximately 2,500,000 people.

The direct target population for the Mobile Clinic includes the communities of Macuse and Mexixine in Namacurra District, relatives of patients in the health facilities of Mexixine and Macuse, the population of Furquia and Mbawa, Pebane and Namacurra District capital, as well as the students, professors and administrative staff of the IFPQ (Instituto de Formação de Professores de Quelimane –Teachers Training Institute of Quelimane) and ICSQ (Instituto de Ciencias da Saúde de Quelimane – Quelimane Health Sciences Institute ) and the general population of the residents of Quelimane City.

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1 Censo 2007. INE
II. Project Information

7. Project Goal:
To improve the quality of life and provide access to health services, particularly access to maternal-child healthcare and anti-retroviral therapy (ART) for people living with HIV and AIDS, Tuberculosis and other diseases.

To provide access to healthcare in remote areas of Zambézia Province, Mozambique
- To reinforce the expansion of HIV care and treatment services initiated by the Zambézia Provincial Health Directorate (DPS), by providing temporary reinforcement in terms of staff, training, and space for peripheral health units initiating implementation of ART until such time as the DPS can organize the infrastructure and resources necessary for these sites to function independently.

8. Project Objectives:
To increase the number of people with access to health services as well as the number of patients enrolled in HIV care and treatment services in the targeted areas.

9. Summary of RMF/MMI-sponsored activities carried out during the reporting period under each project objective (note any changes from original plans):
During the first quarter of 2014, the Mobile Clinic continued implementation of the strategy presented in January 2012. The main activities of the Mobile Clinic include provision of:
1. Primary health care to the populations of Furquia and Mbawa;
2. HIV diagnostic, care and treatment services including integrated TB / HIV services for co-infected patients;
3. Antenatal health services and universal ART as well as PMTCT to pregnant and lactating women;
4. Health care services and early diagnosis of HIV in infants born to HIV positive women;
5. Diagnostic services, treatment and care of TB.

10. Results and/or accomplishments achieved during this reporting period:
The main results achieved this reporting period were related to peripheral health unit support:

<table>
<thead>
<tr>
<th>RMF DIRECT RESULTS</th>
<th>Janeiro 2014</th>
<th>Fevereiro 2014</th>
<th>Março 2014</th>
<th>TOTAL 1st QUARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>ANC with presence of mobile clinic, HIV- patients</td>
<td>0</td>
<td>34</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Other consultations (non-HIV and non-ANC)</td>
<td>11</td>
<td>257</td>
<td>17</td>
<td>264</td>
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<tr>
<td>TOTAL DIRECT RESULTS</td>
<td>11</td>
<td>291</td>
<td>17</td>
<td>292</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RMF INDIRECT RESULTS</th>
<th>Janeiro 2014</th>
<th>Fevereiro 2014</th>
<th>Março 2014</th>
<th>TOTAL 1st QUARTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>ANC without presence of mobile clinic, HIV- patients</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Other External consults at HF with indirect support from MC staff</td>
<td>130</td>
<td>289</td>
<td>138</td>
<td>219</td>
</tr>
<tr>
<td>ANC with presence of mobile clinic HIV+ (w PEPFAR)</td>
<td>0</td>
<td>263</td>
<td>0</td>
<td>259</td>
</tr>
<tr>
<td>ANC without presence of mobile clinic HIV+ (w PEPFAR)</td>
<td>0</td>
<td>146</td>
<td>0</td>
<td>337</td>
</tr>
<tr>
<td>Consultations HIV service (w PEPFAR)</td>
<td>154</td>
<td>715</td>
<td>181</td>
<td>771</td>
</tr>
<tr>
<td>TOTAL INDIRECT RESULTS</td>
<td>284</td>
<td>1426</td>
<td>319</td>
<td>1600</td>
</tr>
</tbody>
</table>
11. Impact this project has on the community (who is benefiting and how):

Analysis of activities and lessons learned from the FGH Mobile Clinic expansion support strategy is ongoing; please refer to Annex 1 for a summary of PEPFAR NGI selected indicators. When comparing mobile clinic supported sites with the rest of the district in specific areas, we can confirm that the mobile clinic accounts for 31% of all patients counseled and tested in the districts, 21% of women registered in ANC and 16% of all women newly tested in a PMCTCT/ANC setting.

Provision of primary health services to Furquia & Mbawa communities:

- The MC team continues to strengthen the technical and logistical capacities of local personnel through on-the-job training. In order to respond to the new challenges of universal ART, the teams have been reinforced by the addition of a Health Counselor in Furquia (funded by PEPFAR). In addition to daily lectures given on disease prevention, community members benefit from health counseling and testing in screening rooms where, on a voluntary basis, individuals can be screened for malaria, TB, STI, HIV, etc. The MC team also provides management support and aids in medication transport (ARV’s, cotrimoxazole, isoniazid, ferrous salt, mebendazole, etc.).
- During the quarter, supervision activities and TA in the areas of pharmacy and MCH were conducted.

Furquia Health Facility: The recently appointed nurse is not trained in Universal ART (Option B+), so support for care and treatment is still being provided by the mobile clinic nurse (funded by PEPFAR). However, on-the-job training was conducted for Option B+ and initiation of ART in the maternity ward. Competency-based instruments were used to mentor staff on opening clinical files for pregnant and lactating women, support for counseling and testing of patients in their first consultation, and the importance of partner testing and adherence.

The newly appointed nurse was provided orientation on all updated protocols as well as the registry forms and log books at all relevant departments (MCH, PMTCT, Maternity, CCR, CPF and CPP). This quarter also included development of a patient flow chart for ANC/Maternity/CCR and monthly reports for PCR test consumption.

Mbawa Health Facility: The nurse was absent due to illness for approximately 6 weeks. This meant that MCH activities were provided by the mobile clinic staff (funded by PEPFAR). When the mobile clinic was absent, deliveries in the maternity were done by traditional birth attendants, and there was no ANC consultation offered. Mentoring and technical assistance were provided jointly with the mobile clinic nurse for Option B+ consultation, CCR, CPF and CPP. Training took place for ART in the maternity room and allocation of AZT+3TC+EFV stock, as well as updating the nurse on the registry forms and log books at MCH.

Provision of HIV diagnostic, care and treatment services, including integrated services for TB/ HIV co-infected patients (PEPFAR supported)

During the quarter, the Furquia Health Facility was reinforced by the allocation of additional staff, resulting in a current team comprised of:

- 1 General Medical Technician
- 1 Maternal Child Health Nurse (mid level)
- 1 General Nurse (mid level)
- 1 Preventive Medicine Technician
- 1 Lab Technician
- 1 Elementary Nurse
- 2 Health Counselors

With the arrival of this team, conditions are finally created to provide proper care and treatment of HIV positive patients in Furquia in the absence of the mobile clinic. Certain equipment and furniture are still needed, but these have been ordered and are pending delivery.

Technical support provided included:

- Pharmacy inventory
Update and organization of individual patient forms for receiving ARVs (FILAS) ²
Update of lost-to-follow-up in the data base and lists for active case finding
ART refresher training in the diagnosis and treatment of TB in HIV positive patients with an emphasis on children. Job aids and algorithms distributed.

Provision of Prenatal & PMTCT services (universal ART) for pregnant and lactating women (PEPFAR supported)

- In the period under review, 509 pregnant women were treated in the two health units, 287 pregnant women received HIV counseling and testing with 43 positive results (14%). Due to Option B+, 37 HIV-positive pregnant women as well as 7 lactating women were enrolled on ART.
- Efforts to strengthen ART adherence counseling and follow-up of female patients’ children in the CCR are ongoing.
- Partner testing was reinforced through “palestras” (lectures) in the HF and communities for men to accompany their pregnant partners. 147 partners of pregnant women were tested, 21 being diagnosed HIV positive and referred for ART care and treatment.
- Health Facilities supported by the mobile clinic now count on mother to mother support groups to improve adherence. Currently 83 women (Mbawa - 56 and Furquia – 27) meet once per month to share experiences and receive orientation from the MCH nurse and trained TBAs. After the meeting, HIV positive women join the larger group to participate in the demonstration of nutritional food preparation for children. During this quarter, the subjects discussed included:
  - HIV Counseling & Testing
  - Living Positively with HIV
  - Transmission of HIV from pregnant women to their babies (antenatal)
  - Transmission of HIV post natally/ breastfeeding
  - Importance of preventing mother-to-child transmission, CPN/ETV, Child-at-Risk clinic, and Followup of ART
  - HIV Prevention

Provision of health care services and early HIV diagnosis in infants born to HIV+ women (PEPFAR supported)

- During this quarter, 3 children were enrolled in the Child At-Risk Clinic (CCR). To improve adherence of the mothers of CCR patients, two meetings were held with the mothers at both the Furquia and Mbawa health facilities. The meetings addressed the importance of the CCR for the child’s health.
- During the reporting period, 31 pediatric patients benefited from virological testing with 2 positive results reported.

Voluntary Counseling and Testing - Children

- During the quarter, 41 children were counseled and tested with 15 HIV + results. Of those 15 patients, 13 initiated ART.

To improve the diagnosis and early treatment for HIV-positive children, a review of the rules for CCR tracking and Pediatric ART was conducted with staff. A flowchart was also created with active involvement of the local staff, which outlined proper care for at-risk pediatric patients.

Provide diagnostic services for TB care and treatment (PEPFAR supported)

- During the quarter, 13 patients were enrolled into TB care and treatment in the two health units.
- All underwent counseling and testing for HIV, with 10 positive results (76%).
- During the quarter, 8 of these co-infected patients started antiretroviral treatment ³.

Provision of health care during emergency situation

- After severe rains in February, some areas within Namacurra district became isolated and displaced people moved to temporary resettlement areas. A contingency plan for this type of situation was developed late in

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² FILA: Ficha Individual de Levantamento de ARV
³ Data source: Register Book for National TB Control Program
2013 with a view to providing continuous health care and treatment to HIV+ displaced people. Prevention of gender-based violence (GBV) and provision of related health care was also made a priority.

- Between mid-February and mid-March, around 700 people in the Furquia area were affected by the floods and were displaced to the Furquia Sede. The Mobile Clinic provided medical assistance to the displaced population, and mobile clinic staff (PEPFAR funded) also provided clinical care and treatment for the HIV+ individuals. GBV informational campaigns were also conducted within the displaced population.

- In Mbawa there was no road access to the affected area; however, a boat from INGC (Instituto Nacional para a Gestão das Calamidades – National Institute for Calamity Management) regularly provided food, medicines and relief items to the Macuse HF. Around 140 families (700 people) were displaced from their living areas and temporarily resettled in Brigodo, which lies between the communities of Macuse and Mbawa. One clinician from Macuse Health Center regularly traveled by motorbike to assist the displaced population. In coordination with DDS, FGH provided lists of the patients on ARV treatment so the clinician attending the displaced population could identify ARV patients and provide treatment.

The collaboration between UNICEF, ICS (Instituto de Comunicação Social) and FGH was reinstated in Q1 to ensure timely Community Health Promotion, Information and Mobilization in sites supported by the Mobile Clinics including Namacurra District.

12. Number served/number of direct project beneficiaries (for example, average number treated per day or month and if possible, per health condition):

1,212 people benefited directly from activities implemented by the Mobile Clinic during this reporting period.

13. Number of indirect project beneficiaries (geographic coverage):

Conservative estimates of the extent of benefits to family groups participating in Mobile Clinic activities indicate that up to 5,736 people benefited from the clinical activities implemented with the support of the Real Medicine Foundation.

The geographic coverage of Mobile Clinic activities includes a catchment population of an estimated population of 35,000 people living in within a 10-km radius of Malei and of Mexixine health centers.

The following services are included in the support package provided at the supported sites:

- General clinic consultations (adults and children).
- Rapid testing for malaria, HIV and syphilis.
- Basic first aid for medical emergencies.
- Referral of patients to Health Units as per clinical needs.
- Nutritional monitoring for children and adults.
- Counseling for prevention of cervical and breast cancer and referral of suspected cases for follow-up.
- Provision of basic medicines and ART.
- Support of DPS-Z in health-related events.
- HIV services, including follow-up and point-of-care lab control, co-trimoxazole (CTZ) prophylaxis and initiation of ART.
- Health counseling and testing (HCT), including distribution of male and female condoms.
- HIV counseling and testing for pregnant women, and PMTCT for HIV-positive women.
- Delivery of “Positive Prevention Package” for HIV-positive patients.
- TB services, including TB screening, TB treatment and follow-up.
- Collection of blood and other biological samples for lab tests and transport to laboratory.
- Transport of sputum samples for TB smears, collected by DOTS-C volunteers and Mobile Clinic staff.

15. Please list the five most common health problems observed within your region:

- Malaria
- HIV / AIDS
- Tuberculosis
- Malnutrition
- Diarrhea
16. Notable project challenges and obstacles:

- Rainy season limitation of access (described above) which impacted patient flow and affected retention.
- Frequent stock outs of:
  - HIV rapid testing kits (Determine and Unigold)
  - ART (Duovir N) as well as other essential medicines for treatment of OI, STIs.
  - Syphilis rapid test
  - “Escarradores”/sputum sample containers
  - Biosafety material (gloves, alcohol, etc.)
- Long absence of the nurse in Mbawa
- The lack of Pharmacy Technicians remains a challenge in the health facilities.

17. If applicable, plans for next reporting period:

- Focus on improving the administration of drugs, rapid tests and PCR kits at health facilities supported by the mobile clinic.
- Implementation of nutritional assessments & referrals for nutrition support in Furquia and Mbawa.
- Reinforce TB screening among children.

18. If applicable, summary of RMF/MMI-sponsored medical supply distribution and use:

N/A

19. Success story(s) highlighting project impact:

**The Impact of Mother to Mother Support Groups and Male Partner Involvement in Pre-Natal Care**

*Mother to Mother Support Groups*

HIV+ Mães para Mães or mother to mother support groups (MpM) aim to help meet the special needs of HIV positive pregnant and lactating women and their babies by offering a venue for psychosocial support, mutual assistance and education. In Mbawa health center, 56 women are currently members of MpM groups and meet monthly to share their experiences in living positively with HIV and offer each other psychosocial support and practical advice to face the challenges they encounter. The Mobile Clinic MCH nurse and traditional birth attendants (TBAs) help organize the meetings and lead the educational sessions, as well as assisting mothers and babies to access specific services. This quarter, led by the Mobile Clinic MCH nurse, the groups discussed HIV prevention, testing and treatment; prevention of mother to child transmission of HIV; the importance of antenatal care and the participation of their partners in antenatal consultations as well as post-partum follow-up of mother and baby. The TBAs stressed the importance of adherence to pre-natal care, together with partners, and the need to continue with consultations post-partum to protect the mother and babies’ health. One of the mothers explained that among the support group, they also talked about how to raise awareness on the importance of adhering to antiretroviral treatment and spreading the message about attending consultations with their husbands to other HIV+ women in their community.

The Mobile Clinic MCH nurse explained that initially some mothers who attended a pre-natal session at the health center and tested positive didn’t return for the next consultation. However, after the nurse talked about the issues further in the maternity ward and the MpM groups were started, more mothers see value in returning. Now the health facility is supported by MpM members who discuss how to overcome the obstacles that are preventing positive mothers from adhering to consultations and treatment. The member mothers themselves live positively and offer information and support to other HIV-positive pregnant and lactating women, so they too can adhere to treatment to protect their own and their babies’ health. The MpM members have also contributed to increasing partner involvement in ante-natal care, and worked with the nutrition groups to promote and demonstrate the use of local products in a nutritional diet, including how to make first complementary feeding foods (enriched porridge).
MpM support group in Mbawa. Photo taken April 2014.

20. Photos of project activities (file attachment is fine):