



## Mozambique Progress Report

Date: October 23, 2013	Prepared by: Tito Jequicene, MD and Jonathan White
<b>I. Demographic Information</b>	
1. City & Province: Zambézia Province – Mozambique	
2. Organization: Real Medicine Foundation Mozambique ( <a href="http://www.realmedicinefoundation.org">www.realmedicinefoundation.org</a> ) Medical Mission International ( <a href="http://www.mminternational.org.uk/">www.mminternational.org.uk/</a> ) Vanderbilt University / Friends in Global Health (FGH) ( <a href="http://www.friendsinglobalhealth.org">www.friendsinglobalhealth.org</a> )	
3. Project Title: Mozambique Mobile Clinic	
4. Reporting Period: July 1 – September 30, 2013	
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 3,794,509 inhabitants (2006). The provincial capital is Quelimane, on the border of the Bons Sinais River. Zambézia has a total area of 103,127 km <sup>2</sup> , 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 secondary sites and peripherals.  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 Ciências da Saúde de Quelimane – Quelimane Health Sciences Institute ) and the general population of the residents of Quelimane City.	
<b>II. Project Information</b>	
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 third quarter of 2013, 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 during the reporting period were as follows:

**Support of the peripheral health units:**

RMF DIRECT RESULTS	July 2013		August 2013		September 2013		TOTAL 3RD QUARTER		
	M	F	M	F	M	F	M	F	Total
ANC with presence of Mobile Clinic, HIV-patients	/	129	/	90	/	631	/	850	850
Other consultations (non-HIV and non-ANC)	107	190	208	245	233	480	548	915	1,453
<b>TOTAL DIRECT RESULTS</b>	<b>107</b>	<b>319</b>	<b>208</b>	<b>335</b>	<b>233</b>	<b>1,111</b>	<b>548</b>	<b>1,765</b>	<b>2,303</b>

RMF INDIRECT RESULTS	July 2013		August 2013		September 2013		TOTAL 3RD QUARTER		
	M	F	M	F	M	F	M	F	Total
ANC without presence of Mobile Clinic, HIV-patients	/	63	/	17	/	234	/	314	314
Other External consults at HF with indirect support from MC staff	52	257	176	666	319	1,199	547	2,122	2,669
ANC with presence of Mobile Clinic HIV+ (w PEPFAR)	/	58	/	13	/	23	/	94	94
ANC without presence of Mobile Clinic HIV+ (w PEPFAR)	/	08	/	04	/	14	/	26	26
Consultations HIV service (w PEPFAR)	22	67	89	291	52	164	163	522	685
<b>TOTAL INDIRECT RESULTS</b>	<b>74</b>	<b>453</b>	<b>265</b>	<b>991</b>	<b>371</b>	<b>1,634</b>	<b>710</b>	<b>3,078</b>	<b>3,788</b>

It is important to note that the Mobile Clinic transition out of Malei on August 23, 2013, meant that the data from that region was no longer being collected by the Mobile Clinic team. This is why some totals decreased from the previous quarterly report.

## 11. Impact this project has on the community (who is benefiting and how):

### **Implementation of Option B+**

In an attempt to eliminate the vertical transmission of HIV, the Ministry of Health recently adopted a strategy called Option B+, which entails provision of universal access to anti-retroviral treatment for all pregnant and lactating women testing HIV positive. On July 8, 2013, the implementation of Option B+ began in the peripheral health units that receive support from the Mobile Clinic. This has been met by the common challenges of operating in Zambézia Province, such as scarce human resources and lack of consistent availability of anti-retroviral medication in the peripheral health facilities.

Through Option B+, women can benefit from voluntary HIV counseling and testing, and those testing positive have access to necessary ART. Beyond counseling and testing for pregnant women in antenatal care, Option B+ postpartum consultation for lactating mothers, healthy child consultation, family planning consultation and external consultation are provided. Through daily lectures on these services, information is shared about HIV and AIDS, diagnostics, treatment and disease prevention.

With the increase in number of mothers getting tested for HIV, there has been an increase in the identification of exposed children, which are then followed by the Child-At-Risk Clinic. During the report period, there was a significant increase in HIV-infected children who initiated ART.

With the aim to inform and mobilize the community on Option B+, regular lectures have been given in the community, involving community leaders, traditional healers, traditional birth attendants, midwives, community-based organizations and activists working in health programs. Since this is a new strategy with a potentially large impact on public health, the main beneficiaries - the local community - must be very well informed.

### **Maternity Opening in Furquia Health Center**

Mobile Clinic support for the health services in Furquia has been in place for over 7 months, and a major milestone has been met by providing maternal and child health for the first time. During this quarter, one of the large challenges was rehabilitation of the infrastructure and equipment of the consultation areas, as well as encouraging the Ministry of Health to reinforce the human resources assigned to the health center, including in the maternity services. With the establishment of a local Maternal Child Health Nurse in residence, the maternity ward in Furquia was able to begin operation in late September, serving local pregnant women.

In order to increase the number of pregnant women delivering in the maternity ward, the MCH Nurse has worked with the local traditional midwives, sensitizing them on the importance and advantages of institutional delivery. The Nurse has encouraged them to refer pregnant women they assist in the community to the maternity so they can give birth with the technical support and supervision of the MCH Nurse.

### **Implementation of Mobile Clinic Services in Mbawa**

With completion of Mobile Clinic activities in Malei on August 23, 2013, the clinic transitioned support for the implementation of ART services to the Mbawa Health Center. Located 41km from the Namacurra district headquarters with a population of approximately 32,624 inhabitants, operations in Mbawa officially began on August 28, 2013.

The population of Mbawa has long hoped for improved access to healthcare services, as they have had to travel more than 20km to the nearest health facilities to access HIV/AIDS and TB care and treatment services. The facility has a general nurse, a basic MCH Nurse and a preventive medicine technician, all without any training on ART. With the introduction of Mobile Clinic activities, local staff have benefited from on-the-job training in ART service programs (counseling & testing, PICT, PMTCT, pediatric exposure, ART, etc.) to ensure appropriate patient follow-up, even in the absence of the Mobile Clinic.

To enhance utilization by the local population, community mobilization efforts were made prior to the Mobile Clinic's arrival to publicize the services offered by the Mobile Clinic. These efforts involved local community leaders, traditional healers and midwives, CBOs and community activists and volunteers that work in healthcare.

For the official launch of the Mobile Clinic services in Mbawa, a health fair was held on 08/30/2013, where about 176 individuals were counseled and tested, with 51 HIV+ results. In addition, to commemorate World Health Day, the Mobile Clinic participated in a health fair organized by DPS-Z, held in the city of Quelimane on 09/14/2013, whereby health-related counseling and testing was conducted. Of the 42 individuals HIV counseled and tested, there were no HIV+ results.

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

**2,313** people benefited directly from activities implemented by the Mobile Clinic during this reporting period.

With the implementation of Option B +, **110** pregnant and lactating women benefited from ART provision at the health facilities supported by the Mobile Clinic, including Furquia, Malei and Mbawa. With the opening of the Furquia maternity, **18** pregnant women benefited from this service.

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 **3,788** 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.

14. If applicable, please list the medical services provided:

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:

The largest challenge continues to be the availability of antiretroviral medication and the treatment of opportunistic infections in the health facilities, as there were frequent disruptions of various drugs experienced during the quarter.

With the rainy season approaching, the road which gives access to the Mbawa Health Unit has been flooded at times, making it impassable. To address this issue, the logistic department of FGH coordinated with SDSMAS drew up an emergency plan for allocation of supplies and medicines locally to cover the needs during a potential period of interruption. In addition, plans were made for the availability of an all-terrain Land Cruiser to support the transport team during such critical moments.

17. If applicable, plans for next reporting period:

Plans for the next quarter include replacement of the ART treatment line for pregnant and lactating women, transitioning from the current combination of AZT +3 TC + EFV to the TDF +3 TC + EFV treatment line. Additionally, in order to improve the management of medications, rapid tests and PCR kits at health facilities supported by the Mobile Clinic, supervision visits are planned along with technical support for the district pharmacy and MCH teams.

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

N/A

19. Success story(s) highlighting project impact:

**Mobile Clinic improves Maternal and Child survival with the implementation of Option B+ for the Elimination of Vertical Transmission, Option B+**

*A young mother improves her health status and prevents HIV infection to her son - October 2013*

Anabela Louis is a 24-yr old mother living in the town of Furquia in Namacurra District of Zambézia Province, Mozambique. Her two children, a 7-yr old girl and a 4-mo old boy, were born with assistance from a traditional midwife, because there was no maternity unit in Furquia at that time. With the arrival of the Mobile Clinic in Furquia, Anabela was able to benefit from her first prenatal visit when she was in her sixth month of pregnancy with her second child. In her Mobile Clinic visit, Anabela was advised to get tested for HIV, and after doing so she soon learned she was HIV+. With this news, Anabela was given prophylaxis for the prevention of vertical HIV transmission to her son, born HIV-free in May 2013. Anabela then utilized the post-partum services of the Mobile Clinic, but she was struggling with her own health, having recurring headaches and back pain.

In July 2013, Anabela returned to the Furquia Health Unit for her regular post-partum visit and was introduced to the Option B+ program by the Mobile Clinic's Maternal Child Health (MCH) Nurse. The MCH Nurse explained the new strategy being implemented that would allow her to immediately begin anti-retroviral treatment for life. Anabela agreed to enroll and start treatment because she was not in good health. Through the enrollment process she was able to participate in nutrition education lectures as well as counseling on ART treatment and the importance of adherence.

Option B+, one of the new World Health Organization standards for PMTCT adopted by the Mozambican Ministry of Health in June 2013, aims to reduce the number of new pediatric HIV infections (< 5 %) by offering effective PMTCT interventions to 90% of HIV+ pregnant or lactating women and their children by 2015, with at least 30% of HIV+ pregnant women initiating ART. As mentioned above, the Option B+ strategy was introduced by the Mobile Clinic in Furquia in July 2013, and the program has received 68 pregnant and lactating women to date.

Anabela shared that *"before starting with antiretroviral treatment, I was always sick and had difficulty taking care of my newborn. Now I feel better, and my son has benefited from the complete package of consultation services for Children at Risk. He is also growing well and is healthy."*

After starting antiretroviral treatment, Anabela also invited her husband to visit the Mobile Clinic and get tested. Now the two of them are both adherent on ARV treatment. Anabela has been able to pay her experiences forward, as she is also part of a church group that gives lectures to other pregnant mothers, encouraging them to utilize the antenatal services of the Mobile Clinic. The importance of knowing one's health status and receiving health education from the Mobile Clinic's MCH Nurse has been instilled in Anabela and her family, and they continue to spread the message.



**Figure 1** - Anabela with her son at the Furquia Health Center following her post-partum consultation given by the Mobile Clinic's MCH Nurse.

*(Photographer: Etelvina de Sousa; Consent: Verbal consent was received and consent form completed at the time the photo was taken, in October.)*

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