

Mozambique – Mobile Clinic

Date: October 31st, 2015

Prepared by: Jose Vallejo

I. Demographic Information

1. City & Province:

Zambézia Province – Mozambique

2. Organization:

Real Medicine Foundation Mozambique (www.realmedicinefoundation.org)

Medical Mission International (www.mminternational.org.uk/)

Vanderbilt University (VU)/ Friends in Global Health (FGH) (www.friendsinglobalhealth.org)

3. Project Title:

Mozambique Mobile Clinic

4. Reporting Period:

June 21, 2015 – September 20, 2015 (dates for reporting period harmonize with the MOH reporting period)

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 3,849,485¹ 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 Ciências da Saúde de Quelimane – Quelimane Health Sciences Institute) and the general population of the residents of Quelimane City.

During the reporting period, the direct target population for the Mobile Clinic included the communities of Furquia and Mbawa in Namacurra District, with an estimated population of **50,181** inhabitants².

¹ Censo 2007. INE

² Censo 2007. INE

II. Project Information

7. Project Goal:

- Improve quality of life and provide access to health services, particularly maternal and child health and antiretroviral treatment to people living with HIV/ AIDS, tuberculosis and other diseases;
- Provide access to health services in remote areas of the province of Zambézia, Mozambique;
- Reinforce the expansion of services for care and treatment of HIV, initiated by the Provincial Health Authority of Zambézia;
- Provide clinical support and technical assistance to temporary peripheral health units with the potential of implementing antiretroviral treatment in the near future.

8. Project Objectives:

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 areas supported.

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 2015, 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 to pregnant and lactating women;
4. Health care services and early diagnosis of HIV in infants born to HIV positive women;
5. Diagnostic services for TB and TB/HIV co-infected patients' treatment and care;
6. Transport of extra stock of medicine and medical supplies in preparation for potential flooding (and subsequent HF isolation) during the rainy season.

10. Results and/or accomplishments achieved during this reporting period:

The main results achieved this reporting period were related to **peripheral health unit support**:

RMF DIRECT RESULTS	July 2015		August 2015		September 2015		TOTAL 3 rd QUARTER		
	M	F	M	F	M	F	M	F	Total
ANC with presence of Mobile Clinic, HIV- patients		247		302		281		830	830
Other consultations (non-HIV and non-ANC)	755	1747	921	1880	988	2300	2664	5927	8591
	755	1994	921	2182	988	2581	2664	6757	9421

Following DPS orientation, all the clinical activities for patient care and treatment provided by the Mobile Clinic staff are fully integrated into the Health Facility (HF) and are registered jointly with the clinical activities performed by the HF staff.

RMF INDIRECT RESULTS	July 2015		August 2015		September 2015		TOTAL 3 rd QUARTER		
	M	F	M	F	M	F	M	F	Total
ANC without presence of Mobile Clinic, HIV- patients		284		215		219		718	718
Other External consults at HF with indirect support from MC staff	114	722	130	850	144	964	388	2536	2924

ANC with presence of Mobile Clinic HIV+ (w PEPFAR)		23		40		40		103	103
ANC without presence of Mobile Clinic HIV+ (w PEPFAR)		38		30		32		100	100
Consultations HIV service (w PEPFAR)	558	1766	591	1840	634	1925	1783	5531	7314
TOTAL INDIRECT RESULTS	672	2833	721	2975	778	3180	2171	8988	11159

During this reporting period the population doesn't have so much activity at the farms and they remain most of the time at home, which can explain the increase on the numbers for this report.

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

Provision of primary health services to Furquia & Mbawa communities:

The MC team continues to strengthen the technical and logistical capacities of local personnel through clinical mentoring activities, technical assistance and on-the-job training. 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 (ARVs, cotrimoxazole, isoniazid, ferrous salt, mebendazole, etc.) and blood sample transport.

During the quarter, clinical mentoring, supervision activities and TA in the areas of C&T, Pharmacy and MCH continued.

Furquia Health Facility:

There were no changes in the health facility staff; all of them had been oriented in previous quarters and are working in their routine areas with the support of the Mobile Clinic team and clinical mentoring.

Community activities continued to increase during this period, focused on reinforcing and implementing the new MOH guideline for GAACs, which are now required to have a minimum of 3 members in every group. No new GAAC groups were formed in Furquia, but there was an increase in the number of members in each group from 22 to 42 patients. Malaria prevention, diagnostics and treatment were also prioritized during this period.

FGH community health staff (Peer Educators and Counselors) continued to provide information, education, and communication (IEC) on HIV prevention and testing, GBV, treatment adherence, diarrhea, malaria, etc. among the community and patients waiting for consultation at Furquia and Mbawa Health Facilities.

HIV testing is also implemented in the vaccination sector and other points of entry to the HF (emergency area), following the recommended strategy of testing at every entry point to the health unit.

Current staff working in the health unit include:

- 01 General Medical Technician
- 01 Maternal Child Health Nurse (mid-level)
- 01 General Nurse (mid-level)
- 01 Preventive Medicine Technician
- 01 Lab Technician
- 01 Elementary Nurse
- 02 Health Counselors
- 01 Cleaner

Continuous coordination is maintained with the 3 existing Health Councils (Conselhos de Saude) with 1 monthly meeting held among Health Councils and health facility staff, each averaging 26 participants (Traditional birth attendants, , DOT volunteers, Health Council volunteers, polyvalent health agents, , FGH District Community Health Officer, and other volunteers from Ogumaniha and other partners).

Consented case finding is supported by Polyvalent Health Agents (APS), male champions, Activists from Ogumaniha (this program has just ended, but volunteers are still helping for consented visit and case findings) and Peer Educators.

Overall, there are 6 support groups helping in Furquia, as follows:

- Home Based Care: home visits
- Mothers to Mothers groups: nutritional education, demonstrations of enriched food preparation, etc.
- Traditional Birth Attendants: Pregnant women referral to Health Unit, information in the community about HIV testing, breastfeeding, nutrition, family planning, PMTCT, etc.
- Traditional Healers: Referral of suspected TB patients to Health Unit, counseling and sensitization of chronic patients to do HIV testing
- DOTS Volunteers: sputum sample collection of suspected patients, follow up of TB patients in the community and references to Health Unit for HIV counseling and testing
- ETC (Epidemic Total Control - a partnership between FDC and ADP since October 2014): This project is already finished and the organization is already starting a new project focusing on TB prevention activities.
- APES (Polyvalent Elementary Health Agent): Health promotion, primary health care and some consented case finding.

During the reporting period, weekly meetings (4 per month) were held with every support group (with an average of 7 participants per group). Mobile Clinic Counselors jointly with Health Facility staff participate in those meetings.

Ogumaniha volunteers are still providing support in the identification and referral of malnourished children and in the preparation of enriched foods.

Mbawa Health Facility:

There were no changes in the health facility staff; all of them had been oriented in previous quarters and are working in their routine areas with the support of the Mobile Clinic and clinical mentoring teams.

During the reporting period, we focused on reinforcing and implementing the new MOH guideline for GAACs, as we did in Furquia. Currently, there are 31 active groups in Mbawa and during this quarter there was an increase in the number of members in each group from 88 to 109 patients.

As in Furquia, malaria prevention, diagnostics and treatment were also prioritized during this period.

HIV testing in the vaccination sector and other entry points within the health facility were implemented following the recommended strategy of “massive” testing from the DPS.

Current staff in the health unit:

- 01 Maternal Child Health Nurse (mid-level)
- 01 General Nurse (mid-level)
- 01 Preventive Medicine Technician
- 01 Health Counselors
- 01 Cleaner

There are 4 existing Health Councils (Conselhos de Saude), in Mbawa sede, Tatioi, Maroda and Machawa similar to Furquia, for reinforcement of the community clinical linkages, and they meet one time per month. During the quarter, activities focused on coordination of monthly meetings held among the Health Councils and Health Facility staff (and participants are Traditional Birth Attendants, DOTS Volunteers, Health Council Volunteers, APEs, FGH District Community Health Officer and Health Technicians) with an average number of 26 participants.

Consented case finding is supported by, Polyvalent Health Agents (APS), male champion, Activists from

Ogumaniha, Peer Educators and 3 DOTS volunteers who participate in the weekly adherence committee (Comité de Adesão-CAD).

Technical support provided by the Mobile Clinic team includes:

- Reinforcement of diagnostic and clinical management of TB (pediatric)
- Screening/assessment of malnutrition
- Creation of GAACs
- Refresher sessions for PCR sample collection, registration and sample transport
- Clinical mentoring
- Data registration and clinical patient record data collection
- Clinical patient record organization
- Pharmacy inventory
- Update and organization of individual patient forms for receiving ARVs (FILAS)³
- Update of lost-to-follow-up in the data base and lists for active case finding
- Refresher sessions on clinical protocols and MOH HIV/AIDS clinical orientations
- Job aids and algorithms distributed.

Health care services and ART (PEPFAR supported):

- 280 new HIV patients were enrolled in clinical care during this quarter.
- From 753 HIV-positive persons receiving care during the reporting period eligible for CTZ prophylaxis, 701 received CTZ prophylaxis (93%)
- 238 individuals with advanced HIV infection were newly enrolled on ART; 214 adults (≥ 15 years), 24 children (0-14 years old)
- Newly enrolled patients who were screened for STIs at the last visit during the reporting period: 244 (87%)
- 1,054 HIV-positive patients were screened/assessed for malnutrition; of them, 144 were clinically malnourished. (14%).

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

- During the reporting period, 684 pregnant women were registered at ANC service in the two health units, 270 in Furquia and 414 in Mbawa; 663 pregnant women received HIV counseling and testing with 85 positive results (13%). All of them (100%) received ART (Option B+). Unfortunately, MOH does not have longitudinal books to follow Pregnant Women in their clinic visit. ANC log books are organized by consultation, and for this reason we have some constraints to register patients properly if a pregnant patient does not receive counseling and testing in the first consultation and decides to test in the following month. In this case, the numerator might be overestimated and proportion will be more than 100%. The same happens if a positive woman does not initiate her prophylaxis in the same month.
- Efforts to strengthen ART adherence counseling and follow-up of female patients and children in the CCR are on-going.
- Partner testing continues to be reinforced through “palestras” (lectures) and with the “Male Champion Strategy” in the HFs and communities to motivate men to accompany their pregnant partners. During the period we observed again, as in the previous period, an increase in the number of partners tested, 361 partners of pregnant women were tested, 31 (8%) being diagnosed HIV positive and referred for ART care and treatment.

³ FILA: Ficha Individual de Levantamento de ARV

- To improve adherence Health Facilities supported by the Mobile Clinic continue counting on mother to mother support groups. Currently women 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)
 - Postnatal transmission of HIV (breastfeeding)
 - Importance of preventing mother-to-child transmission, CPN/ETV, Child-at-Risk clinic, and follow-up of ART
 - HIV Prevention
 - Malaria and diarrhea prevention facing the raining season

Provision of health care services and early HIV diagnosis in infants born to HIV+ women:

- During this quarter, 36 children were enrolled in the Child-At-Risk Clinic (CCR) in Furquia and 26 in Mbawa.
- In the period under review, 62 pediatric patients benefited from virological testing with 5 positive results (8%) reported. Rapid testing was offered to 35 children, of them 1 was positive (3%).

Voluntary Counseling and Testing – Children:

- During the quarter, 113 children were counseled and tested with 16 (14%) HIV+ results. All initiated ART (100%).

Provide diagnostic services for TB care and treatment:

- During the quarter, 26 patients were enrolled into TB care and treatment in the two health units.
- 24 patients were counseled and tested for HIV, with 14 positive results (50%). All the HIV+ tested patients started antiretroviral treatment (100%)⁴.

Consented case finding (USAID and PEPFAR supported):

In order to improve retention indicators, community health activities were especially active during this period and the number of consented case finding increased during this quarter.

In the last quarter 434 defaulted patients (285 Furquia and 149 Mbawa) were visited and 181 (Furquia 111 and in Mbawa 70) were found (41.7%), of them 154 (93 in Furquia and 61 in Mbawa) returned for consultation (84.5%)

Home visits to priority groups (USAID and PEPFAR supported):

In order to improve adherence to the HIV care and treatment program, patients with low HIV care adherence, HIV exposed children without PCR test, patients initiating ART and post-partum HIV positive women were referred for visits. A total of 179 patients were referred for visits and all of them were attempted to be visited (118 in Furquia and 61 in Mbawa). Of the total attempts, 142 (81 in Furquia and 61 in Mbawa) were found (79.3% of total referred for visits).

As in previous reports, other groups like Traditional Birth Attendants, Traditional Healers, Home-Based Care volunteers continue to provide information and health promotion among the community and refer pregnant women and other patients to the health units.

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

⁴ Data source: Register Book for National TB Control Program

<p>9,421 people benefited directly from activities implemented by the Mobile Clinic during this reporting period. After DPS orientation, all the clinical activities for patient care and treatment provided by the Mobile Clinic staff are fully integrated in the Health Facility and are registered jointly with the clinical activities performed by the HF staff. These patients received a clinical consultation during the days that the Mobile Clinic was present at the health facility.</p>
<p>13. Number of indirect project beneficiaries (geographic coverage):</p> <p>11,159 people had a clinical consultation at the health facilities of Furquia and Mbawa, without the presence of the Mobile Clinic. These are indirect beneficiaries, since they benefited by the increased capacity of health facility staff, due to mentoring activities by Mobile Clinic staff.</p>
<p>14. If applicable, please list the medical services provided:</p> <p>The following services are included in the support package that the Mobile Clinic provides:</p> <ul style="list-style-type: none"> • HIV services, including monitoring and quality control at the point of service delivery, prophylaxis with cotrimoxazole (CTZ) and initiation of ART. • Health counseling and testing (ATS), including distribution of male and female condoms. • HIV counseling and testing for pregnant women and PMTCT services for HIV positive women. • Positive prevention package for HIV positive patients. • TB services, including screening, treatment and follow-up. • Collection of blood and other biological samples for analysis and transport to the laboratory. • Transport of TB sputum smears samples, collected by C-DOTS volunteers and Mobile Clinic staff. • General clinical consultations (adults and children). • Rapid testing for malaria, HIV and syphilis. • Basic First Aid for medical emergencies. • Referral of patients to health facilities according to clinical needs. • Evaluation and nutritional supplementation for children and adults. • Support for DPS-Z in health-related events.
<p>15. Please list the five most common health problems observed within your region:</p> <ul style="list-style-type: none"> • Malaria • HIV/ AIDS • Tuberculosis • Malnutrition • Diarrhea
<p>16. Notable project challenges and obstacles:</p> <ul style="list-style-type: none"> • TB drug (4DFC) stock rupture 2 weeks at the end of September • Cotrimoxazole tablets stock out for 6 weeks during the reporting period, also other antibiotics like Metronidazole, Azithromycin and Penicillin suffered stock ruptures for the majority of the reporting period. • Stock rupture of HIV test kits for six weeks in this period, also Syphilis rapid test stock out for eight weeks between July and September.
<p>17. If applicable, plans for next reporting period:</p> <ul style="list-style-type: none"> • Continuation of nutritional assessments & nutrition support in Furquia and Mbawa • Reinforce TB screening among children • Reinforce PCR sample collection • Reinforce CD4 request and follow up

- Reinforce pediatric ART enrollment
- Reinforce therapeutic failure identification among patients
- Reinforce patient's adherence and retention
- Plan elaboration in order to provide health support and guarantee the continuity of HIV C&T to displaced population due to possible floods during the raining season

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

N/A

19. Success story(s) highlighting project impact:

See attached.

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

See attached.