

Mozambique – Mobile Clinic

Date: January 31st, 2016

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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:

September 21, 2015 – December 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 fourth quarter of 2015, the Mobile Clinic continued the implementation of the strategy presented in January 2012. The main activities of the Mobile Clinic include provision of:

- Primary health care to the populations of Furquia and Mbawa;
- HIV diagnostic, care and treatment services including integrated TB/ HIV services for co-infected patients;
- Antenatal health services and universal ART to pregnant and lactating women;
- Health care services and early diagnosis of HIV in infants born to HIV positive women;
- Diagnostic services for TB and TB/HIV co-infected patients' treatment and care;
- 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	October 2015		November 2015		December 2015		TOTAL 4 th QUARTER		
	M	F	M	F	M	F	M	F	Total
ANC with presence of Mobile Clinic, HIV- patients		282		304		325		911	911
Other consultations (non-HIV and non-ANC)	986	2447	866	1651	1073	1796	2925	5894	8819
	986	2729	866	1955	1073	2121	2925	6805	9730

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	October 2015		November 2015		December 2015		TOTAL 4 th QUARTER		
	M	F	M	F	M	F	M	F	Total
ANC without presence of Mobile Clinic, HIV- patients		179		295		209		683	683
Other External consults at HF with indirect support from MC staff	185	925	182	1225	211	706	578	2856	3434
ANC with presence of Mobile Clinic HIV+ (w PEPFAR)		39		45		30		114	114

ANC without presence of Mobile Clinic HIV+ (w PEPFAR)		32		32		23		87	87
Consultations HIV service (w PEPFAR)	666	1977	689	2042	713	2089	2068	6108	8176
TOTAL INDIRECT RESULTS	851	3152	871	3639	924	3057	2646	9848	12494

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.

As in the last report, the Mobile Clinic team focused on reinforcing and implementing the new MOH guideline for GAACs, as we are doing in Mbabwa, as result of the new orientation which requires a minimum of 3 members. As many of the previous GAACs were comprised of couples (wife and husband) that do not want to integrate someone else into their group or to join another group, many have decided to be part of the Rapid Flow strategy instead of a GAAC. Currently, there are 14 active groups in Furquia and during this quarter; there was a decrease in the number of members in each group from 42 to 27 patients.

With the aim to improve the retention and adherence of patients on ART in the program, at the end of the reporting period the team was promoting a Rapid Flow strategy: for those patients in good clinical condition, with good adherence and with more than 6 months history of taking ARVs, they receive an ARV prescription for three months. During this period, the patient comes every month just to receive the ARV at the pharmacy service; during the third month the patient has a clinical consultation and, if everything is OK, they receive a new three month ARV prescription.

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.

Malaria prevention, diagnostics and treatment were also prioritized during this period.

HIV testing continues to be 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 meetings 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 recently 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 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 not anymore providing support in the identification and referral of malnourished children and in the preparation of enriched foods, as the organization finished its program; support groups and peer educators are implementing sensitization activities at community level and at health unit level and Mothers to Mothers do demonstration of enriched food preparation.

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.

As in Furquia, the Mobile Clinic team focused on reinforcing and implementing the new MOH guideline for GAACs, and for the same reasons during this quarter there was a decrease in the number of members in each group from 109 to 85 patients in 36 active groups in Mbawa.

Rapid Flow Strategy was being implemented at the end of the reporting period and some of the couples previously in a 2-patient GAAC who do not want to include more members in their group are being enrolled in this strategy.

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 (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, 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):

- 203 new HIV patients were enrolled in clinical care during this quarter.
- From 739 HIV-positive persons receiving care during the reporting period eligible for CTZ prophylaxis, 164 received CTZ prophylaxis (22%) The decrease in this indicator can be explained by the frequent provincial shortages of Cotrimoxazol tablets during October, November and December 2015 and the irregular and insufficient supply of CTZ to cover the prophylaxis needs. 160 individuals with advanced HIV infection were newly enrolled on ART; 148 adults (≥ 15 years), 12 children (0-14 years old).
- Newly enrolled patients who were screened for STIs at the last visit during the reporting period: 185 (87%).
- 1103 HIV-positive patients were screened/assessed for malnutrition; of them, 305 were clinically malnourished (27.7%).

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

- During the reporting period, 694 pregnant women were registered at ANC service in the two health units, 446 in Furquia and 248 in Mbawa; 715 pregnant women received HIV counseling and testing with 7% having positive results. All of them (100%) received ART (Option B+). During the last reporting period, MCH nurses in Furquia and in Mbabwa HF, were trained in the new MCH and

³ FILA: Ficha Individual de Levantamento de ARV

PMTCT registration system; unfortunately, MOH has not yet distributed the new registration forms with longitudinal books to follow Pregnant Women in their clinic visit. The 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 ongoing.
- 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 reporting period we observed again, as in the previous period, maintain the same number of partners tested, 361 partners of pregnant women were tested, 7 (2%) being diagnosed HIV positive and referred for ART care and treatment.
- To improve adherence Health Facilities supported by the Mobile Clinic continued 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

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

- During this quarter, 37 children were enrolled in the Child At-Risk Clinic (CCR) in Furquia and 33 in Mbawa
- In the period under review, 64 pediatric patients benefited from virological testing with 10 positive results (7%) reported. Rapid testing was offered to 23 children, of them 1 was positive (3%).

Voluntary Counseling and Testing – Children:

- During the quarter, 62 children were counseled and tested with 9 (15%) HIV+ results. All initiated ART (100%).

Provide diagnostic services for TB care and treatment:

- During the quarter, 23 patients were enrolled into TB care and treatment in the two health units.
- 23 patients were counseled and tested for HIV, with 12 positive results (52%). 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 270 defaulted patients (155 Furquia and 115 Mbawa) were visited and 120 (Furquia 69 and in Mbawa 51) were found (44.4%), of them 73 (51 in Furquia and 22 in Mbawa) returned for consultation (61%)

⁴ Data source: Register Book for National TB Control Program

Home visits to priority groups:

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 241 patients were referred for visits and all of them were attempted to be visited (162 in Furquia and 79 in Mbawa). Of the total attempts, 192 (113 in Furquia and 79 in Mbawa) were found (79.6% 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):

9,730 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.

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

12,494 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.

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

The following services are included in the support package that the Mobile Clinic provides:

- 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.

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

- 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 during all of the reporting period, and 3 (DFC) during 6 weeks • Cotrimoxazole tablets stock out for 5 weeks during the reporting period and supply of insufficient quantities of CTZ to cover all needs for treatment and prophylaxis, also other antibiotics like Ceftriaxone and, Azithromycin suffered stock ruptures for the majority of the reporting period. • Stock rupture of HIV test kits for 2 weeks in this period, and supply of reduced quantity of tests not enough to cover all the needs.
<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 patients' adherence and retention • Emergency 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; this includes the supply of 3 months of ARV and other medicines and medical supplies for all the HF with risk to be isolated like Mbawa and Furquia.
<p>18. If applicable, summary of RMF/MMI-sponsored medical supply distribution and use:</p> <p>N/A</p>
<p>19. Success story(s) highlighting project impact:</p> <p>See attached.</p>
<p>20. Photos of project activities (file attachment is fine):</p> <p>See attached.</p>