UNICEF Mozambique

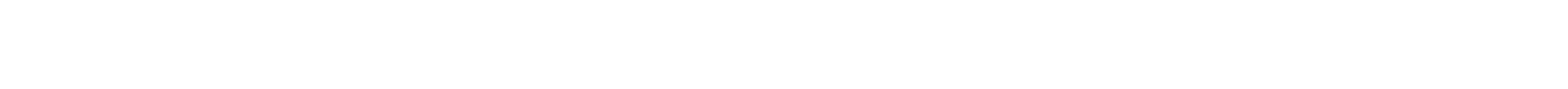
Progress Report to the Italian Development Cooperation Agency

**INSERT PICTURE**



**UNICEF grant agreement: SC160634**

**December 2017**



**Acronyms**

AIDS Acquired Immune Deficiency Syndrome

ANC Antenatal Care

ARV Antiretroviral

ART Antiretroviral Treatment

ACT Accelerated Child Treatment for HIV Framework

CDC Center for Disease Control

CUAMM Medicos com Africa

CNCS National AIDS Counsel

C&T Counselling and Testing

CSE Comunidade de Sant'Egidio

CHAI Clinton Health Access Initiative

DNSP National Directorate of Public Health

DREAM Disease Relief through Excellent and Advanced Means

EID Early Infant Diagnosis

EPTS Electronic Patient tracking system

EMTCT Elimination of Mother-to-Child Transmission (of HIV)

GFATM Global Fund for AIDS, TB and Malaria

HC Health Centre

HF Health Facility

HIV Human Immunodeficiency Virus

IMASIDA Second national household Malaria and HIV/AIDS Survey

MNCH Maternal, New-born and Child Health

MOH Ministry of Health

M&E Monitoring and Evaluation

MTCT Mother-to-Child- Transmission

MSF Médecins Sans Frontières

NGO Non-Governmental Organization

PMTCT Prevention of Mother-to-Child Transmission (of HIV)

PLWHA People Living With HIV/AIDS

PEN National Strategic Plan for HIV response

PEPFAR U.S. President’s Emergency Plan For Aids Relief

UCSF University of California, San Francisco team

USG United States Government

UN United Nations

UNICEF United Nations Children’s Fund

UNAIDS Joint United Nations Programme on HIV and AIDS

WHO World Health Organization

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1. Contribution Summary

|  |  |
| --- | --- |
| **Country** | Mozambique |
| **Programme/ Project Name** | Mozambique strengthening PMTCT and Paediatric treatment services |
| **Donor** | Italian Development Cooperation Agency |
| **Grant Reference** | SC160634 |
| **Total Contribution amount** | EUR 1,345,500/USD 1,500,000 |
| **Total Received amount** | EUR 722,982 / USD 767,496.82 |
| **Expenditure** | USD 391,601.01 |
| **Unspent Balance** | USD 375,895.81 |
| **Duration of Grant** | 09 December 2016 – 31 December 2018 |
| **Report Type** | Progress utilization Report |
| **Reporting period** | 09 Dec 2016 – 5 Dec 2017 |
| **Strategic Plan Outcome Area** | By 2020 HIV positive pregnant women and children better adhere to HIV treatment and related services |
| **Geographic Focus area** | * Maputo: Machava Hospital, Matola HC * Sofala: Manga Chingussura, Mangunde, Estaquinha HC * Gaza: Chokwe, Chalucuane HC   CSE has been supporting these 7 health facilities within the national health system for many years, under the DREAM programme. In most of them, ART services started in 2002/2003, while in some others such as Chalucuane (Gaza) and Estaquinha (Sofala), they have been introduced more recently. |
| **Focus Population** | Direct beneficiaries:   * 4,000 HIV + pregnant women * 4,000 HIV exposed infant * 50 HIV + (0-1 years) * 1,000 HIV+ (2-9 years) * 1.600 Adolescents (10-19)   Indirect beneficiaries: 23,000 PLWHA |
| **Programme Partners** | MOH, Provincial Health Directorate and District Directorates in Gaza, Sofala and Maputo Provinces. |
| **UNICEF Contact(s)** | UNICEF Representative: Marcoluigi Corsi (mcorsi@unicef.org)  Chief of Health and Nutrition: James McQuen Patterson (jmcquenpatterson@unicef.org) |

1. Executive summary

Mozambique remains heavily impacted by HIV/AIDS, having the eighth highest prevalence in the world, with more than 1 in 10 Mozambicans infected. According to UNAIDS, Mozambique contributes to 8.2% of the new paediatric infections at global level, placing itself in the 3rd position among the 22 priority countries that contribute to the global burden of new HIV infections. It is estimated that 1.8 million people live with HIV, being women the most affected (53%) and the proportion of children 11%. The second national household Malaria and HIV/AIDS survey conducted in 2015 (IMASIDA), found that HIV prevalence in the population aged 15-49 is of 13.5%. For that age group, prevalence is more than 40% higher in women compared to men (15.4% and 10.1% respectively).

As part of the efforts to end with HIV, great strides have been made in the Southern African region in reducing vertical transmission. Even though MOH has significantly expanded the provision of PMTCT information and services by adopting the WHO recommended Option B+ national strategy, transmission rates remain high at 11.5 %. One of the huge challenges is the identification of children infected by HIV, followed by treatment initiation and retention of children until treatment ends. In 2016, Mozambique has adopted the most recent WHO HIV Test & Treat guidelines to advance towards Universal Coverage and build efforts under option B+, for elimination of mother to child transmission and the 90-90-90 targets for paediatric HIV.

As a result, during this reporting phase, HIV specific services were provided to the following beneficiaries:

* 500 HIV+ pregnant women benefited from high quality PMTCT services, including counselling, testing and provision of ARV for preventing Mother-to-Child-Transmission.
* 242 HIV+ children from 0 to 14 years were enrolled into ARV treatment during this period in the selected health facilities. The table on page 10 shows disaggregated data (55% female and 45% male).
* 143 exposed children (36% female) received follow-up HIV testing (post breast-feeding) at the age of 18 months, to confirm final sero-status. None of those children was identified as positive, which is an indication of ART retention among those HIV positive pregnant women.

1. Background

Country Situation

Mozambique has 27 million inhabitants, twice as much as it had 25 years ago. It is a young country with more than half of its population being under 19. Almost 70% of the population live in rural areas, where maternal health indicators are worse.

Over recent decades, the country has shown significant improvement in health indicators, and progress in maternal and child health. However, maternal and neonatal death rates remain high with a maternal mortality ratio of 408/100,000 live births (2011) and more than 30 % of under-five mortality occurring within the first 28 days of life. Neonatal complications or infections, malaria, diarrhea, pneumonia and AIDS account for more than 80 % of all deaths of under-five children in the country, with malnutrition being a contributing factor in 35 % of cases. Mortality related to HIV among children is more dramatic in the southern provinces, where the HIV prevalence is still high.

Mozambique remains heavily impacted by HIV/AIDS, having the eighth highest prevalence in the world, with more than 1 in 10 Mozambicans infected. According to UNAIDS, Mozambique contributes to 8.2% of the new pediatric infections at global level placing itself in the 3rd position among the 22 priority countries that contribute to the global burden of new HIV infections. It is estimated that 1.8 million people live with HIV, being women the most affected (53%) and the proportion of children 11%. The second national household Malaria and HIV/AIDS survey conducted in 2015 (IMASIDA), found that HIV prevalence in the population aged 15-49 is of 13.5%. For that age group, prevalence is more than 40% higher in women compared to men (15.4% and 10.1% respectively).

In 2011, Mozambique endorsed the Global Initiative for the Elimination of Mother-to-Child transmission (E-MTCT). The country started phased implementation of option B+ in June 2013, which main objective is enrolment and commitment for lifelong treatment with ART for all HIV+ pregnant women, regardless of the CD4 count. This initiative marks a radical shift from the paradigm of prevention to the elimination of vertical transmission in children, ensuring their survival and that of their mothers. In this context, the country revised the targets established in 2010, reducing them to less than 5% MTCT by 2015 and 90% coverage with more effective ARV regimens.

In 2016, Mozambique has adopted the most recent WHO HIV Test & Treat guidelines to advance towards Universal Coverage and build efforts under option B+ for elimination of mother to child transmission and the 90-90-90 targets for paediatric HIV. Under the leadership of MoH, the inception phase of the Test & Treat guidelines will be implemented in 155 selected health facilities in 29 districts, following technical, strategic and M&E guidance set forth in the “Guião de Implementação dá Estratégia de Testar e Iníciar” (Implementation Guide for the Test & Start Strategy). Significant progress has been made in implementing the new strategy for test and treat since 2016. At the moment, more than 20 districts have been covered throughout the country.

PMTCT, which focuses on universal access to ARV for pregnant and lactating mothers (option B+), is currently being implemented in 1,224 health facilities integrated into MNCH services and operationalized through the called “one stop shop” model implementation for provision of option B+. The country still provides two options for PMTCT, moving on to Option B+ expansion to all PMTCT.

Currently only 43% (82,201 0-14 y.o.) of eligible children are accessing ART. One of the factors affecting access is the proportion of mother and child pairs lost to follow-up, especially after the first immunization at 6 weeks – time at which exposed infants undergo Early Infant Diagnosis (EID).

To achieve these goals, UNICEF provided support to the MOH to generate higher demand for HIV services for pregnant women and children, in an attempt to improve retention into care and ART. In this regard a communication strategy for PMTCT and paediatric HIV was developed, through a participatory approach, to ensure that retention messages (TV/radio spots, IEC materials etc.) targeted the right group. This strategy also incorporated key materials for health providers.

**Programme Results Planned**

Expected results (contribution to national targets) are as follows:

* Number of new HIV infections in infants reduced to less than 5% (virtual elimination of vertical transmission of HIV)
* 90% of HIV positive pregnant women and mothers accessing PMTCT services are on ART
* 80% coverage of Paediatric ART treatment (children and adolescents)

1. Purpose

This grant aimed at contributing to increase coverage and retention in PMTCT and HIV Treatment services by Pregnant Women, Children and Adolescents in selected locations in Gaza, Sofala and Maputo Province by end of 2018, in support of MoH HIV Test & Treat Inception Phase (2016-2018).

Specific objectives for the programme, as stipulated in the proposal, include:

* MoH Test & Treat Guidelines implemented in seven (7) MoH HF reflect Sant’Egidio good health service delivery practices (integrated, comprehensive, family centred approach).
* The National communication strategy to promote adherence and retention to PMTCT and HIV treatment for children implemented in seven (7) selected locations
* The electronic-patient-interface currently used by DREAM/Sant’Egidio is adapted and adopted by MoH
* Strategic information and lessons learnt from DREAM/Sant’Egidio’s Monitoring systems inform subsequent scale-up of Test-and-Treat Strategy

In terms of focus population, the direct beneficiaries are as follows:

* 4,000 HIV + pregnant women
* 4,000 HIV exposed infant
* 50 HIV + (0-1 years)
* 1,000 HIV+ (2-9 years)
* 1.600 Adolescents (10-19)

Project will also reach 23,000 PLWHA as indirect beneficiaries.

Implementing partners include the Provincial Health Directorates in Gaza, Sofala and Maputo provinces, including the District Health Directorates in which the 7 health facilities are located. The MOH is also involved, through the Directorate of Planning and Cooperation, and the HIV programme in the National Directorate of Public Health.

1. Results

Funds received from the Italian Development Cooperation Agency supported the following interventions:

1. **MoH Test and Treat guidelines implemented in seven (7) MoH facilities reflecting DREAM good health service delivery practices (integrated, comprehensive, family based approach)**

In line with the push of the Test and Treat strategy, significant progress has been achieved in expanding to priority districts, according to the national scale up plan. During this reporting period, 20 districts (out of the 29 proposed) were already implementing this strategy, reaching more than 100 health facilities. In partnership with CSE, direct technical support has been provided to seven health facilities in Maputo, Gaza and Sofala provinces. These facilities benefitted from on the job trainings, as well as supervision and mentoring to provide high quality HIV services, including psychosocial support to increase adherence and retention.

During this reporting period, to improve health service delivery practices, several capacity building initiatives were undertaken. For instance, a total of 37 community based workers were trained in Gaza province (30 female, 7 male). The training package encompasses information about prevention of HIV transmission at community level, including PMTCT and ARV treatment, as well as identification of opportunistic infections especially targeting women and children. This information was shared with community health activists during participatory trainings, in order to ensure they would then deliver it properly to the communities. These activists were instrumental in implementing promotional activities to support linkages of communities and facility level to ensure defaulters (patients lost to follow-up) tracking at community level.

Furthermore, health providers were trained on the job, reaching a total of 11 staff members from the selected health facilities in the targeted 3 provinces including medical doctors, pharmacists, and other health technicians, and allowing the introduction of the electronic system in addition of paper-based systems in the integrated health facilities. The main objective of the training was to familiarize the staff with the software as a patient management tool. Training of health staff also included modules on interpersonal skills to improve the quality of care provision, and on the use of the most recent policies and protocols on PMTCT and paediatric and adolescent ART. Special emphasis was given to the scaling up of universal ART for HIV+ pregnant and lactating women, through the acceleration of option B+ as part of the test and treat strategy.

As a result, during this reporting phase, HIV specific services were provided to the following beneficiaries:

* 500 HIV+ pregnant women benefited from high quality PMTCT services, including counselling, testing and provision of ARV for preventing Mother-to-Child-Transmission.
* 242 HIV+ children 0 to 14 years were enrolled into ARV treatment during this period in the selected health facilities. The table below shows disaggregated data (55% female and 45% male).

|  |  |  |
| --- | --- | --- |
| Age | Female | Male |
| 0 – 4 y.o. | 67 | 65 |
| 5 -9 y.o. | 25 | 23 |
| 10 – 14 y.o. | 41 | 21 |

* 143 exposed children (36% female) received follow-up HIV testing (post breast-feeding) at the age of 18 months, to confirm final sero-status. None of those children was identified as positive, which is an indication of ART retention among those HIV positive pregnant women.

1. **Selected interventions of the National Communication Strategy to promote adherence and retention to PMTCT and HIV treatment for children is implemented in seven (7) selected locations by the end of 2018.**

The programme supported by CSE, focuses on family approach (a differentiated model of care) to reach out targeted groups of people leaving with HIV to increase adherence and retention into care and treatment. All patients registered through the electronic tracking system are counselled at all entry points, and encouraged to disclose their status with family members. Hence, invitations are shared for the remaining family members to seek care. During this reporting period, more than 4,000 patients (adults and children) were reached through community mobilization and promotional interventions efforts to increase their knowledge and information on PMTCT and ARV treatment services to reinforce their adherence.

Additionally, all 27 patients who had been identified as "lost to follow up" were reintegrated into care and treatment. This was a result of the work of trained community activists, via the tracking system, being implemented by the 7 health facilities supported by this partnership. The table below summarizes the disaggregated data (59% female and 41% male):

|  |  |  |
| --- | --- | --- |
| Age | Female | Male |
| <20 y.o. | 2 | 1 |
| 20 – 34 y.o. | 12 | 4 |
| >35 y.o. | 2 | 6 |

1. **The electronic-patient-interface currently used by DREAM used for development of a prototype to new Test and Treat guidelines and introduced as a key element in the MoH electronic HIV patients monitoring.**

During the reporting period, CSE provided technical support to MOH to reactivate the EPTS technical working group meetings. This group leads the process to introduce this system in the country. To date, four technical working group meetings were conducted.

The group includes several stakeholders (USAID, CDC, MSF amongst others) and worked on the following:

* Review and test existing functionalities of the application under development
* Identify potential areas of improvement such as information flow and linkages with existing national clinical protocols
* Propose action plan for improvement

Three technical assistants were hired to actively support the MOH in leading the development of patient tracking tools.

Progress was also made in identifying and analysing clinical indicators that will best track patients. Information is being gathered and a detailed working plan is currently being developed to organize this process.

Partnerships

MOH, through the department of planning and cooperation, leads the process for the introduction of electronic patient tracking system, in order to improve management of HIV patient care and treatment. The technical working group comprises, among other partners, USAID, CDC, University of California, San Francisco team (UCSF), Médecins Sans Frontières (MSF) and PEPFAR implementing partners.

The contribution with the different partners during this period allowed to identify and analyse the main areas of improvement following the testing exercise.

UNICEF provides support to the MOH at policy level and in creating an enabling environment, while the NGO CSE focuses in catalysing service delivery and linkages with communities.

1. Constraints and lessons learned

* The project is striving for the introduction of high quality, focused interventions with a significant impact. This report reflects the implementation of the first quarter following the signature of the program cooperation agreement (PCA – May 2017).
* The inception phase of the program took longer than expected, thus delaying the required technical assistance selection process. The experts, directly involved in supporting the MOH with the development of a functional and user-friendly application for the new electronic tracking of patients, are now on board.
* Some health workers who received training on the use of the new DREAM electronic tool, showed resistance since they will now have to use both systems (paper based and electronic).
* The implementation of community health mobilization was delayed due to the late approval from local authorities. This hampered implementation of interventions at community level, concentrating the interventions only at health facilities.
* The data analysis of lessons learnt to inform decision makers experienced some delays due to late start of program implementation.
* Effective coordination within MOH sectors continues to be a challenge to address evolving needs for leadership as the process to develop the tool evolves. The complexity and technical aspects related to this area are a hurdle, which needs the active support of partners.

# Future Work Plan/ Next Steps

Special focus will be given to the following activities:

* Conduct data analysis and documentation of lessons learnt drown from CSE database on PMTCT and paediatric ARV;
* Improve design of the eHealth prototype based on existing applications and functionalities that respond better to the national health information system.
* Provide support to quality PMTCT service delivery, including building capacity of health workers, expanding existing mentoring programmes, overseeing the expansion of the most recent policies and protocols, training curricula and tools on PMTCT and paediatric and adolescent ART.
* Continue supporting community awareness and involvement initiatives in a more structured way and measure their impact; implementation of differentiated care models such as the family approach, mother support groups and adolescent peer groups to reach out target patients and producing IEC materials on PMTCT, Paediatric Treatment as part of the communication strategy to improve retention and adherence to PMTCT and Paediatric ART treatment.
* Conduct the data analysis and documentation of lesson learned on PMTCT and paediatric HIV based on existing CSE data.

# Financial Implementation

Total programmable amount received to date is USD $ 767,497. Expenditures are of USD $ 391,601, leaving an unspent balance of USD $ 375,896.

|  |  |  |
| --- | --- | --- |
| Key intervention | Planned amount | Expenditure (USD) |
| MOH Test & Treat Guidelines implemented in seven (7) MOH HF reflect DREAM/Sant'Egidio good health service delivery practices (integrated, comprehensive, family centered approach). | 603,3600 | 205,664 |
| The National communication strategy to promote adherence and retention to PMTCT and HIV treatment for children implemented in seven (7) selected locations (2 in Maputo Province; 2 in Gaza Province: and 3, in Sofala Province) by the end of 2018 | 138,000 | 0 |
| The electronic-patient-interface currently used by DREAM/Sant'Egidio is adapted and adopted by MOH as a key component of the MOH electronic HIV patient monitoring system | 400,000 | 116,141.37 |
| Strategic information and lessons learnt from DREAM/Sant'Egidio' Monitoring systems inform subsequent scale-up of Test and Treat Strategy by the end of 2018 | 200,000 | 0 |
| Communications (Advocacy/ visibility) | 41,640 | 40,787.93 |
| Indirect costs (UNICEF NYHQ, 8%) | 112,000 | 29,007.48 |
| Total Funds | **1,500,000** | **391,601.01** |

# EXPRESSION OF THANKS

UNICEF, on behalf of the children and families in Mozambique, would like to thank the Italian Development Cooperation Agency for their contribution. These funds will allow the UNICEF Mozambique Country Office to continue delivering results around HIV prevention and treatment, especially in retention into care and treatment.

# Annex 1: Donor Report Feedback Form

**Name of Report:**

**Reference number:**

|  |
| --- |
| **SCORING: 5 indicates “highest level of satisfaction” while**  **0 indicates “complete dissatisfaction”.** |

**To what extent did the narrative content of the report conform to your reporting expectations?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5** |  | **4** |  | **3** |  | **2** |  | **1** |  | **0** |
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**If you have not been fully satisfied, could you please tell us what we could improve on next time?**

**To what extent did the fund utilization part of the report conform to your reporting expectations?**

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| **5** |  | **4** |  | **3** |  | **2** |  | **1** |  | **0** |
|  |  |  |  |  |  |  |  |  |  |  |

**If you have not been fully satisfied, could you please tell us what we could improve on next time?**

**What suggestions do you have for future reports?**

**Any other comments you would like to share with us?**