



HOPE Cabo Delgado

January to December of 2016

ADPP Mozambique

Submitted to:



Norway

1. The Project at a Glance

1	Name of the project	HOPE Cabo Delgado
2	Operation area	Mozambique, Cabo Delgado Province, Districts of Pemba City, Muidumbe and Mueda
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6	The project idea and who the project reaches	<p>Hope Cabo Delgado is an extension of the Hope Maputo project concept. The overall objective of the project is to expand activities of Community Counseling and Testing using the Index Case approach and contribute to a decrease in HIV infection rates in Pemba City, Muidumbe and Mueda districts in Cabo Delgado Province.</p> <p>The project is implemented using the family approach, which is based on identifying people vulnerable to HIV as well as other health symptoms based on HIV Index patients at the health facilities whose direct family members are visited in their homes and targeted with health education, HIV counselling & testing and other health issues. Patients tested for HIV are identified with other symptoms such as malaria and TB are referred to the government Health Facility and the counsellor follows up on these patients. Special attention is given to pregnant women and children as a vulnerable group.</p>
7	A brief history	<p>ADPP has been implementing HOPE in Mozambique since 1998, when ADPP started implementing a HOPE center in Beira. Since then ADPP has been implementing HOPE project in Maputo, reaching out to more than 2.3 million people, in order to reduce the risk of exposure to HIV and to mobilize all individuals and communities, in the fight against this epidemic. Over these years ADPP has gained extensive experience and expertise in working with individuals and communities to mobilize them for better health seeking behaviours around HIV. -This success made ADPP a choice partner for different partners like Ariel Glaser who satisfied with ADPP performance, negotiated an expansion of activities to Cabo Delgado.</p> <p>The project started in May 2016 and the first phase is planned for one year and was extended for another 3 years on a year by year contract. The project has also added elements on savings and income generation in an effort to further reduce vulnerabilities that sometimes trigger risk taking behaviors that lead to HIV infection.</p>

The Project Activities

1. Introduction

In collaboration with Ariel Glaser, ADPP initiated HOPE Cabo Delgado project in 3 districts of Pemba¹, Mueda and Muidumbe with high HIV prevalence in this province in May 2016. This was at the request of Ariel Glaser who had been satisfied by the work ADPP has been doing implementing a similar intervention in Maputo province and Maputo City. This HIV /AIDS community counselling and testing project seeks to expand community counselling and testing with a focus on HIV counselling and testing using the Index Case Approach for the evaluation of risks for families who consent to being contacted and tested. The approach is based on identifying people vulnerable for HIV as well other health symptoms **based on people already tested HIV positive** (Index case) at the health facilities. The direct family members of the Index case are visited in their homes and receive health education, HIV counselling & testing and other health screenings such as TB, Malaria, diabetes, malnutrition and are also screened for Gender Based Violence (GBV). The family members tested for HIV and or identified with other symptoms will be referred to the health facility and the project counsellors will follow up on these patients and motivate them to form a support group of three people called TRIOS².

The project also places an emphasis on the prevention of the transmission of the virus from the parent to the child. This is achieved through the identification, screening, referral and follow up of all pregnant women infected with HIV, children of women infected with HIV and other vulnerable children so that they may start prophylaxis or ART timely and prevent 80% of Mother to Child Transmission. For these women, access to life saving medicines is important for an AIDS free generation. For children it means that they will not be orphaned prematurely and for mothers, it is a relief as they will see their children growing up without being infected. In this phase, Field Officers will use mobile technology to improve patients' access, follow up and monitoring to ensure treatment adherence.

Due to high levels of TB / HIV co-infections in Mozambique, the project will intensify and actively trace for TB cases. HIV infection increases the likelihood of TB infections due to immune suppression and allows HIV to multiply rapidly, hence it is critical to minimize TB transmission by treating TB which unlike HIV is curable. In the words of Nelson Mandela, at the 2004 HIV /AIDS Conference in Bangkok, Thailand, "we cannot fight AIDS unless we do much more to fight TB as well". The project advances efforts to retain TB patients in clinical care and thus contribute to a reduction in TB related mortality.

¹ Pemba 13%, Mueda 15% and Muidumbe 8%

² TRIOS – support group composed of 1: person living with HIV; 2: Sponsor & 3: volunteer

2. Project activities

Coordination meeting with Ariel Glaser

To kick-start project activities, a series of meetings were held with Ariel Glaser Foundation and the following decisions taken: i) That the project will allocate a supervisor for each Health facility; ii) that in its initial phase, the project will work with a total of 105 counsellors (counsellors are the main pillars of this Community testing project, recruited and trained in the localities where the project is implemented). In subsequent meetings, this decision was revised after it was discovered that there were many HIV/AIDS interventions in Mueda. No counsellors were recruited therefore for Mueda. ADPP and Ariel Glaser agreed to reduce the number of counsellors to 75 (40 counsellors for the district of Pemba and 35 for Muidumbe). iii) Preparation for a meeting to introduce the project to the Provincial Health Department and the District Health, Women, Children and Social Welfare departments.

Presentation of the program to the Provincial Directorate of Health, District Health, Women and Social Services and health centers

The project leader in collaboration with Ariel Glaser leadership in Cabo Delgado, convened a meeting with the Provincial Directorate of Health and representatives from the district health, women, children and social welfare to present the project objectives and the operational strategy. This meeting was attended by the district Permanent Secretary, Muidumbe District Administrator and the Provincial Health Director. It aimed at re-affirming buy-in from all the local government authorities and get advice on the best mechanisms for project implementation. The project team shared information on the plans to recruit staff (counsellors) for the project and received helpful guidance on what to bear in mind during the recruitment process. The local government authorities offered to advertise the vacancies even in their bulletin boards.

Recruitment of candidates for counselors for Pemba district

Despite high economic growth rates in recent years, Mozambique remains among the world's poorest countries, with a gross national income (GNI) of approximately U.S.\$1,100 per capita per annum (PPP). Ranked near the bottom of the UN's Human Development Index, poverty is endemic in Mozambique. High unemployment rates, little investment in employment-generating industries, and low incomes associated with work in the informal sector create conditions of gross economic hardship. It is for this reason that when the project advertised the position of counsellors through Radio Moçambique and ADPP facilities in Pemba, there was an overwhelming response. 214 applications and Curriculum Vitae were received in Muidumbe and 150 applications from Pemba city. In co-ordination with Ariel Glaser, interviews were conducted and 36 people were successful in Muidumbe and 60 people were selected in Pemba for the position. The employment prospects even for very low paying job is a relief for unemployed youths and adults.

Initial training of counselors

Training is essential for all HIV testing and counselling staff members to equip them with technical capacity to provide HIV testing and counselling across the disease continuum; equip them with counselling strategies that may help reduce HIV transmission. Successful candidates participated in a 5 days HIV testing and counsellors training at Hotel Rafael from the 11th to the 16th of July. The training aimed to orient them on the work they would be conducting on the ground and equip them with skills to undertake their roles including supporting their clients on adherence to HIV treatment and care; reduce psychological morbidity associated with HIV and improve the quality of life of people living with HIV. This included training on conducting counselling, pre-test counselling / pre-test education or information, post-test counselling and on-going counselling. They also covered topics like algorithms, CD4, viral load, quality blood sampling, discordant couples, ethics like need for confidentiality and professional conduct. They also had an opportunity to try out these skills as part of the training to give them practical experience of their work. The training and discussions will continue throughout the project life cycle to strengthen counsellors' perception and knowledge regarding HIV/AIDS, health, Gender Based Violence, TB and ensure that they have up to date information and skills for conducting HIV and other health education in the communities.

Additionally, in July and September, the project leader participated in a training offered by the Ariel Foundation on the use of the electronic platform for data collection (Info-mobile). The training took place in Maputo and was attended by several other Ariel Glaser implementing partners.

Conducting internships in the Health Facilities

Client satisfaction and consequent positive changes in behaviour are the two major outcomes that can be expected from a successful voluntary counselling and testing session. It was therefore imperative that the counsellors undertook an internship to practice the skills learnt during the training. As a result, after the training, the counselors were distributed to different health facilities in the two districts. A supervisor monitored and evaluated each candidate in each health unit, in coordination with more experienced counselors and health professionals using agreed criteria.

Selection of candidates and signing of contracts

Of the 60 candidates trained in Pemba, 41 were selected for the counsellor position. In Muidumbe, of the 35 candidates trained, 27 were selected as counsellors. All 68 signed their contracts on the 1st of August 2016, at the project office in Cabo Delgado. They received induction into ADPP vision and mission, organigram, internal regulations on human resources, finance and project management, the code of conduct, child protection and vulnerable people protection to ensure they had a good understanding of ADPP culture and ways of working. In addition, they were taken through their job descriptions to enable them to understand their roles and responsibilities and their contribution to the ADPP mission.

Presentation of the program in the community and allocation of counselors in different communities

Community participation is an important element in the implementation of development project as it enables relationships and trust to be built and strengthened over time. For this reason, the Project Leader and supervisors organized meetings to present the project to community local structures (local and religious leaders). This involved explaining the project goals, objectives and the role the community leadership and community members would play to contribute to the success of the project. Presenting the project to the leadership allowed them to be informed, ask questions and get actively involved in project implementation. This resulted in the mapping of neighborhoods for project implementation. 3 Supervisors, 24 counsellors and 1 Data Capturer were allocated for Cariacó Township; 2 Supervisors, 16 Counsellors and a Data Capturer were allocated for Natite community. To achieve efficiencies and effectiveness, the project organized them in groupings of 8 counsellors with 1 supervisor. The feedback is that this approach enables counsellors to access their peer support rapidly when a need arise. They also benefit from peer to peer review to improve their performance and deliver quality HIV / AIDS and health services.

Coordination meeting with Ariel Glaser

In 2016, 4 coordination meetings were held with Ariel Glaser employees assigned to the Health Units who work with ADPP project staff on Info-mobile. The first meeting was used for introduction formalities for Ariel Glaser and the project staff. The two parties agreed to hold weekly planning, reporting and coordination meetings. During subsequent meetings, the two teams reviewed activities carried out. They shared ideas and strategies on overcoming challenges encountered during implementation.

The Counselors held 4 meetings attended by 42 counselors, 10 supervisors and 2 HOPE coordinators. The meetings were aimed at presenting and evaluating the monthly report by each health unit, as well as for exchanging experience and information between the directors and project teams. At some of the meetings, simulations on counseling and testing were carried and meeting participants were invited to provide feedback as a way to strengthen the quality and improve counseling and testing skills of the counsellors.

The project leader and supervisors also held 3 meetings with Anti-Retroviral Treatment (ART) Committee. The meeting allowed them to discuss the goals achieved on the follow up and active tracing of patients who abandon treatment. Some factors contributing to the abandonment discussed included: shortage of ARV treatment, lack of transport to go to the health facilities to collect treatment, side effects, lack of food and poor reception by the health professions. Recommendations tabled were: the need to continue to mobilize and raise awareness on the importance of treatment adherence; the possibility to involve Kharibu Association activists to help with psycho-social support.

Public education through talks in health units in Pemba and Muidumbe District

It is estimated that about 80% of sexually active Mozambicans are not yet HIV positive. It is therefore vital that all of us as citizens do everything we can to prevent new infections or reinfections. Education and awareness campaigns, condom distribution and testing are important ways to prevent the spread of HIV and AIDS. In Pemba city, 76 talks were delivered in 6 health units, with participation of about 5,776 community members. In Muidumbe 10 talks were held in 4 health units with participation from 362 community members. As part of raising the awareness and mobilize people, the talks shared important information such as: basic facts about HIV / AIDS, importance of testing for HIV for one to know one's status, how HIV and AIDS is spread and what can be done to protect oneself; the dangers of unprotected sex, and the responsibility to protect self and one's partner; talks on stigma surrounding HIV and AIDS and need for open, good communication and compassion. Advantages of taking ART once one tests positive for HIV and the benefits of adhering to ART were presented; prevention of malaria and TB were addressed. The talks were well received and allowed the participants to gain more information on the subjects. As an example, one of the participants said that she was happy with the debate because she learned that a human being can live positively with HIV if he / she comply with the recommendations given at the health units.

Mobilizing more people for testing and bringing people back to treatment in the city of Pemba

In October, the counsellors worked intensively tracing the Index Case patients and patients who had abandoned their treatment. Using lists obtained from Focal points at the health facilities, the counsellors called up the Index case patients to obtain their consent to visit their homes and conduct voluntary counselling and testing of their direct family members. In addition the counsellors actively traced the patients abandoning their treatment, whom they counselled and encouraged to resume treatment with promising levels of success. Success in tracing these people living with HIV was made possible through support from, contacts with the patients' confidantes, community leaders and township secretaries who provided physical addresses, next of kin or contact details.

Counseling and testing in the Health Units

HIV Counselling and Testing (HCT) has proven to be one of the most important cost-effective tool to prevent and control HIV/AIDS globally. During this reporting period, **8,735** direct family members of the index case were counseled and tested for HIV and **493** people tested positive for HIV while **8,242** tested negative. People that that tested positive received counseling on Anti-Retroviral Treatment (ART), dosage of the medication and the side effects that could result, as well as consequences of poor adherence to medication. Testing was done according to the accepted algorithm at

national level, thus guaranteeing correct results. The table below presents testing results per each health facility.

Testing results at each health facility

Health Units	Total number of people tested	Positive	Negative
Muxara	99	14	85
Mahate	138	12	126
Ed. Mondlane	1301	51	1250
Cimento	1887	84	1803
Natite	1777	67	1710
Cariaco	1443	99	1344
Ingonane	808	57	751
Paquite	624	30	594
Namacande	44	5	39
Ntshinga	17	1	16
Mambula	106	18	88
Mitede	150	10	140
Muatide	341	45	296
Total	8.735	493	8.242

Table 1: Results of testing at each health facility, source: monthly project reports

The Effects of the Project

- During this reporting period, the project recorded a promising number of people getting tested as a result of the information and education sessions carried out by the counsellors in these target communities. HIV Counselling and Testing is attributed for motivating people to adopt safe sexual behaviors and encouraging those with high-risk behavior to know their HIV status, thus helping to break the chain of transmission of the infection. HIV Counselling and Testing has proved to be a key entry point to care and support services for people living with HIV/AIDS (PLHIV such as: access to interventions to reduce mother-to-child transmission (MTCT) of HIV; interventions to prevent opportunistic infections (e.g. tuberculosis preventive therapy and prophylaxis for other infections); as well as other medical and supportive services that can help them to live longer and healthier lives. Though it is still early days, the project team believes that this will enable People Living with HIV in these communities to better plan for their and their dependents' future; play a big role in lessening the stigma attached to the disease and the discrimination they have to face in the community. HCT's holistic approach is making strides in addressing HIV in the broader context of people's lives, including the context of poverty and its relationship with risky practices. For example, the counsellors providing the counselling and testing services are employed bringing development in the province where many young people are unemployed.
- With the coming of the HOPE project, there was a large reduction in cases of dropouts and abandonment of ART due to defaulter tracing conducted by counselors on a daily basis. Many patients who had dropped out of ART treatment have been persuaded to return to the health units to resume their treatment. ADPP success with defaulter tracing is linked to work done in mobilizing people for testing. Often the person that has stopped treatment is either someone tested by the project or referred to treatment], or related to someone the project would have tested. They already know the team and trust them. Due to these relationship of trust built, when the counsellors' talk they are listened to and believed especially when they say that returning to treatment is important.

Attachment 1: The Project in Numbers

TCE Community Testing Cabo Delgado	Goals and Achievements		
	Goal for year 2016 ³	Achieved	Variance
People at the project			
1.1 Project Coordinator	1	1	0
1.2 Assistant Project Coordinator	0	1	1
1.3 Supervisors	11	10	-1
1.4 Counselors	105	75	-30
1.5 Administrator	0	0	0
1.6 Data Collector	0	0	0
Health Services			
2.1 VCT services provided to the communities 86.744 persons reached with VCT services	86.744	0	-86.744
2.2 Health screenings performed for Malaria, TB and other Health issues 86.744 persons screened	86.744	0	-86.744
2.3 All HIV + cases identified referred to Health Facilities 7.806 persons referred to Health Facilities 100% of cases HIV + identified integrated in care and treatment	7.806	0	-7.806
2.4 All HIV + cases followed up by the counselors 29.492 persons to be visited 5 times = 147.460 accumulated visits	29.492	0	-29.492
2.5 HIV + cases targeted with support visits by Health Facility staff			
Project Beneficiaries			
3.1 Index case received from Health Facility	0	101	101
3.2 Index Case Patients reached	0	57	57
3.3 Index cases not found	0	31	31
3.4 Index cases House hold reached but not found	0	13	13
3.5 Index case referred	0	11	11
3.6 Referred and reach health facility	0	11	11
3.7 Young people involved in HOPE activities	0	0	11

³ The project is reporting from May to December as it only started operating in May

Defaulters			
4.1 Number of defaulters received	0	105	105
4.2 Number of defaulters reached	0	47	47
4.3 Number of defaulters not found	0	66	66
4.4 Number of defaulters House hold found but not reached	0	23	23
4.5 Defaulters referred to HF	0	22	22
4.6 Defaulters reached HF	0	15	15

Comments:

1.3 The project was able to recruit 10 supervisors out of the 11 that had been planned due to lack of qualified people in this area. So far this did not have a negative impact on the achievement of targets. The project continues in its efforts to secure the 11th supervisor with support from other like-minded organisations and local government partners.

1.4 The project recruited 75 105 lay counsellors instead of the 105 that were planned for the three districts Pemba, Muidumbe and Mueda. Once on the ground the project realised that Mueda district was well covered with HIV /AIDS program interventions from other partners, so to avoid duplication, priority was given to Pemba and Muidumbe.

2.1, 2.2, 2.3, and 2.4 The project did not achieve targets due to the following:

- There were delays in project start date to allow for adequate time for proper negotiations and logistics with the funding partner
- HIV / AIDS counselling and testing requires counsellors with the right attitudes, skills and personality. The project had to follow national labor laws in recruitment of counsellors. After recruitment they had to undergo training to equip them with the appropriate skills. In addition, to qualify for the position they had to undergo an internship after which they were evaluated to assess whether they qualified for the position and this is a 2 months process thus contributing to non-achievement of targets as they could not start work before they were ready and certified by the partner and government. They had a month or so to conduct the testing in the health facilities as part of their internship.
- Due to insufficient HIV testing kits in the health units, Pemba district counselors are not yet working with the testing package

Attachment 2: Photos from the project



Counselors together with the supervisors doing mapping of the field.



Supervisors and the coordinators of Hope in a meeting planning and discussing strategies of their day to day work



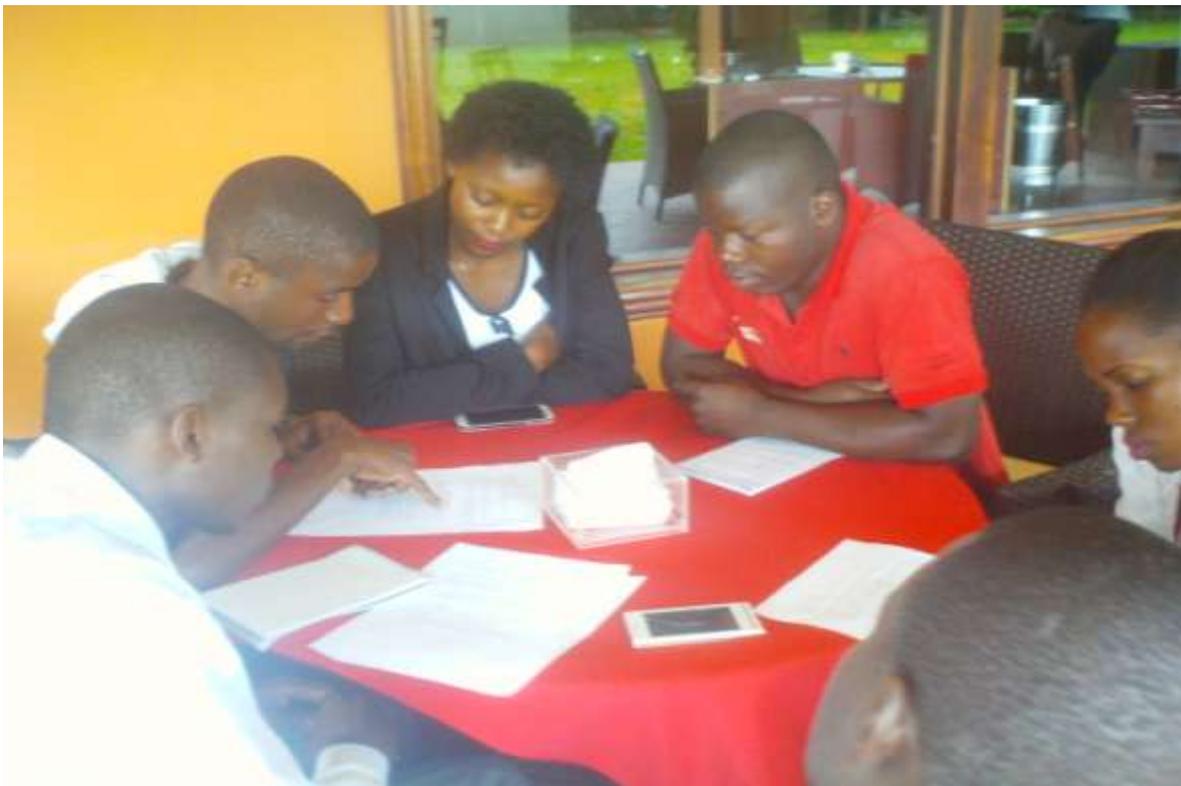
Counselors together with one of the local leaders, (1st person standing from the right)



Counselors doing a dynamic exercise before the talk shows in Hospitals in the district of Pemba



One of the facilitators Dr Mabote explaining about Home based Testing



Candidates doing group work during the initial training