

UNICEF'S LESSONS LEARNED FOR HIV PROGRAMMING:

2013 FLOODS IN GAZA PROVINCE, MOZAMBIQUE



Photo: Children playing at the Chidqelane Camp in Gaza Province. © UNICEF/MOZA2013-00043/Naysan Sahba

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OVERVIEW

In January 2013, Gaza Province, Mozambique experienced severe flooding. Although this area is prone to annual flooding, the 2013 floods caused large-scale destruction and displacement.

The total number of people affected by the flood is estimated at 150,000 (87,500 women; 67,500 men; 29,500 children under five).¹ Many health facilities were affected and patient records and supplies, including ARV drugs, were damaged or destroyed. Approximately 13,000 people living with HIV (PLHIV) were put at risk of losing access to HIV treatment.

Despite the high HIV prevalence in Gaza Province, HIV was not accounted for in the initial emergency response and assessments. This oversight affected treatment continuity and other services for PLHIV. Continued access to HIV treatment and services is critical to preventing new infections and drug resistance. As the number of PLHIV enrolled in lifelong treatment is scaled up, it is even more critical that HIV is not overlooked in humanitarian response.

¹ WFP Situation Report



Chokwe in Gaza Province was devastated by the flooding of the Limpopo River. Here some possessions remain in the mud after most of the town's inhabitants were relocated. © UNICEF/MOZA2013-00064/Naysan Sahba

OBJECTIVE

This report reviews how the 2013 floods impacted HIV programming in Mozambique, takes stock of the HIV response, and identifies lessons learned for UNICEF. It also seeks to highlight areas where adjustments to programming can be made to improve future HIV response for children, pregnant women and adolescents in other emergency situations. The information included in this document was drawn from reports drafted by UNICEF and partner organizations, and first-hand accounts from UNICEF staff.

The document is organized around the following three Core Commitments for Children (CCC), which guide UNICEF's response during a crisis:

CCC1: Children, young people and women have access to information regarding HIV and AIDS prevention, care and treatment.

CCC2: Children, young people and women have access to HIV and AIDS prevention, care and treatment.

CCC3: HIV and AIDS prevention, care and treatment services for children, young people and women are continued.

When possible, UNICEF also strives to ensure that pregnant women and children are initiated into services, including HIV services, in the wake of a crisis.

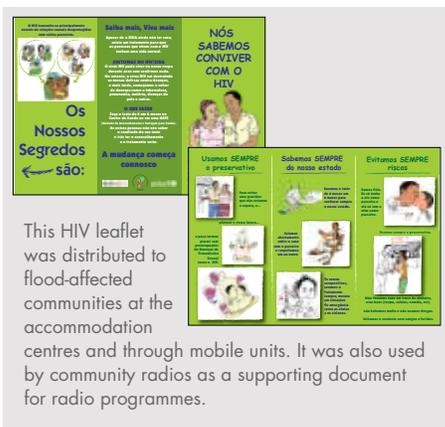
SITUATION AT-A-GLANCE

- Gaza Province has the highest HIV prevalence in Mozambique, at 25.1%. Among young people (age 15-24 years), prevalence is 19% among females and 3% among males.
- Pre-emergency, an estimated 13,000 PLHIV were on ART in the flood-affected areas— of whom 6,500 (including 700 children) were registered in Carmelo Health Facility in Chokwe.
- The PMTCT regimen available at the time of the flooding was Option A (B+ is currently being rolled out in a phased approach).
- The province has approximately 1,200 PMTCT facilities—of which only one-third also provided paediatric HIV treatment. As of 2013, all ART sites provide paediatric treatment services.
- At the time of the floods no preparedness plan was in place and PLHIV did not have specific instructions about what to do in the event of an emergency.

STRENGTHS

- **C4D Interventions:** Communication for development (C4D) interventions included both community outreach and camp-based activities. These activities focused on information about where to find health services, preventing and responding to violence, family tracing, reunification and psychosocial support to vulnerable households.
- **Mobile units:** Two UNICEF-supported multimedia mobile units² were dispatched to

the flood-affected communities. The units were already operating in the province pre-emergency, which made it easy to quickly redirect them to flood-affected



This HIV leaflet was distributed to flood-affected communities at the accommodation centres and through mobile units. It was also used by community radios as a supporting document for radio programmes.

communities. Each unit was equipped with a video projector, giant screen, radio, tent, and educational materials. The mobile multimedia units broadcasted pre-produced presentations and films on a variety of topics, including HIV prevention and treatment, reducing behaviours that may lead to HIV infection and reducing violence. The films were available in local languages and incorporated local interviews and images. The mobile unit also broadcasted announcements such as the hours of operation of the health tent, information about evening

2 UNICEF has supported a multimedia mobile unit programme in Mozambique since the late 1980s. The mobile unit team includes a community mobilizer, a debate facilitator, a videographer and a van driver.

recreational sessions and the names of lost children to assist in family reunification. The multimedia units were accompanied by a mobile clinic with medical supplies (including HIV tests) staffed by NGO health care workers. The mobile clinic provided services such as free voluntary HIV counselling and testing and condom distribution.

- **Community activists:** In the first days following the floods approximately 100 community activists who worked in the area prior to the flooding were quickly mobilized to support the Ministry of Health (MOH).³ They helped to distribute information and supplies including health and nutrition leaflets,⁴ condoms, and water treatment kits. Activists also identified vulnerable households and provided pregnant women and PLHIV with information about where to go for services. In the second phase⁵ of the emergency, UNICEF partner Dolours Sans Frontières (DSF), in collaboration with local partners, tracked PLHIV and conducted home visits to offer psychosocial support and provide referral to services.

- **Radio:** Radio spots were an effective way to reach flood-affected communities with information about HIV. Radio



Schoolchildren in Maganja da Costa prepare and record a program for local radio as part of a Child-to-Child activity promoted by UNICEF. © UNICEF/MOZA2012-00252/Chris Steele-Perkins/Magnum Photos

3 UNICEF and the district level MOH identified activists through megaphone broadcasts in the community.

4 The UNICEF C4D team reported distributing over 50,000 leaflets on nutrition, HIV, malaria and diarrhoea prevention.

5 In this scenario, the first phase of the emergency was weeks 1-3 and the second phase began after 3 weeks.

Mozambique broadcasted spots on HIV-related topics such as stigma, discrimination, multiple concurrent partnerships, testing and condom use. For adolescents, UNICEF supported the production of junior-to-junior radio programmes, which included peer-developed programmes.⁶

- **Child-friendly spaces and services:** Save the Children established child-friendly spaces in the camps. UNICEF supported DSF to organize services linked to these child-friendly spaces, such as psychological support sessions for children who were affected by the emergency. DSF also organized sports and other



Health promoters use mobile units equipped with megaphones to promote essential health and hygiene messages to flood-affected communities. © UNICEF/MOZA2013-00046/Naysan Sahb

recreational activities in a safe environment. UNICEF distributed Family Kits⁷ to vulnerable households (including HIV-affected households), torches to women and girls and recreational kits to children.⁸

- **Preventing violence:** Some cases of attempted abuse while collecting water or food were reported. Efforts to reduce violence—specifically sexual abuse—in the camps included circulating violence prevention messages.⁹ The shelter cluster provided

6 UNICEF supports the Participatory Child Rights Media Network, which ensures that more than 1,500 children and junior youth in more than 50 community radio and TV stations produce and broadcast weekly programs across the country.

7 Family kits contain basic household utensils including, four soaps (500 g), one cooking pot (30 cm), four plastic dishes, four plastic bowls, four plastic cups, one plastic bucket (20 liters), four spoons, four blankets, four sleeping mats and two capulanas (sarongs). A vulnerability criteria was developed and used for distribution, which prioritized child-headed households, elderly headed households and households headed by disabled people.

8 Recreational kits include footballs, volleyballs, volleyball net, air pumps and a jump rope.

9 The violence prevention messages focused on communicating information to help mitigate the risk or reduce exposure to possible acts of violence and/or abuse. The aim was to raise awareness about situations that could pose a specific threat to wellbeing and provide information on the support services available in the accommodation centre.

support to ensure that the accommodation centre's facilities (e.g. toilets) were within a reasonable distance. The shelter cluster also promoted raising awareness of gender-based violence (GBV), response services for victims of violence and a code of conduct for humanitarian workers.

- **Information, Education, Communication (IEC) Materials:** During the emergency UNICEF distributed a leaflet developed in 2009 to community activists

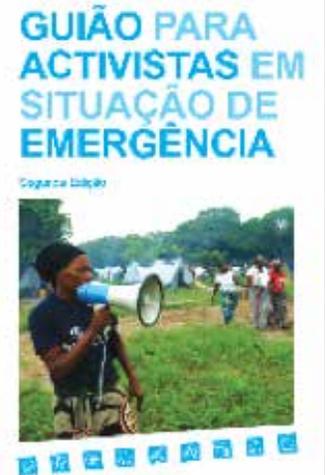
with information about HIV, violence and malaria prevention, hygiene and sanitation promotion. Following the emergency, the leaflet was revised to include additional content on exclusive breastfeeding and nutrition for PLHIV and 10,000 copies were printed with funding from the Belgian Government for future emergencies.

- **Megaphones** were very effective in broadcasting messages to the communities, especially in low literacy populations.
- **Condom distribution:** UNICEF mobile units distributed condoms in the accommodation centres and affected communities.¹⁰

CHALLENGES

- **Roles and Responsibilities:** Because HIV was not included in contingency planning,

10 UNFPA was responsible for procuring and distributing condoms



During the emergency UNICEF distributed a leaflet to community activists with information about HIV, violence and malaria prevention, hygiene and sanitation promotion. The cover photo features an activist in Chiaquelane camp inviting the community to participate in an awareness session on hygiene promotion.

there was initially a great deal of confusion between partner organizations about roles and responsibilities. The National AIDS Commission (NAC) was slow to react to the emergency, and some partners were unable to provide support during the emergency because it was not in their workplan.

- **Monitoring** prevention activities was weak due to lack of human resources.
- **Adolescent-specific services:** Few services were offered specifically for adolescents—for example, the child-friendly spaces did not include an adolescent-specific component.
- **Prevention of violence:** Camps could have been better organized to protect girls and women from sexual violence. For example, little attention was given to providing adequate lighting.
- **Lack of materials in local languages:** IEC materials and radio broadcasts were not available in local languages. IEC booklets lacked information on nutrition (the revised version, printed following the emergency, was updated with nutrition information). There was not enough megaphones for all community outreach workers. More megaphones were purchased following the emergency and

stocked in a warehouse for future use.

- **Mobile units:** In the early days of the emergency, the mobile units lacked sufficient supplies for the staff. For example, the team had to sleep at the

camp without tents and sleeping bags. A third mobile multimedia unit would have been useful to enable greater reach.

RECOMMENDATIONS AND NEXT STEPS

- **Support risk informed programming:** To ensure emergency preparedness, more advocacy is needed to encourage partners to incorporate risk into future programming.
- **Focus on adolescents:** Developing a package of adolescent specific services and establishing adolescent peer-to-peer counselling for HIV prevention is a necessary part of risk-informed programming. Partners should work with NGOs and youth coalitions to plan for these activities.
- **The NAC should engage with the health cluster** to ensure a more rapid response.
- **Strengthen capacity of partners:** Two follow-up trainings in Gaza and Zambazia included sessions on mainstreaming HIV in provincial plans. As a result key staff from government institutions and NGOs are more familiar with contingency planning and what to do for HIV at the onset of an emergency.
- **Support innovation:** Explore the feasibility of using SMS in emergency situations. UNICEF is adapting the UNICEF Zambia experience with UReport¹¹ and customize the platform to provide adolescent-to-adolescent counselling for HIV testing and prevention via SMS, in partnership with UNFPA and the youth association, Coalizao. The project will be pilot tested in 2014.



A health promotion coordinator in Chiaquelane accommodation center reviews IEC materials on HIV and malaria prevention, nutrition and hygiene promotion. © UNICEF Mozambique/2013/Sani

¹¹ Zambia U-Report is an innovative, youth-friendly SMS platform that provides real-time interactive counseling and education on HIV and STIs. The platform supports demand creation for high impact HIV services, and captures real time feedback on topics such as availability, barriers, and quality of services.

STRENGTHS

- **Temporary health clinics:** UNICEF set up six large tents for use as temporary health clinics. This helped the local health centre provide care and treatment for chronic diseases including HIV and AIDS.
- **Nutritional support** was offered to patients receiving ART at the community health centre and camps.
- **HIV testing and counselling** services were set up close to recreation areas in an effort to increase the number of adolescents using the services.

CHALLENGES

- **Stockouts:** Accommodation centres in Chiaquelane and Macie experienced stockouts of HIV tests, confirmatory tests, drugs for treating opportunistic infections, and ARVs (including those for PMTCT). This affected access to testing and treatment initiation.
- **Early Infant Diagnosis (EID) Services:** Theoretically EID services were in place, however initial efforts focused on treatment continuity and tracing defaulters rather than treatment initiation. In the wake of the crisis, service providers were too overwhelmed to provide EID and initiation of children and adults in treatment programs was not seen as a priority (pregnant women were the exception).
- **Lack of reliable data:** Acquiring data on the numbers of pregnant women and children who were on ARV treatment at the time of the floods was

Programme Lesson: Modify Existing Contracts to Quickly Expand Services in Emergencies

At the time of the 2013 floods, UNICEF had a Programme Cooperation Agreement (PCA) with Dolours Sans Frontières (DSF). When the floods occurred, UNICEF was able to extend the PCA to allow DSF to quickly expand and scale up HIV services for an additional three months. The extended project facilitated access to health care services to patients living with HIV or suffering from chronic illnesses at Chiaquelane camp, carried out identification of vulnerable children in the communities of the displaced population, and established a continuum of services for families affected with a focus on children and pregnant women.

a challenge. Monthly reports were unavailable and the 2012 data were not yet available. Data on the number of people on treatment was initially accessible through a national online database, but the database had been discontinued in 2012 due to inconsistencies with data reported by pharmacies. This resulted in no formal sharing of data and information among partners.

- **Some health services overcrowded, others not accessed:** People did not seek ANC and PMTCT services in the first two weeks following the flood as their priorities were focused on shelter, food, and treating the very sick. Pregnant women in the camps only sought services if they were sick or in labour. The health facility in Chilaquelane reinstated PMTCT services two weeks following the floods, but demand for



At the Chiaquelane Medical Tent, the wait for medical attention is long in the heat. Most are here for diarrhoea, respiratory infections, or malaria. © UNICEF/MOZA2013-00051/Naysan Sahba

services was high, resulting in overcrowding. Interagency assessments attempted to estimate facility burden before and after the floods, but calculating these estimates proved challenging.

- **Nutrition and HIV services were not integrated or streamlined.** Referral for treatment of children with Severe Acute Malnutrition (SAM) who tested positive for HIV was a challenge. Additionally, checking weight gain in exposed/infected children was often neglected.
- **Camps had limited availability of PEP** during the initial period of the response as well as lack of information on where to access PEP. As response services were scaled up, PEP was made available at the emergency health centre. The main constraint was the lack of space to provide confidential counselling in the tents due to the large volume of patients seeking services.

RECOMMENDATIONS AND NEXT STEPS

- **Monthly estimates** of people on treatment are critical for preparedness. Moving forward, districts will send data to the province on a monthly basis. The monthly updates will improve the use of data and aid in the planning of treatment continuation in the wake of a crisis.
- **Further explore issue of nutrition as an entry point to HIV treatment** (in both emergency and non-emergency settings). Routine testing of children with SAM and providing referral and verification for initiation of treatment for those testing positive can help to integrate and streamline services.
- **Conduct interviews** with pregnant women to determine why they were not accessing ANC services. Based on responses, consider ways to address these issues as part of preparedness.
- **Recommend reorganization of drugs,** better preparedness of staff, more community mobilization and health promotion.

STRENGTHS

- **Defaulter tracing:** As people were settling into camps, community groups conducted campaigns to get people back on treatment. In collaboration with DSF, community activists and mother support groups were used to trace treatment defaulters in Chiaquelane. This took place three weeks to a month after the flooding.
- **Innovation:** Health care workers devised a system to enable patients to recognize the type of treatment they were on by showing patients the different types of pills.

CHALLENGES

- **Supply of ART:** Patients are ideally given a three-month supply of drugs, which can ensure that they have a supply on hand in case of an emergency. In reality, stock shortages and stockouts often prevent patients from receiving a three-month supply. Patients who run out of drugs in the wake of a crisis risk treatment interruptions if they are not able to easily find a resupply.
- **Treatment services and records.** Most patients needed treatment refills within one month. Those who were relocated had to find a new treatment site or pay for transport to reach their usual facility. In addition, many had lost their treatment cards in the flooding. There was no formal protocol for re-establishing access to treatment when patients lose documentation, however some health care workers used innovative methods (e.g. showing patients

the different types of pills to determine which treatment they were on). No data is available on the impact of treatment interruptions.

- **Delay in re-establishing support groups:** It took time to re-establish mother support groups following the floods. This could have been better addressed by tracking patients previously on treatment and immediately reconnecting support groups.
- **Low awareness of 2010 WHO guidelines on infant feeding in the context of HIV.** Knowledge among health workers of the most recent guidelines on infant feeding in the context of HIV was low. There was also a lack of awareness of guidance among social action workers and health workers on the distribution of milk powder in emergencies.

RECOMMENDATIONS AND NEXT STEPS

- **Use 80-90% as a target** for continuation of PMTCT and paediatric ART during an emergency.
- **Engage in discussion at national level** for what to do when people lose their treatment records and come to facilities without treatment information. There should be a protocol to re-establish treatment immediately, even for patients without treatment cards.
- **Ensure that drugs are stored** in a safe place out of the flood plain. Clarify procedures to follow regarding disposal of medications that were damaged in the flooding.

CCC3

- **Strengthen the use of radio, TV and mobile phone** technologies for preparation, warning, and support during an emergency. Disaster risk reduction (DRR) and HIV trainings have been planned for 2014 to build the capacity of media producers, especially at local levels. Three new modules are being produced for community radios and will be distributed in 2014. The modules include integrating PMTCT, adherence to HIV treatment and life skills education and psychosocial support to adolescents living with HIV.
- **Integrate mechanisms for continuation of mother support groups** in the wake of a crisis.

For example, develop mechanisms within regular programming to track patients and deliver appropriate messages.

- **Determine feasibility of providing advance supply of ARTs** before the rainy season starts to prevent treatment disruption. Barriers include stocks-outs, but UNICEF can provide advocacy and technical assistance to determine the best solutions.
- **Provide technical updates on infant feeding:** A leaflet for health workers was developed and shared with all provinces in 2013, and in the context of the preparation for the 2014 floods season.

GENERAL RECOMMENDATIONS

- More advocacy is needed to raise the profile of HIV in emergency situations. UNICEF should increase its focus on preparedness and integrating emergencies into development programmes. This can help ensure that a plan is in place in the event of a crisis. UNICEF should also help NGOs advocate for a budget line for emergencies in grants.
- More advocacy at the central level is needed to develop recommendations for giving patients advance supplies of ARVs, especially during flooding season.
- To put HIV more firmly on the programme agenda, include HIV in the initial needs assessment and in Central Emergency Response Fund (CERF) appeals as a sub-component of health.
- Prepare for future crises by developing a coordination forum for HIV and creating a simulation exercise with a focus on HIV.
- Identify how to support community workers who lose homes and possessions in the floods. Train community workers in emergency preparedness so that they can be mobilized more quickly.
- Convene policy discussions with the Ministry of Health to develop guidance on providing Option B+ HIV treatment regimen (test and treat) in the context of emergency situations.
- Utilize contingency plans developed following the 2013 floods as part of preparedness planning for future emergencies.

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