



ANNUAL REPORT


2025

Maputo - Mozambique





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WHO WE ARE

C-Saúde is a Mozambican non-profit organization with the mission of supporting the Government of Mozambique, partners, and civil society in the design and implementation of evidence-based public health programs. The organization specializes in the development and management of Health Information Systems and in providing technical and clinical support in public health. In parallel, C-Saúde produces and disseminates scientific knowledge based on empirical evidence generated through its field experience.

VISION

Empowered communities using high-quality health services.

MISSION

To support the Government of Mozambique, partners, and civil society in the design and implementation of evidence-based public health programs.

MESSAGE FROM THE GENERAL DIRECTOR

The year 2025 marked a period of adaptation for C-Saúde, shaped by profound transformations in its operating environment. Nevertheless, these changes did not divert the organization from its core purpose: supporting the delivery of quality public health services, reaching hundreds of thousands of Mozambicans.

The year was characterized by significant changes in Mozambique and globally. Domestically, political, social, and economic challenges led to conflicts that, at the beginning of the year, paralysed a considerable part of the country. At the same time, global shifts continued to significantly influence the global health sector.

Despite this context of uncertainty and change, C-Saúde remained committed to supporting the public health sector. In Zambézia Province, this support contributed to saving countless lives, through the dedication of thousands of volunteers and lay counsellors, and through close collaboration with district and provincial health authorities, community-based organizations, and faith-based organizations.

In parallel, we adjusted our programs in anticipation of a future with reduced external funding. We transferred the management of more than half of our sub-agreements with district health authorities to the Government. In the area of Health Information Systems, we moved away from parallel system development and joined efforts with the Ministry of Health to contribute to the creation of an integrated, disease-agnostic system.

In a world where divisions are increasing, C-Saúde chooses to collaborate with those who strive not only to survive, but to drive positive change in Mozambique's public health sector. True to our mission, we remain focused, we innovate, and we move forward.

Themós Ntasis
C-Saúde's General Director



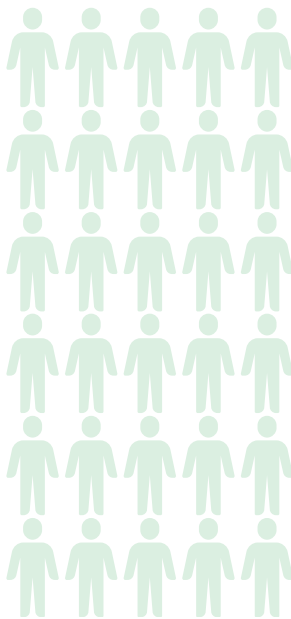
2025 HIGHLIGHTS

HEALTH INFORMATION SYSTEMS:

- 674 health facilities in 11 provinces used the Electronic Patient Tracking System (SESP) developed and maintained by C-Saúde
- 376 pharmacies in 11 provinces used the Intelligent Dispensing of Medicines system (iDMED), developed and maintained by C-Saúde
- 625 health facilities established interoperability between SESP and the laboratory system
- 19 developers and business analysts supported the Ministry of Health (MISAU) in developing the new Health Information System – Electronic Medical Record (SIS-RME)

PUBLIC HEALTH SERVICES:

149 health facilities in Zambézia Province are being supported by C-Saúde. This support contributed to:



- > 1.7 million people tested for HIV
- > 36 thousand people tested received a positive HIV diagnosis (and thus were able to receive the necessary follow-up)
- > 20 thousand HIV-exposed children received the 1st DNA PCR test for HIV up to 9 months of age, with an average positivity of 1.9%
- > 75 thousand people initiated preventive prophylaxis for HIV (PrEP)
- 385 thousand people active on antiretroviral treatment
- > 75 thousand women of reproductive age were screened for cervical cancer
- 95% of people on antiretroviral treatment had suppressed viral load (<1000 copies/ml)
- > 11 thousand people diagnosed with tuberculosis

EVIDENCE:

- Three scientific articles published in specialized journals such as AIDS Research and Human Retroviruses and Studies in Health Technology & Informatics.
- Nine presentations at conferences, such as AIDS 2025, in Rwanda, and the National Health Conference in Maputo, Mozambique.

Articles available at:

<https://csaude.org.mz/publications/> and <https://csaude.org.mz/evaluations-documents/>

1. HIV - Prevention



The provision of Pre-Exposure Prophylaxis (PrEP) was strengthened throughout the year, with **75,614 people initiating PrEP** in health facilities supported by C-Saúde in Zambézia.

These health facilities attended **19,957 survivors of violence**, being equipped and having staff trained to respond to situations of sexual, physical and emotional violence, ensuring the operationalization of care pathways for victims across different services.

How we supported:

- 441 C-Saúde counselors supported to counsel and test clients in health facilities and in communities.
- The team of District Prevention Officers strengthened adherence to national guidelines through mentoring and on-the-job training in HIV Testing and Counseling, PrEP and violence.
- Expansion of PrEP services to the 149 supported health facilities by March 2025, in addition to strengthening weekly monitoring of stock of rapid tests and HIV self-tests, and coordination with MISAU.
- Mini data quality assessments to ensure consistency between registers, test consumption and reports.

In 2025, **1,726,303 people tested for HIV** in health facilities supported by C-Saúde in Zambézia; 36,423 of these people received a positive diagnosis.

Testing strategies and approaches were diversified, including 151,195 contacts of people living with HIV tested and 55,343 HIV self-test kits distributed.

C-Saúde further strengthened the response for people at higher risk of HIV infection, through support to the health services provided, implementation in “hotspots”, and coordination with provincial and community institutions. In 2025, **9,521 people at higher risk tested for HIV**; 25% of them had a positive result.



2. HIV - Care and Treatment

In 2025, **38,751** people initiated Antiretroviral Treatment (ART). At the end of the year, **385,359** people were active on ART in health facilities supported by C-Saúde, including 16,592 children (0–14 years) and 8,218 adolescents (15–19 years).

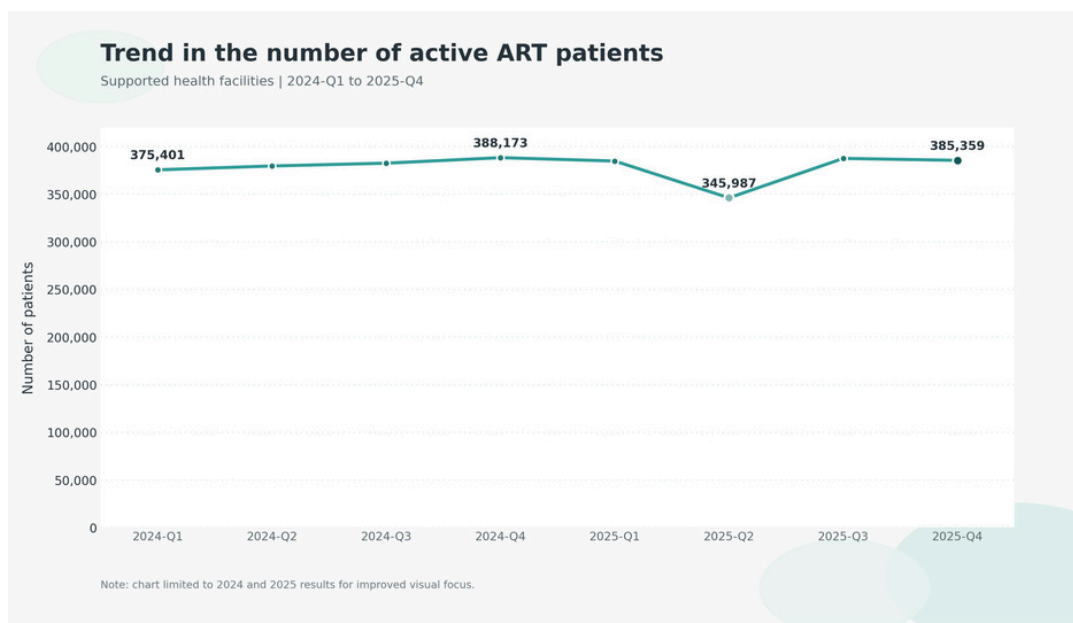


Chart 1. Evolution of the number of patients active on ART

The implementation of differentiated models of care was one of the pillars to reduce waiting time in health facilities, facilitate patients' lives and improve continuity of treatment. In 2025, 26% of people active on ART were on six-month dispensing, and 77% were on multi-month dispensing (quarterly and six-month). To improve care for patients who require more intensive follow-up, C-Saúde supported the expansion of the Advanced HIV Disease (AHD) package to 18 health facilities.

Throughout the year, 286,092 people on ART in health facilities supported by C-Saúde had a documented viral load result (83%), and 271,244 presented viral suppression (95%).

How we supported:

- Allocation of 531 counsellors and 2,856 volunteers, including Mentor Mothers, Peer Educators, Male Champions and Adolescent and Youth Mentors, strengthening psychosocial support in health facilities and in communities.
- Support to the expansion of six-month dispensing (DS) through mentoring of providers, on-the-job training and readiness assessments in 79 health facilities. For children and adolescents, these approaches were complemented by integrated service models, including one-stop services in 66 health facilities.
- Implementation of viral load sample collection by the provider during community dispensing.

3. Tuberculosis

Throughout 2025, **11,456 individuals were diagnosed with tuberculosis (TB)** (new cases and relapses) in health facilities supported by C-Saúde; all of them were tested for HIV. HIV seropositivity among individuals with TB was 21%.



4. Cervical Cancer

During 2025, **98,818 women were screened for cervical cancer** in health facilities supported by C-Saúde. Of these, 14,969 (15%) had a positive result, of which 14,547 (97%) received treatment, prioritizing the provision of treatment at the same site whenever eligible.

How we supported:

- Regular mentoring and strengthening of the FAST approach, for the control of TB transmission in health and community settings, at screening and at main entry points, with the objective of early identification of people with symptoms suggestive of TB.
- Support of 196 volunteers dedicated to cough screening (“Cough Officers”).
- Resolution of constraints related to consumables and sterilisation in 131 health facilities that provided cervical cancer screening services.
- Carrying out mentoring visits and on-the-job training for providers of cervical cancer screening and treatment services.
- Monitoring of the performance of 90 health facilities in real time, through a digital monitoring dashboard in PowerBI, with continuous clinical support.

5. Maternal and Child Health

Throughout the year, 20,096 HIV-exposed children received their first DNA PCR test up to 9 months of age, with the coverage of testing among children followed in health facilities supported by C-Saúde estimated at 100%. The coverage of the first PCR test up to 2 months was 94%.

The overall positivity of the PCR test was 1.9%, including 0.9% among children under 2 months and 16.8% among children aged 2 to 9 months.

Linkage to care and treatment of children diagnosed with HIV was 93%.

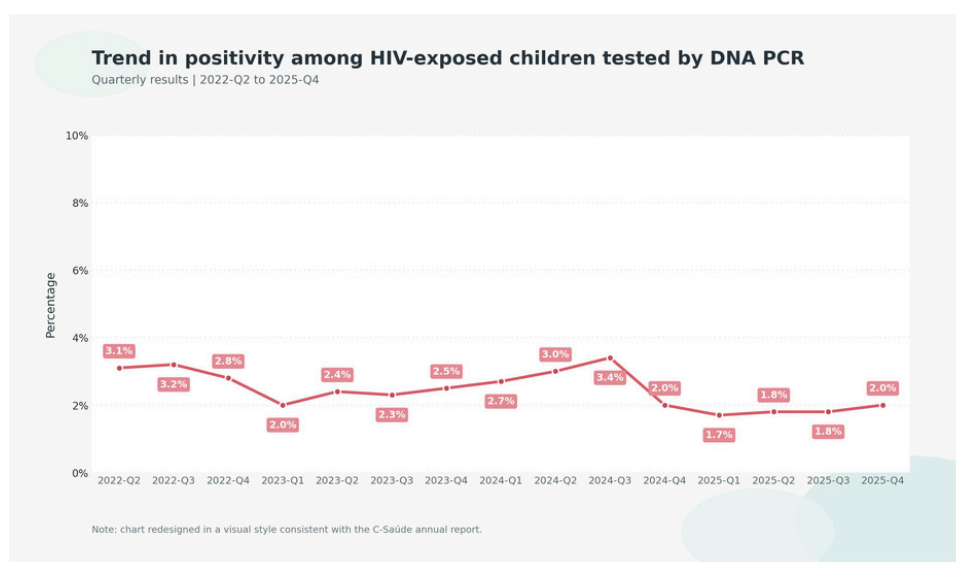


Chart 2. Evolution of positivity among HIV-exposed children tested by DNA PCR

How we supported:

- 304 Maternal and Child Health counsellors worked together with nursing teams in counselling, testing and psychosocial support.
- 1,103 Mentor Mothers supported adherence of pregnant women living with HIV to ART, with a focus on those living far from health facilities.
- Carrying out routine supervision and mentoring visits, strengthening clinical follow-up, quality assurance and follow-up of HIV-exposed children, to reduce loss to follow-up.
- Follow-up of women and their children, including identification and active tracing of births occurring in the community, to improve continuity of care between antenatal consultation, delivery and infant diagnosis.



6. Laboratory

The average time between sample collection and availability of DNA PCR results was 12 days, supported by the installation of additional platforms that increased the capacity of the reference laboratory in Quelimane, Zambézia, to approximately 48,000 tests per month. Approximately 324,000 viral load tests were carried out, about 60% of which in plasma samples.

In parallel, point-of-care diagnostic devices, implemented in 27 health facilities, allowed the availability of HIV PCR test results for infants exposed to the virus on the same day for about 23% (9,655) of the total demand for this test during the year (41,384).

In 2025, 55,397 tests were carried out for tuberculosis diagnosis, 66% of which were molecular tests, carried out through GeneXpert and Truenat instruments.

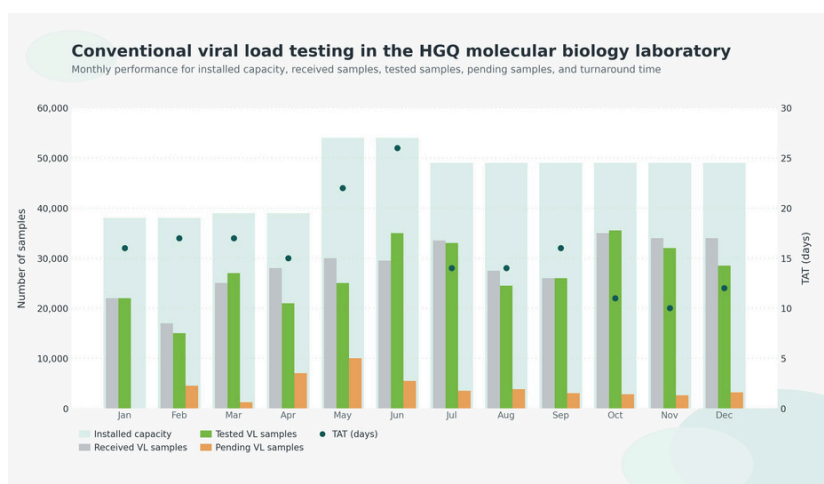


Chart 3. Conventional viral load testing in the HGQ molecular biology laboratory

How we supported:

- Supervision visits and technical support for: (1) strengthening procedures for collection, preparation, conservation and transport of laboratory test samples; (2) monitoring the quality of laboratory diagnosis inside and outside the laboratory and the quality of records; (3) follow-up of referred samples and return of results, including interoperability between laboratory and patient management systems.
- Provision of technical and material support for the operationalisation of MISAU guidelines and/or various initiatives, such as expansion of plasma, collection of blood samples in the community, proficiency panels for HIV rapid testing, blind rechecking of TB slides, SPI RT, adaptation and implementation of SLIPTA within Zambézia province..

7. Transition Initiatives to the Government of Mozambique

Within the scope of the Avante Saúde program, C-Saúde has supported the gradual transition of support funded by the U.S. Government to the structures of the Government of Mozambique, represented at the provincial level by the Provincial Health Services of Zambézia (SPSZ) and the Provincial Health Directorate of Zambézia (DPSZ).

The transition takes place at the same time as management capacity and technical follow-up are strengthened at district level and at health facilities.

Through a phased transition model, in 2025:

- 5 sub-agreements with district health authorities were transferred from C-Saúde to the SPSZ;
- 8 health facilities had the transfer of direct technical support from C-Saúde to district authorities.

The selection of districts and health facilities for transition was coordinated with MISAU, SPSZ and DPSZ, based on readiness assessments and prioritizing facilities with good performance and high patient volume.

How we supported:

- Support human resources that cannot be currently integrated within the structure of the Government of Mozambique, including lay counsellors, community volunteers and data clerks.
- Support to sub-agreement management, institutional strengthening, technical supervision and joint performance reviews.
- Application of a standardised supervision and mentoring tool that assesses five areas: procurement, human resources, finance and accounting, asset management and transport.
- In-service training of 47 district professionals in financial management.

8. Health Information Systems



C-Saúde supported MISAU in the development of the Electronic Medical Record (SIS-RME), a new health information system for use at the point of care, at all levels of health facilities and across all services.

In 2025, interoperability solutions between the different health systems were also developed, using universal and recommended standards for the exchange of information in the health sector. Of note is the interoperability between SESP and the laboratory system DISA, currently functional in 625 health facilities. Additionally, SESP also maintains interoperability with iDMED.

C-Saúde also supported the following systems that will transition to SIS-RME:

- **Electronic Patient Tracking System (SESP):** Throughout 2025, C-Saúde released four new versions of this system covering services specifically related to HIV, including: HIV/TB, Psychosocial Support, PrEP, advanced HIV disease, mental health, home visits, consultations for children at risk and cervical cancer.
- **Pharmacy system (iDMED):** C-Saúde released four new versions throughout the year, installed in 376 health facilities in the country. The system is interoperable with SESP and with the central CMAM tool, focusing mainly on antiretroviral medicines for HIV treatment and TB preventive therapy.



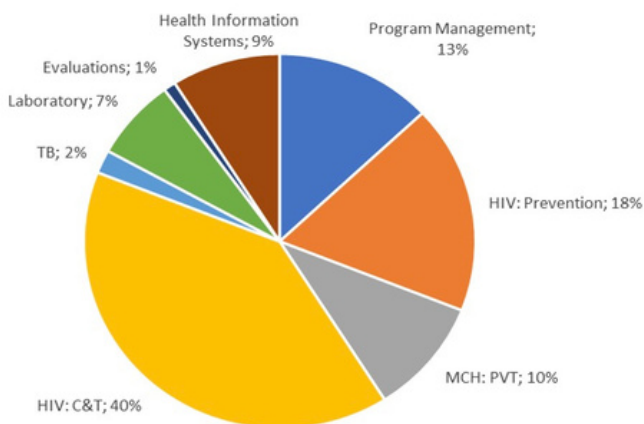
C-Saúde developed a mentorship application, under MISAU leadership whose objective is to be modular, with the capacity to function offline and to collect information from mentoring sessions carried out by internal and external mentors to health facilities, as part of the ministry's program improvement strategy. The management of the application is in transition to MISAU.

FINANCIALS

Description	Oct 1 2023 - Sep 30 2024 (USD)	Oct 1 2024 - Sep 30 2025 (USD)
Opening Balance	234 666	907 940
Income		
Grants and Contributions	3 871 260	26 289 423
Private Donations	11 351	73 126
Other income	1 589	23 234
Total Income and Donations	4 118 866	27 293 724
Expenses		
Salaries	2 388 966	15 776 116
Benefits & Fringe	243 361	2 403 303
Travel	39 586	562 167
Other Expenses	539 013	5 358 364
Sub-agreements and contracts		2 879 083
Equipment	-	7 646
Total direct costs	3 210 926	26 986 679
Indirect Costs		
Total costs	3 210 926	26 986 679
Excess income over expenses	907 940	307 045

Note: The provisional financial results will be finalized after the external audit of C-Saúde.

Classification of expenses by type of activity:



Main donors in the reporting period:



VANDERBILT HEALTH

Other Donors:

JHPIEGO

