Introduction

The PEPFAR/M country team clearly detailed how it intended to achieve the goals set at the beginning of COP23 in the original COP23 SDS. Mozambique continues to make tremendous progress toward the UNAIDS 95-95-95 targets by finding previously undiagnosed PLHIV and initiating and retaining them on treatment. In terms of the UNAIDS 95-95-95 targets, by fiscal year 2023 quarter 4 (FY23 Q4, September 2023), Mozambique was estimated to have achieved 85%-99%-94%. Enrolling people on treatment alone will not be enough to end the AIDS epidemic, therefore a robust combination prevention strategy will also be needed to further reduce incidence. In Year 2, the country program will expand combination prevention options and reduce vertical transmission by strengthening access to antenatal care, HIV retesting, and pre-exposure prophylaxis (PrEP) services among pregnant and breastfeeding women. The Tuberculosis (TB) Acceleration Plan (TAP) will be implemented starting in Year 1 to improve TB diagnosis and treatment, including community HIV testing services (HTS) among people with presumptive TB. Furthermore, community antiretroviral therapy (ART) distribution and other differentiated service delivery (DSD) models will improve the quality of care in Year 2.

This document is a summary of changes that have been made in COP23 Year 2 to improve the PEPFAR program to achieve the stated goals of COP23 and continue to enhance the quality of services.

New decisions, agreements, and significant geographic or strategic shifts for COP23 Year 2

Summary:
By the end of FY23Q4, Mozambique was estimated to have achieved 85%-99%-94% toward the UNAIDS 95-95-95 targets, surpassing FY23 targets. In FY25 (COP23 Year 2), Mozambique will continue to sprint toward achieving 95-95-95 by December 2025. Since COP23 Year 1 submission (April 2023), key country accomplishments include: National Youth Meeting, the first national results dissemination meeting on "Community Led Monitoring" (CLM) held by PLASOC-M, submission of the new Global Fund proposal, and release of the Second Acceleration Plan for the HIV Response (2024-2026) by the Government of the Republic of Mozambique (GRM).

Based on an intensive midterm review process that allowed the PEPFAR team to review early progress towards COP23 goals together with GRM, civil society and other stakeholders, we believe the strategy laid out in the COP23 Year 1 SDS remains relevant and positions Mozambique well to reach the 95-95-95 targets by the end of 2025. The review identified refinements to the strategy necessary to respond to emerging program needs, which include optimized case finding especially in geographies furthest from epidemic control (i.e., Nampula), enhancing the focus on combination prevention, expanding DSD model options to maintain care and treatment program gains, and improving services for youth. The midterm review also highlighted the need to consolidate the rapid expansion in program coverage witnessed over the previous three years with an increased focus on service quality and systems, including: further information systems integration, decentralization of human resource investments, and continued supply chain modernization and laboratory investments to meet the needs of an evolving health system. Given budget reductions, new program efficiencies will need to be found. PEPFAR will increasingly leverage existing government training facilities to meet in-person training needs while also leveraging online training platforms for increased use of virtual training modalities. We will continue the sustainability dialogue by supporting the HIV Sustainability Roadmap development and implementation under

leadership of GRM and continue the transfer of strategic roles to government and civil society leadership on multiple fronts, including site, district, provincial, and national program components.

Details of decisions, agreements, and shifts for COP23 Year 2:
During FY25, Mozambique will focus on consolidating gains by ensuring program quality and fidelity. The key strategic focus by program area for FY25 is summarized below.

95-95-95 Targets: We will use program and epidemiologic data to improve case finding strategies to reach the approximately 250,000 undiagnosed PLHIV needed for 1st 95 target achievement, with a special focus on optimizing case finding in geographies furthest from epidemic control (i.e., Nampula). To maintain gains in the 2nd 95, the program will expand access to DSD models including community ARV distribution through the community cadres, 6-month drug dispensing (6MDD) for sites meeting readiness criteria, and prioritized private pharmacy dispensing in sites without 6MDD, with concerted efforts to ensure service quality and drug availability. We will also expand the quality improvement (QI) strategy to 100% of AJUDA sites, and better engage clients in QI monitoring through the expansion of a "Client Engagement Strategy" to three AJUDA sites per province (total 18 sites). For the 3rd 95, we will improve access to viral load (VL) results by expanding provider's clinical summary apps and client text messaging, and increased treatment failure monitoring through inter-operability of electronic patient tracking systems (EPTS) and the treatment failure database.

HIV Prevention: We will continue to scale combination prevention options and strengthen our PMTCT program in line with the National HIV Prevention Roadmap. We will support integrating PrEP and key population (KP) programming into the Integrated Biomedical Combination Prevention Guidelines, shift voluntary male medical circumcision (VMMC) targets based on revised estimates while adapting to improve quality, improve HIV literacy through strengthened communication interventions, and continue to support condom distribution.

Equity Populations: For pediatric patients, we will support GRM with introduction and phased roll out of fixed dose pediatric ABC/3TC/DTG (pALD). For youth and adolescents, we will extend hours for select centers offering adolescent and youth friendly services (AYFS). For pregnant and breastfeeding women (PBFW), we will strengthen first antenatal care (ANC) attendance, and work to improve HIV retesting and PrEP linkage for PBFW. For men, improving service quality under the male champions program will be prioritized, as well exploring workplace health services with stakeholders. Gender-based violence (GBV) prevention and response at the community-level will have a particular focus on adolescents and internally displaced people (IDP) in Cabo Delgado and neighboring provinces affected by conflict and influx of IDPs.

Comorbidities: Through a robust Tuberculosis Acceleration Plan, we will improve the TB diagnostic and treatment cascade, including community HTS among people with presumptive TB. We will expand advanced HIV disease (AHD) services to ≥66 sites nationally, while improving AHD services through expanded technical assistance and training, leveraging *Telessaúde*. For cervical cancer, we will support the implementation of human papillomavirus (HPV) testing through training and mentorship, expand online training options, and ensure thermal ablation at all AJUDA sites, including purchase of portable loop electrosurgical excision (LEEP) machines. We will support the dissemination and training of updated non-communicable disease (NCD) integrated guidelines.

Community ARV distribution and psychosocial support: We will expand community ART distribution and other DSD models. To improve the quality of and access to psychosocial support and positive prevention

services, we will train on the new psychosocial support (PSS)/positive prevention (PP) and HTS mentorship package, and expand integrated mental health services to 3-6 more sites per province.

HSS and Data Systems: We will strengthen laboratory and supply chain systems to better respond to evolving program needs. We will improve use of the laboratory information system (LIS) for TB, integrating with results from GeneXpert testing platforms (GxAlert) with DISA. We will strengthen equipment maintenance capacity and support e LIS and quality management systems in two additional molecular laboratories in Niassa and Inhambane. We will increase investments in commodity distribution and specimen referral networks to respond to evolving program requirements. In terms of human resources, we will address supply chain staffing gaps, decentralize hiring from the Ministry of Health (MOH) to SPSs, develop a "telemanagement module" within *Telessaúde*, and use provincial training units to reduce training costs. We will improve cyber-security for sensitive systems, increase data quality assessments, enhance data cleaning and deduplication efforts, and leverage Electronic Patient Tracking System (EPTS) expansion for HIV case surveillance.

Community Engagement: We will expand community-based organizations' (CBO) access to recorded trainings, increasing community grants by 10%, implement PLASOC-M supervision tools, and expand health rights literacy programs in CLM areas. We will mobilize communities during "*Testa Lá*" Phase II and support the "Combination Prevention for Adolescents and Young Adults" campaign. We will enhance use of CLM findings and community engagement to drive program improvement.

Transition and Sustainability: We will continue to strengthen existing capacities of the government institutions (technical, institutional and financial), while gradually transfer program functions and funding from clinical IPs to SPS/DPS cooperative agreements (CoAgs) in all provinces to ensure government ownership to manage, implement and monitor the national HIV response. In addition, PEPFAR intends to continue to transition more VMMC sites and some QI activities, expand the site-level graduation pilot in Zambezia to more sites in selected districts; and transition core clinical services from EGPAF to the SPS/DPS in Gaza with local implementing partner (IP) support for TA, community cadres and monitoring and evaluation. Under the leadership of Mozambican government, represented by the National AIDS Council *(Conselho Nacional de Combate ao HIV/SIDA-, CNCS*), a phased, measurable sustainability roadmap for HIV will be developed as well as an M&E framework. Key stakeholder consultation, TWG (program and systems) discussions and a desk review will be done as part of the roadmap development process.

Key agreements with community and civil society organizations

Civil society continues to have an active role in the review and implementation of COP23. In Year 2, PEPFAR is dedicated to strengthening the capacity of civil society organizations at different stages in their development. Different avenues to access PEPFAR funding will continue to be available for CSOs including community grants for treatment literacy activities and CLM as well as sub-grants with larger USG IPs that can support additional technical assistance and capacity building for CSOs alongside with funding. In addition, PEPFAR is committed to capacity building for an increased number of civil society organizations through standard and tailored packages provided by the LEAD project. As part of this program, PEPFAR intends to develop a practical guide for community engagement activities. PEPFAR is focused on supporting civil society organizations whose activities benefit youth.

Key activities that have ended or have been delayed affecting anticipated progress

Activities Coming to an End

PEPFAR/Mozambique supported a few notable activities that have ended, including support for new constructions and major rehabilitations. PEPFAR has been supporting infrastructure activities required to strengthen the national health system for many years, including construction of provincial reference laboratories, warehouses, youth-friendly clinics, consultation rooms, major renovations of health facilities, and provision of prefabricated units. In COP23 Year 1, PEPFAR elected to end PEPFAR supported construction mechanisms, with the completion of a final provincial reference laboratory in Inhambane Province. No additional major construction projects will be undertaken in COP23 Year 2. Nevertheless, clinical IPs will continue to support minor renovations and provide small, prefabricated units. The mentoring teams are now focused on monitoring other critical issues related to pediatric treatment and MTCT. Finally, several transitions of direct service delivery and funding responsibility to provincial government CoAgs will take place as described above, with continued technical assistance from PEPFAR and clinical IPs.

Delayed Activities

Key activities that have been delayed affecting anticipated progress leading into FY25 relate to laboratory support and male circumcision. Viral load (VL) monitoring of patient VL suppression, detection of advanced HIV disease and detection of TB were impacted by sample collection changes, manufacturer-related challenges with processing DBS on one of the three VL testing platforms, machine breakdowns and reagent supply issues that led to a reduction in coverage in FY23Q4 for VL and a lower than expected rate of bacteriologic confirmation of TB. However, the program is poised to increase VL coverage through the resolution of supply chain, maintenance, and sample collection issues. AHD diagnosis was hampered by machine breakdowns and maintenance issues for CD4 machines. While maintenance of the machines did not fall into the PEPFAR budget, the challenges impacted the number of patients that PEPFAR supported sites could screen for TB and cryptococcal meningitis screening (noting the required commodities were also not funded by PEPFAR). These challenges have been identified in collaboration with the GRM and during TWG and COP23 Year 2 planning meetings additional steps to improve maintenance and management of AHD stock were agreed upon, to support the further scaling of AHD services to new sites in COP23 Yr2.

VMMC program interruptions also occurred in early FY24 due to concerns related to the durability and quality of surgical instruments and other general conditions. The PEPFAR program and GRM are taking steps to review stocks and site conditions and minimize resulting service delivery interruptions.

Brief summary of priority areas for the HIV Sustainability Roadmap

Sustainability is a key pillar in PEPFAR's 5x3 strategy. Currently, PEPFAR Mozambique has prioritized sustainability in a number of ways, including: building local technical, institutional and financial management capacity, transfer of service delivery and programmatic functions from international IPs to the SPS/DPS, and a gradual transfer of PEPFAR-supported sites to local and governmental partners.

Continued efforts aim to identify program and systems priority areas leveraging PEPFAR's 20-years of support and investments in Mozambique's health system. To further move forward, a measurable Sustainability Roadmap for HIV will be developed through a phased approach during COP23 Year 1 (FY24)

and Year2 (FY25). The Roadmap will consider current discussions among GRM, stakeholders, and civil society regarding the new Health System Strengthening Strategy to be developed in FY2024/2025. The Roadmap development will be led by the National Council to Combat HIV/AIDS (*Conselho Nacional de Combate ao HIV/SIDA*, CNCS), with facilitation by UNAIDS and support from dedicated consultants. The Roadmap will focus on four dimensions of sustainability: 1) political, 2) programmatic (including communities), 3) financial, and 4) epidemiologic. Development will include: an assessment of the current state of sustainability *(desk review);* and provincial-level sustainability listening sessions.

Resource commitments to the HIV Sustainability Roadmap process

During COP23 Year 2 Midterm Review, investments on sustainability previously planned during COP23 Year 1 have been slightly adjusted after consultation with GRM, stakeholders, and civil society. The table below highlights the new budget for sustainability on COP23 and its related shifts.

Activity	COP23 Budget Y1	COP23 Budget Y2	Shifts
First Stakeholder sustainability Kick off meeting	--	--	A Sustainability session with PEPFAR/Moz, GHSD, GRM, Civil Society representatives and Troika was held during the COP23 Year 2 Planning meeting. This activity is part of the national dialogue on sustainability.
Consultant to facilitate the development of the roadmap	$30,000		Increase 10,000 USD for Consultant fees
Provincial dialogue (Listening Sessions)	$110,000		Initially planned for COP23 Y2; to reprogram for Y1
Workshop 2 days Writing session	$10,000	$10,000	
Consultant to develop the M&E framework		$30,000	
Implementation and Monitoring of Road Map (Launch/ Validation meeting)		$110,000	
Total	$150,000	$150,000	

USG Operations and Staffing Plan to Achieve Stated Goals

Department of State

Department of State (DoS) is reducing total footprint by one position (Deputy DREAMS Coordinator) in COP23 Year 2. The position will be repurposed by USAID to support youth programming including DREAMS. This repurposed position will better serve the needs of PEPFAR Mozambique while maintaining overall staff levels among all agencies. DoS has a total of two vacant positions that are pending reclassification. All recruitment efforts will follow Embassy HR guidance.

Health and Human Services (HHS)/CDC

CDC is requesting no new positions to support the PEPFAR Mozambique portfolio in COP23 Year 2. CDC has 11 vacant Host Country National (HCN) positions, which are pending classification for recruitment or in recruitment status. CDC continues to support capacity building for Host Country Nationals (HCN) and two US Direct Hire (USDH) positions (COP23 Y1) have been reprogrammed to HCN positions.

CDC has a Cost of Doing Business (CODB) 1.2% higher than COP23 Year 1, to cover for salary step increases, correction of actual salary for positions recently filled, and retirement payouts. In an effort to mitigate the marginal rise in the overall CODB budget, CDC has implemented substantial reductions and cost-saving measures across various sectors. Notably, there have been significant cuts of 45.9% in the Transportation of Goods; a 12% reduction in expenditures related to Communication, Utilities, and Rents; and a 51.1% decrease in expenses associated with supplies and materials.

Department of Defense

The Department of Defense (DoD) will continue with four (4) PEPFAR-funded positions in COP23 Year 2, including: 1 Program Manager, 1 Treatment Advisor, 1 Strategic Information Advisor, and 1 Budget Analyst and Operations Manager.

The current staffing footprint has been able to cover all agency programmatic needs therefore DoD is not requesting new positions in COP23 Year 2.

United States Agency for International Development (USAID)

USAID found $528,996 in savings to PEPFAR for COP23 Year 2, while also ensuring 3 critical USAID positions proposed in a prior COP fit within a flatlined staffing level (83 FTEs previously approved). As noted above, USAID agreed to shift one FTE in COP23 Year 2 from the DoS to USAID, to support DREAMS Youth Engagement. Therefore, USAID staffing will increase by 1 FTE (84 FTEs total), with a net zero change in FTEs across all agencies. USAID has a total of 10 vacant positions, excluding the 4 repurposed positions (1 USDH, 3 USPSC, and 6 HCN).

USAID was able to reduce the cost of the CODB budget by shifting 2 USDHs to USAID's Operational Expense (non-PEPFAR) budget; transitioning 1 IHO staff member to non-PEPFAR health budget; and reducing the cost of a technical advisor by transitioning it from a US direct hire to a local staff position.

The critical positions that were prioritized to fit within the reduced CODB budget are:

- Project Management Specialist: will help localize USAID's clinical portfolio and transition additional activities to G2Gs while managing risks inherent in the complex transition.
- Biomedical/Key Populations Advisor: will support the management of KP, PrEP and VMMC activities that currently fall under a single technical advisor overseeing 95% of KP partner implementation; and
- Community Care & Communication Unit Lead: will strengthen the feedback loop between CLM findings, IPs and provincial government structures; and ensure CLM is used in quality improvement processes.

Peace Corps

Peace Corps has a total of 12 fully PEPFAR-funded positions in COP23 Year 2, all of which are LES. The Peace Corps COP23 Year 2 staffing structure represents no change from Year 1. For COP23 Year 2, Peace Corps projects one position vacancy. Peace Corps CODB is flatlined compared with COP23 Year 1.

Target Tables

Target Table 1. ART Targets by Prioritization for Epidemic Control (2024 Preliminary UNAIDS Estimates, MER FY24Q1)							
Prioritization Area	**Total PLHIV (FY25)**	**New Infections (FY25)**	**Expected Current on ART (FY24)**	**Current on ART Target (FY25) *TX_CURR***	**Newly Initiated Target (FY25) *TX_NEW***	**ART Coverage (FY25)**	**ART Coverage (FY26)**
Attained	-	-	-	-	-	-	
Scale-Up Saturation	-	-	-	-	-	-	
Scale-Up Aggressive	2,509,302 (100%)	99,431 (100%)	2,088,982 (100%)	2,272,546 (100%)	186,183 (100%)	90%	
Sustained	-	-	-	-	-	-	
Central Support	-	-	-	-	-	-	
Total	**2,509,302 (100%)**	**99,431 (100%)**	**2,088,982 (100%)**	**2,272,546 (100%)**	**186,183 (100%)**	**90%**	

Table 1.2 Current Status of ART Saturation				
Prioritization Area	**Total PLHIV/% of all PLHIV for FY25**	**# Current on ART (FY24)**	**# of SNU COP23 (FY24)**	**# of SNU COP23 (FY25)**
Attained	0	0	0	0
Scale-up: Saturation	0	0	0	0
Scale-up: Aggressive	2,509,302 (100%)	2,023,294 (100%)	11	11
Sustained	0	0	0	0
Central Support	0	0	0	0
No Prioritization	0	0	0	0
Total National	2,509,302 (100%)	2,023,294 (100%)	11	11

Target Table 2A. VMMC Coverage and Targets by Age Bracket in Scale-up Districts[1]						
Target Populations	**Population Size Estimate (SNUs)**	**Current Coverage FY24 Expected**	**VMMC_CIRC (in FY24)**	**Expected Coverage (in FY25)**	**VMMC_CIRC (in FY25)**	**Expected Coverage (in FY26)**
15-24	3,538,044	74%	157,776	76%	187,619	
25-34	2,505,901	79%	17,533	74%	20,851	

35-49	2,231,142	87%				
50+	1,345,803	91%				
Total	**9,629,890**	**73%**	**175,309**	**75%**	**208,470**	

Target Table 2B. VMMC Coverage and Targets by Age Bracket in Scale-up Districts

OU	Target Populations	Population Size Estimate (SNUs)	Current Coverage 2024 Expected	VMMC_CIRC (in FY24)	Expected Coverage (in FY25)	VMMC_CIRC (in FY25)	Expected Coverage (in FY25)
_Military Mozambique	All Ages			33,164		33164	
Cabo Delgado	All Ages	818,668	94%		87%		
Cidade De Maputo	All Ages	514,474	80%	4,449	88%	4,000	
Gaza	All Ages	462,670	60%	4,449	75%	18,000	
Inhambane	All Ages	499,288	87%		87%		
Manica	All Ages	643,027	51%	37,376	68%	35000	
Maputo	All Ages	809,275	72%	8,899	86%	12,000	
Nampula	All Ages	1,902,176	92%		91%		
Niassa	All Ages	577,833	93%		86%		
Sofala	All Ages	811,325	50%	26,697	50%	26,696	
Tete	All Ages	925,309	31%	40,046	42%	25000	
Zambezia	All Ages	1,665,845	76%	53,393	74%	54,610	
Mozambique	**Total/**	**9,629,890**	**73%**	**208,470**	**75%**	**208,470**	

Target Table 2C. VMMC Coverage and Targets by Age Bracket in Scale-up Districts

SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (date)	VMMC_CIRC (in FY24)	Expected Coverage (in FY25)	VMMC_CIRC (in FY25)	Expected Coverage (in FY25)
_Military Mozambique	15-24	-		29,848		29,848	
_Military Mozambique	25-34	-		3,316		3,316	

_Military Mozambique	35-49	-		-		-	
_Military Mozambique	50+	-		-		-	
Cabo Delgado	15-24	266,599	91%		85%	-	
Cabo Delgado	25-34	219,472	94%		94%	-	
Cabo Delgado	35-49	204,989	95%		92%	-	
Cabo Delgado	50+	127,608	95%		91%	-	
Cidade De Maputo	15-24	177,753	85%	4,004	86%	3,600	
Cidade De Maputo	25-34	151,300	89%	445	90%	400	
Cidade De Maputo	35-49	107,075	76%		77%		
Cidade De Maputo	50+	78,346	69%		69%		
Gaza	15-24	184,025	98%	4,004	75%	16,200	
Gaza	25-34	111,448	67%	445	69%	1,800	
Gaza	35-49	97,814	39%		48%		
Gaza	50+	69,383	35%		39%		
Inhambane	15-24	185,340	85%		85%		
Inhambane	25-34	110,467	87%		92%		
Inhambane	35-49	112,529	88%		87%		
Inhambane	50+	90,952	89%		85%		
Manica	15-24	259,773	106%	33,638	73%	31,499	
Manica	25-34	170,909	58%	3,738	47%	3,501	
Manica	35-49	133,620	20%		22%		
Manica	50+	78,725	11%		15%		
Maputo	15-24	268,867	82%	8,009	86%	10,800	
Maputo	25-34	231,816	75%	890	84%	1,200	
Maputo	35-49	204,912	67%		69%		
Maputo	50+	103,680	64%		60%		
Nampula	15-24	661,937	92%		89%		
Nampula	25-34	486,493	92%		98%		
Nampula	35-49	473,994	92%		96%		
Nampula	50+	279,752	92%		96%		
Niassa	15-24	211,147	90%		84%		
Niassa	25-34	157,344	93%		95%		

Niassa	35-49	134,388	94%		93%		
Niassa	50+	74,954	94%		93%		
Sofala	15-24	331,143	90%	24,026	52%	24,026	
Sofala	25-34	206,911	60%	2,671	41%	2,670	
Sofala	35-49	166,246	27%		25%		
Sofala	50+	107,025	18%		20%		
Tete	15-24	353,483	68%	36,041	45%	22,499	
Tete	25-34	256,098	32%	4,005	29%	2,501	
Tete	35-49	203,944	11%		14%		
Tete	50+	111,784	7%		10%		
Zambezia	15-24	637,977	107%	48,054	75%	49,148	
Zambezia	25-34	403,643	80%	5,339	68%	5,462	
Zambezia	35-49	391,631	59%		56%	-	
Zambezia	50+	232,594	55%		53%	-	
Mozambique	**Total/**	**9,629,890**	**73%**	**208,473**	**75%**	**208,470**	

Target Table 3. Target Populations for Preventions to Facilitate Epidemic Control				
	Population Size Estimate (SNUs)	**Disease Burden**	**FY24 Target**	**FY25 Target**
KP_PREV				
FSW	N/A	N/A	28,489	29,912
MSM	N/A	N/A	23,203	24,364
People in prisons and other enclosed settings	N/A	N/A	8,261	8,673
PWID	N/A	N/A	7,946	8,343
TG	N/A	N/A	629	661
Total			**68,528**	**71,954**
PP_PREV				
15-24 Female	N/A	N/A	4,545	4,385
15-24 Male	N/A	N/A	1,734	1,654
25-34 Female	N/A	N/A	8,741	8,661
25-34 Male	N/A	N/A	8,382	8,302
35-49 Female	N/A	N/A	13,213	13,213
35-49 Male	N/A	N/A	15,751	15,751
50+ Female	N/A	N/A	4,701	4,701

50+ Male	N/A	N/A	3,809	3,809
Total			**60,876**	**60,476**
AGYW_PREV				
10-14 Female	682,080	499,452	64,358	60,670
15-19 Female	547,919	316,389	74,497	69,453
20-24 Female	488,692	315,383	33,195	43,082
Total	**1,718,691**	**1,131,224**	**172,050**	**173,205**

Data source: COP23 OU Targets Setting Tool

Target Table 4 Targets for OVC and Linkages to HIV Services

SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC		Target # of OVC	Target # of active OVC	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files
		OVC_SERV Comprehensive	OVC_SERV Comprehensive - Graduated	OVC_SERV Preventative	OVC_SERV DREAMS	OVC_HIVSTAT
Military Mozambique		-	-	-	-	-
Cabo Delgado		14,163	745	3,170	3,344	10,851
Cidade De Maputo		22,249	1,171	3,838	-	17,046
Gaza		35,863	1,888	5,117	13,565	27,479
Inhambane		13,508	711	-	1,134	10,347
Manica		26,162	1,377	5,091	6,163	20,044
Maputo		19,611	1,032	6,788	21,428	15,026
Nampula		26,384	1,389	8,769	18,110	20,215
Niassa		3,800	200	-	-	2,914
Sofala		26,320	1,385	8,738	7,947	20,164

Tete		10,957	577	1,715	-	8,394
Zambezia		63,170	3,325	12,900	37,365	48,400
FY25 TOTAL		**262,188**	**13,799**	**56,126**	**109,056**	**200,880**

Budget Table

- Table B.1.1 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Intervention
- Table B.1.2 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Program Area
- Table B.1.3 COP22, COP 23/FY 24, COP 23/FY 25 Budget by Beneficiary
- Table B.1.4 COP 22, COP 23/FY 24, COP 23/FY 25 Budget by Initiative