
# Mozambique

# Operational Plan Report

# FY 2010

# Operating Unit Overview

## OU Executive Summary

This year's Country Operational Plan (COP) for Mozambique further expands and consolidates the shifts in resource allocation begun last year to increase focus on the priority areas of prevention, capacity building, and health systems strengthening. Investments in these areas are vital now in order to address the critical constraints to control the epidemic in Mozambique and achieve significant results in the future. Moreover, the Partnership Framework (PF) negotiated with the Government of Mozambique (GOM) last year further enshrines those priorities in our planning for the next five years and lays out plans and actions to transition our program from its current heavy reliance on international non-governmental organizations (NGOs) to significant use of Mozambican government systems and local NGOs. We have already put in place transition plans for key partners and require transition and sustainability plans from all partners, including their plans to expand the use of local personnel and reduce the number of expatriates. The investments identified in this FY 2010 COP lay the groundwork for realizing a vision of the future where we contemplate channeling significant funding through Ministry systems and processes and directly to Mozambican NGOs.

**Challenges in Mozambique**: Recently released ANC HIV surveillance data suggest that Mozambique has a stabilizing epidemic with an overall prevalence of 15% and persistent regional variation with higher prevalence in the central and southern regions and lower prevalence in the north. A projected 1.7 million Mozambicans are living with HIV and each day an estimated 445 Mozambicans become infected, of which 85 are due to mother-to-child transmission. Each year, 98,000 deaths are attributed to HIV, 19,400 among children and an estimated 557,500 children are currently orphaned by AIDS. The under five mortality is 138 per 1000 live births and maternal mortality is 1100 per 100,000 live births. The tuberculosis (TB) case detection rate is 50% with 39,735 notified cases in 2008, of which only 68% were tested for HIV and 47% HIV-infected.

Mozambique has only 3 doctors and 21 nurses per 100,000 people, reflecting one of the most dire health personnel shortages in the world. In addition, weak infrastructure, commodity and procurement, monitoring and evaluation, management and financial systems to support the national HIV response present significant challenges in reversing trends in HIV prevalence in the country and providing much needed quality services.

The impact of HIV/AIDS and other major preventable diseases (e.g. malaria, tuberculosis and water-born diseases) has reduced life expectancy for Mozambique's 20.5 million people to 41 years and contributed to Mozambique's low ranking (175 of 179) in the latest UN Human Development Index. Nearly 45% of Mozambique's population is under the age of 15 years and only 33% of women over the age of 15 years are literate.

**PEPFAR priority responses to Mozambican needs**: To respond to these challenges, the USG interagency PEPFAR team has increasingly emphasized expanding and improving prevention interventions, human resource development, and strengthening overall health systems to improve sustainability. These priorities are reflected by this year's resource allocation and programming through 1) an overall 13% increase in prevention (excluding a one-time additional $20 million in PMTCT funding), with a 22% increase in sexual prevention and 10% in counseling and testing (CT); 2) consolidation of HSS funding at 16% of the entire budget, of which 37% is for health and human resources (HRH) and 34% for infrastructure; 3) a substantial increase in public-private partnerships (PPPs) from one worth $450,000 in FY 2009 to eight totaling over $1.7 million in FY 2010; 4) a marked increase in direct funding

opportunities to Mozambican government and non-governmental institutions ('prime partners') from three worth $5.9 million in FY 2009 to nine totaling $12.4 million in FY 2010; 5) a decrease in ARV drug funding by 15%; and 6) an increase in technical assistance and capacity building to the GOM and civil society. Additionally, key policy reforms critical to progress toward strategic goals have been identified in the PF and will be monitored by the GOM and USG.

**New Partnership Framework guides future programming**: Negotiation of the PF provided an important opportunity to harmonize our programming with GOM plans and objectives and engage our counterparts and partners in the process of setting priorities for the next five years. This process continues through the development of the Implementation Plan and is enriched by the recently-completed National HIV Strategic Plan (NSP). The PF goals focus on prioritized prevention of new infections (Goal 1), health systems strengthening (Goal 3), and quality, family-centered HIV care and treatment services (Goals 4 and 5) through strengthened leadership and coordination of the multisectoral response (Goal 2) and increased management, implementation, and oversight of programs by the GOM and Mozambican institutions. In FY 2010, the USG portfolio will expand on efforts to leverage other donor resources, integrate with other health programs, and conduct costing evaluations to maximize efficiencies. Increased emphasis on sustainability and transition has been infused into all PEPFAR planning and programming.

**FY 2010 PROGRAM FOCUS**

**Prevention - $91,104,187:**

Under the PF and accompanying PFIP, the USG will support the GOM to reduce new HIV infections by 25% over the next five years. Prevention activities in line with the PF and GOM Strategy for Accelerated Prevention of HIV Infection include prevention of sexual transmission of HIV, prevention of mother-to-child transmission (PMTCT), expansion of HIV counseling and testing and male circumcision, and prevention of transmission through blood products, medical injections, and in the workplace.

FY 2010 activities will utilize a combination prevention approach that integrates multi-level behavioral, biomedical and structural interventions focused on the general population as well as complementary interventions to address most-at-risk populations (MARPs) and geographic hot spots. The USG will support the GOM with behavior change interventions directed at partner reduction, targeted condom social marketing in MARPs, positive prevention and support for expansion of counseling and testing, timely initiation of ART particularly for pregnant women, increasing access to male circumcision (MC), and expanding blood safety and workplace programs. An evaluation of surgical capacity was recently completed and the Minister of Health approved 5 pilot MC sites. Experience from these sites will be evaluated to determine strategies for MC scale up and in line with MOH priorities, the expansion of MC services will be in the context increasing capacity to perform overall minor surgical procedures.

Fundamental to the prevention strategy is elimination of mother-to-child transmission (MTCT) through targeted interventions to 1) increase intensive pre-service and in-service training to expand the number of nurses who provide quality services; 2) prioritize initiation of ART for eligible pregnant women; 3) increase involvement of men in PMTCT programs; 4) improve monitoring and evaluation; and 5) improve linkages with MCH, family planning, and reproductive health.

All FY 2010 prevention programming will focus on: 1) strengthening monitoring and evaluation (M&E), surveillance, and costing data for a more evidence-based and cost-effective approach to programming; 2) building capacity of the GOM and local organizations to plan, implement, and evaluate prevention programs; and 3) integrating prevention programs with HIV care and treatment and other health programs.

**Care - $39,992,578 and Treatment - $65,753,777:**

The USG will support GOM to achieve its goal of reducing AIDS mortality by 5% and preventing 23,000 AIDS deaths by 2014. The USG and GOM will work together to create a more effective system for ensuring that both adults and children living with HIV have access to HIV testing, timely initiation of ART, prophylaxis to prevent opportunistic infections, especially cotrimoxazole, and diagnosis and treatment of sexually transmitted infections and TB.

FY 2010 funds will 1) increase the use and quality of pre-ART management for PLHIV; 2) strengthen laboratory support services for HIV diagnosis and management; 3) strengthen referrals and the continuum of care for PLHIV; 4) improve the capacity of the health care system to manage HIV and related diseases; 5) provide technical leadership within the Ministry of Health (MOH) and Ministry of Women and Social Welfare (MMAS) 6) support program evaluation and costing; 7) strengthen sustainable food and nutrition programs; and 8) expand TB/HIV interventions.

In line with the new PEPFAR five-year strategy, the USG will increase focus on quality of services, strengthen the capacity of GOM and local institutions, improve the policy and legal environment for the protection of PLHIV, women and OVC, and promote evidence-based strategic planning. To ensure the sustainability of programs, the USG will continue to provide technical assistance for quality of care and increased support to decentralized health systems at the provincial and district level health directorates.

PEPFAR resources will support the GOM to increase OVC, PLHIV, and women's access to essential care, support and protection services, improve the quality of OVC services, strengthen the capacity of local institutions and MMAS to provide OVC and PLHIV services, and improve the policy and legal environment for the protection of OVC, women and PLHIV.

**Health Systems Strengthening (including Strategic Information) - $46,883,607:**

The USG HSS portfolio aims to support the GOM to create a health system that provides quality health care managed and led by Mozambicans and foster sustainability through capacity-building and transition ownership of programs to the GOM and Mozambican NGOs. USG financial and technical resources assist the GOM to expand public health infrastructure, strengthen medical commodities, procurement, and health management information systems; build the financial, monitoring and evaluation, coordination, and management capacity of GOM and civil society; and integrate HIV support with other health and development programs including family planning (FP), TB, food and nutrition, education and gender.

*Human Resources for Health*: Quantitative and qualitative deficits in the number of health workers represent the main barriers to sustainability of recent improvements in health indicators. Insufficient training facilities, out-of-date curricula, weak management capacity, lack of health workers incentives, delays in recruitment and deployment, and a weak Human Resources Information System (HRIS) are other constraints. The USG will contribute to both the National HRH plan and the PEPFAR target to train and retain 140,000 new health care workers through expansion of pre-service training through scholarships, curricula development, support to training institutions, faculty development, and a quality assurance program at pre-service institutions. The USG will also support the MOH's revitalization of the community health worker cadre and provide support to HRH management systems to improve planning, retention, management, and use of data.

*Public Health Infrastructure*: Warehousing, training centers, and laboratories represent additional, critical needs in Mozambique. In FY 2010, the USG will support the construction of an integrated National Public Health Reference Laboratory which will serve as a state of the art facility housing the country's National Reference Laboratories, surveillance units, and public health training activities. The USG will also begin construction of a new Northern regional warehouse as well as five district warehouses and expand military health facilities in Boane and Maputo. Projects launched with FY 2009 funds and scheduled to carry over into 2010 include construction of Zimpeto and Beira warehouse extensions; fifteen new rural health centers, each with staff housing; a National Training Center at Marracuene; and expansion of a military health facility in Tete.

*Technical assistance (TA) and capacity building*: The USG aims to increase capacity of and funding to both GOM and Mozambican NGOs. To accomplish this, the USG will expand provision of central and provincial level TA (financial, policy, management, M&E, logistics, laboratory, clinical services) to the MOH, the National AIDS Council (NAC), and MMAS, including four advisors (Clinical, Laboratory, Pharmacy Logistics, and M&E) in each province. These investments complement assistance and supervision provided at the district level through implementing partners. In addition, the USG will finalize a Trilateral Agreement (Memorandum of Understanding between the Governments of Mozambique, the United States and Brazil) which will leverage USG, Brazilian, and GOM resources to provide intensive training and capacity building to the GOM in the areas of M&E, pharmaceutical and commodity logistics, civil society, and communication.

As part of its sustainability strategy, the USG aims to increase resources for Mozambican NGOs and networks implementing community-based prevention, care and support programs. This year the USG will expand its geographical, financial, and technical support to civil society organizations through umbrella grant mechanisms (UGM), small grants (e.g. Quick Impact Program), and international partners. These USG mechanisms provide sub-grants integrated with technical and organizational capacity-building.

*Pharmaceutical management and procurement systems*: In line with USG's vision to strengthen the leadership and sustainability of local institutions, the USG will enter a new cooperative agreement with the Central Medical Stores (CMAM) to build CMAM's capacity in financial management and expand its support to the pharmaceutical sector through TA to the pharmacy department on regulatory and policy issues. The USG will also support the implementation of a pilot in two provinces to test the proposed supply chain system of active distribution to improve logistics and distribution, increasing the use of its clinical partners to support the provincial and district level supply chain system, and support the implementation of an assessment of all district warehouses in the country to identify warehouse infrastructure and HR needs, and transportation and equipment requirements.

*Strategic Information (SI)*: Mozambique actively supports one country-level monitoring and evaluation (M&E) system. Overall, the USG efforts will continue to support SI activities that improve Mozambique's capacity to measure and interpret the impact of HIV on the population, build national M&E capacity, and strengthen routine data collection systems. The USG will support the Department of Information Systems (DIS) at the MOH to implement recommendations from an evaluation of the national health information system (Modulo Basico) and will partner with the Governments of Mozambique and Brazil to develop M&E courses at higher education institutions. In FY 2010, major survey activities will include implementation of the Behavioral Surveillance Survey (BSS) in MARPs, evaluation of PMTCT data as a complement to ANC surveillance data, and development of novel sources of routine data for surveillance purposes. The USG will also support public health evaluations (PHEs) and comprehensive costing exercises to measure and improve the quality of national care, prevention, and treatment services.

**Management and Operations:**
Redacted

**Other Donors, Global Fund Activities, Coordination Mechanisms:**
Partnerships to jointly develop, implement, and monitor programs and policy are an important component of the HIV response in Mozambique. While the United States is the largest bilateral donor to the Mozambique's health sector, having provided over $1 billion in support since 2003, joint planning and coordination with the GOM and other key donors is essential to ensure success of USG investments.

Success of the Global Fund (GF) in Mozambique is of particular importance. The USG joined the Country Coordinating Mechanism (CCM) in April 2009 and has been active in providing technical assistance to GF processes. Redacted.

Donors supporting HIV/AIDS efforts include the United Kingdom, Ireland, Sweden, Denmark, the Netherlands, Norway, Canada, the European Union, World Bank, UN agencies, Brazil, Clinton Foundation, and the Global Fund. Coordination of activities is facilitated by the HIV Partners Forum, the Health Sector-wide Approach (SWAp) Working Group, and the Global Fund Country Coordination Mechanism. USG staff actively participates in these mechanisms. In addition to these structures, USG meets regularly with key officials of individual Ministries (Health, Defense, Women and Social Welfare) to ensure that USG assistance complements and supports the GOM's plans for prevention, care, treatment, and health system strengthening.

**Accomplishments:**
The 2010 COP builds on significant progress made in FY 2009. The USG directly supported the GOM to provide HIV testing to 1,153,700 Mozambicans, including 617,603 pregnant women, ART prophylaxis to 50,563 HIV-infected mothers to prevent mother-to-child transmission, HIV-related palliative care to 570,979 Mozambicans, lifesaving antiretroviral therapy (ART) to 161,381, essential services to 230,903 orphans and vulnerable children (OVC), and TB treatment to 16,103 Mozambicans.

In addition to expansion of essential HIV services, the USG supported the GOM to conduct its first population-based seroprevalence study, initiate major health infrastructure projects, develop a five-year plan to strengthen the commodity and logistics system and, through long-term technical assistance, better coordinate intra- and inter-ministry reporting and planning processes. Other significant accomplishments include costing of PEPFAR-supported partners working in facility-based care and treatment, laboratory, community-based care, counseling and testing, TB/HIV, and PMTCT, completion of nationally-representative ART evaluation, launch of a Field Epidemiology Laboratory Training Program (FELTP), completion of the partner rationalization process for facility-based partners, and development of memoranda of understanding between facility- and community-based partners.

Overall, the FY 2010 Mozambique PEPFAR portfolio reflects priorities and key activities to facilitate a country-led program to dramatically reduce HIV incidence, ensure affected and infected Mozambicans are thriving, and build a robust health system.

**Budget Summary:**

| Technical Area | Budget Code | FY2009 PF increase | FY2010 |
|---|---|---|---|
| Prevention of Mother to Child Transmission | 01 - MTCT | - | 40,809,401 |
| Sexual Prevention | 02 - HVAB | 850,000 | 16,476,896 |
| | 03 - HVOP | 5,000,000 | 14,942,162 |
| Biomedical Prevention | 04 - HMBL | - | 2,194,589 |
| | 05 - HMIN | - | 2,714,078 |
| | 06 - IDUP | - | - |
| | 07- CIRC | - | 3,491,765 |
| Adult Care and Treatment | 08 - HBHC | 1,700,000 | 16,537,003 |
| | 09 - HTXS | 450,000 | 36,349,461 |
| TB/HIV | 10 - HVTB | - | 3,975,589 |
| Orphans and Vulnerable Children | 11 - HKID | - | 17,484,691 |
| HIV Counseling and Testing | 12 - HVCT | 1,700,000 | 10,475,296 |
| Pediatric Care and Treatment | 13 - PDTX | - | 8,480,002 |

| | | | |
|---|---|---|---|
| | 14 - PDCS | - | 1,995,295 |
| ARV Drugs | 15 - HTXD | - | 10,000,000 |
| Laboratory Infrastructure | 16 - HLAB | - | 10,924,314 |
| Strategic Information | 17 - HVSI | 800,000 | 3,990,589 |
| Health Systems Strengthening* | 18 - OHSS | 14,500,000 | 42,893,018 |
| Management and Operations | 19 - HVMS | - | 25,055,448 |
| **TOTAL** | | **25,000,000** | **268,789,597** |

*$999,751 of FY 2009 Partnership Framework funding (OHSS) was programmed in April 2009.

**Direct Targets to Achieve 4-12-12 Goals:**
Redacted

**Program Contact:** PEPFAR Coordinator, April Kelley

## Population and HIV Statistics

| Population and HIV Statistics | | | | Additional Sources | | |
|---|---|---|---|---|---|---|
| | Value | Year | Source | Value | Year | Source |
| Adults 15+ living with HIV | | | | | | |
| Adults 15-49 HIV Prevalence Rate | | | | | | |
| Children 0-14 living with HIV | | | | | | |
| Deaths due to HIV/AIDS | | | | | | |
| Estimated new HIV infections among adults | | | | | | |
| Estimated new HIV infections among adults and children | | | | | | |
| Estimated number of pregnant women in the last 12 months | | | | | | |
| Estimated number of pregnant women living with HIV | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| needing ART for PMTCT | | | | | | |
| Number of people living with HIV/AIDS | | | | | | |
| Orphans 0-17 due to HIV/AIDS | | | | | | |
| The estimated number of adults and children with advanced HIV infection (in need of ART) | | | | | | |
| Women 15+ living with HIV | | | | | | |

## Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

## Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

## Public-Private Partnership(s)

| Partnership | Related Mechanism | Private-Sector Partner(s) | PEPFAR USD Planned Funds | Private-Sector USD Planned Funds | PPP Description |
|---|---|---|---|---|---|
| Becton-Dickinson Laboratory Strengthening (BDLS) Program | | Becton Dickinson | 300,000 | 180,000 | BDLS is entering its final year of activity within the 5-year partnership in Mozambique. BDLS supports the |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Ministry of Health; namely the National Institute of Health and the Laboratory Section to develop and implement quality improvement strategies. BDLS volunteers have provided technical assistance to conduct a baseline assessment in three representative laboratories and informed the prioritization of quality improvement efforts. In addition, they supported the training and orientation of newly appointed provincial quality focal points in FY2010. In FY2011, BDLS supported the training and mentorship of a newly appointed coordinator for the ministry lead Strengthening Laboratory Management towards Accreditation |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | (SLMTA) program. Training was geared towards building project management skills. Project management training was also provided for leaders of quality improvement efforts as well as representatives of laboratories enrolled in SLMTA. BDLS will continue to support the implementation of the National Quality Assurance Plan by providing technical assistance to develop laboratory quality policy and guidance for the development of a quality manual. In addition, they will support the implementation of a software package to control quality management system documentation and will continue to provide short-term mentorship by |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | experienced BDLS volunteers. |
| CETA Farinha Forca Production | | New Partner | 0 | 50,000 | In FY 2010, USG and CETA will kick-off Farinha Forca production in Zambezia. CETA's cashew nut factory and the USG implementing partner, WVI, will establish a community run production facility to produce a nutrient dense food supplement made from local produce. This product will then be marketed locally and distributed to malnourished OVC and PLHIV via community and clinical partners in the province. CETA is currently rehabilitating a space in its factory to house the facility and is procuring the equipment for processing and packaging. CETA will also continue to provide technical |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | assistance throughout the production process, will provide cashews at a subsidized price, will help market the product and will purchase an amount for use for its workers and their families. WVI, through SCIP, will oversee the operation of the facility. While this project was developed in FY 2009, rehabilitation and procurement had already commenced. The production of Farinha Forca will begin in FY 2010. |
| Community Care PPP | | Coca-Cola | | | PEPFAR will integrated PPP activities into its community care programs. Partnerships will support the livlihoods of OVC, PLHIV and caregivers through economic strengthening and education activities. |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | USG is in negotiations with Coca Cola to replicate the Vendor Employment Model for OVC in Manica Province. PEPFAR will prioritize other partnerships that simultaneously promote the livlihood of vulnerable groups while supporting local businesses by providing trained, motivated staff and/or improved access to markets (Year 1 of 5) |
| Financial Management Capacity Building Initiative | | Standard Bank | | | PEPFAR has brokered a partnership between Standard Bank and the University of Eduardo Mondlane to provide financial management technical assistance to UEM's Faculty of Medicine to manage its funding coming from its various sources more efficiently and effectively. This support is based on |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | similar partnerships with Standard Bank in other PEPFAR countries.Standard Bank is completing a detailed needs assessment to identify the Faculty's institutional, human and techincal capacity needs. Based on these findings, SB will then source a consultant to work within the faculty for up to six months to provide tailored on-site mentoring to finance/admin staff and to establish new procedures/systems . USG, SB and UEM will jointly monitor and document this support to share lessons learned with relevant stakeholders. SB will dedicate current staff to this initiative and/or pay for an external consultant. There is no cost to PEPFAR (Year 2 of 2) |

| | | | | | |
|---|---|---|---|---|---|
| Roads PPP | 12152:Roads to a Healthy Future Project (ROADS II) | New Partner | | | The ROADS II Project will leverage private-sector resources to increase access to HIV information and services for MARPs along the southern corridors in Mozambique. USAID, FHI and DPWorld are currently in negotiations to jointly establish a safety stop to serve MARPS in and around the port of Maputo. Other potential partners include the sugar mill located on the north-south corridor at Xinavane, the Federation of Mozambican Transport Associations (FEMATRO), and the major clearance terminals in Maputo (STM and FRIGO). FY2011 |
| TBD PPP | | New Partner | Redacted | 0 | In FY 2010, the USG will accelerate its engagement in PPPs to help ensure |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | sustainability of programs, facilitate scale-up of interventions, and leverage significant additional resources. These endeavors will help create linkages and strengthen systems within the private-sector for HIV services, and can mobilize additional sources of financial and technical support (e.g. funding, technical assistance, products/services, supply chains) to complement USG-supported HIV initiatives. In FY 2010, the USG will mainstream innovative private-sector partnerships into its HIV prevention and care programs. Future PPPs will focus on HIV prevention along the major corridors (potential partners: National Road Association, |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | transportation companies); improved livelihoods and nutritional status for families affected by HIV (potential partners: agroprocessing & tourism industries); and the strengthening of government and/or civil society institutional capacity (potential partners: banking industry). |
| TBD PPP Gorongosa | 14751:Ecohealth Project | Gorongosa National Park | Redacted | 0 | This PPP is being jointly developed by USAID, Gorongosa National Park (GNP), local government authorities and local community-based organizations. Capitalizing on GNP's existing structures, services and linkages with communities and other agencies (e.g. Mount Sinai University) will be created to prevent new HIV infection in communities living in the park's buffer |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | zone and park employees, to strengthen linkages between communities and health facilities, and to improve the livelihoods of OVC and caregivers. This activity will build the capacity of the Park and communities to integrate HIV prevention and mitigation into conservation activities, including sustainable natural resource based micro-enterprise development, community mobilization/education, and community-based resource management strategies. This project started development in FY 2009 and the first quarter of FY 2010. The three-year partnership will begin in FY 2010. |
| TBD PPP Moatize | 14734:PPP Moatize | New Partner | Redacted | 0 | This PPP with the coal mining |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | company Vale will provide a comprehensive package of HIV prevention services to over 4,000 workers & their families, resettled households, high-risk groups associated with mining/constrction activities (i.e. sex workers, transporters) and the population of Moatize. This activity will promote the reduction of HIV acquisition and transmission in these populations by increasing the adoption of safer sexual behaviors and changing social, economic and cultural factors that facilitate high risk of HIV. This activity will increase access to HIV prevention and sexual reproductive health services for high risk groups through the construction of a |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | Night Clinic located along the transportation corridor. All activities will be developed and coordinated with provincial and district health directorates, communities, target groups, and PLHIV. This project is being developed in FY 2009 and the first quarter of FY 2010. The three-year partnership will begin in FY 2010. |
| TBD PPP Nampula | | Coca-Cola, New Partner | Redacted | 0 | This PPP will provide a comprehensive package of HIV prevention services to workers & their families, and at-risk youth (15-29 years) living in the communities near the Coca Cola bottling plant in Nampula City. This partnership will promote the reduction of HIV acquisition and transmission among |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | at-risk youth by increasing the adoption of safer sexual behaviors and changing social, economic and cultural factors that facilitate the transmission of HIV. The USG and Coca Cola will support innovative strategies to engage youth and to decrease their vulnerability to HIV. Potential activities include school-based activities, sporting activities linked with HIV and lifeskills education, and income generating activities. All activities will be developed and coordinated with provincial and district health directorates, communities, youth and PLHIV. This project will be developed during the first two quarters of FY 2010 and the three-year partnership will |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | begin later in FY 2010. |
| Youth:Work Mozambique | | New Partner | 400,000 | 0 | This activity will improve economic livelihood opportunities for highly vulnerable children and youth (i.e. orphans and vulnerable children and youth receiving antiretroviral treatment) and their household members in Cabo Delgado. IYF will provide market-driven job training, life skills training, and remedial education (as necessary) to support beneficiaries to gain marketable skills, place youth in internships, and improve livelihood possibilities for young people and their families through job placement. IYF will also train selected youth in business planning, link them to credit sources, and identify mentors |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | for them to start or expand small businesses. The skills-based component will focus on the needs of the tourism sector and an additional track will be developed for entrepreneurship for those seeking self-employment. The monitoring & evaluation component will assess the quality of training, job placement, employer satisfaction and the success of small business start-ups. |

## Surveillance and Survey Activities

| Name | Type of Activity | Target Population | Stage |
|---|---|---|---|
| ANC 2009 | Sentinel Surveillance (e.g. ANC Surveys) | Pregnant Women | Publishing |
| ANC 2011 | Sentinel Surveillance (e.g. ANC Surveys) | Pregnant Women | Implementation |
| ANC/PMTCT comparison 1st round | Evaluation of ANC and PMTCT transition | Pregnant Women | Data Review |

| | | | |
|---|---|---|---|
| ANC/PMTCT comparison 2nd round | Evaluation of ANC and PMTCT transition | Pregnant Women | Planning |
| BSS 2010 (FSW, Miners, Long-distance truckers) | Behavioral Surveillance among MARPS | Female Commercial Sex Workers, Mobile Populations, Men who have Sex with Men | Implementation |
| Chokwe HDSS | HIV-mortality surveillance | General Population | Implementation |
| DHS 2011 | Population-based Behavioral Surveys | General Population | Implementation |
| FSW Facility-based Sentinel Surveillance | Sentinel Surveillance (e.g. ANC Surveys) | Female Commercial Sex Workers | Planning |
| INCAM 2007/8 | HIV-mortality surveillance | General Population | Publishing |
| Mens Study 2010 | Population-based Behavioral Surveys | Men who have Sex with Men | Implementation |

# Budget Summary Reports

## Summary of Planned Funding by Agency and Funding Source

| Agency | Funding Source | | | | Total |
|---|---|---|---|---|---|
| | Central GHCS (State) | GAP | GHCS (State) | GHCS (USAID) | |
| DOD | | | 3,163,125 | | **3,163,125** |
| HHS/CDC | 4,800,000 | 2,337,000 | 103,897,022 | | **111,034,022** |
| HHS/HRSA | | | 4,689,014 | | **4,689,014** |
| PC | | | 1,080,000 | | **1,080,000** |
| State | | | 492,000 | | **492,000** |
| State/AF | | | 3,115,280 | | **3,115,280** |
| USAID | | | 145,516,156 | | **145,516,156** |
| **Total** | **4,800,000** | **2,337,000** | **261,952,597** | **0** | **269,089,597** |

## Summary of Planned Funding by Budget Code and Agency

| Budget Code | Agency | | | | | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | State | DOD | HHS/CDC | HHS/HRSA | PC | State/AF | USAID | AllOther | |
| CIRC | | 715,765 | 2,776,000 | | | | | | **3,491,765** |
| HBHC | | | 3,349,334 | 362,542 | | 100,000 | 12,725,127 | | **16,537,003** |
| HKID | | | | | 24,600 | 100,000 | 17,359,849 | | **17,484,449** |
| HLAB | | | 6,004,314 | | | | 4,920,000 | | **10,924,314** |
| HMBL | | | 1,194,589 | | | 1,000,000 | | | **2,194,589** |
| HMIN | | 150,000 | 2,864,078 | | | | | | **3,014,078** |
| HTXD | | | | | | | 10,000,000 | | **10,000,000** |
| HTXS | | 200,000 | 23,827,804 | | 13,000 | | 12,308,179 | | **36,348,983** |
| HVAB | | 479,609 | 325,000 | | 29,500 | 850,000 | 14,793,365 | | **16,477,474** |
| HVCT | | 740,000 | 5,683,017 | | | 150,000 | 3,902,279 | | **10,475,296** |
| HVMS | 492,000 | 127,751 | 12,187,463 | | 983,400 | | 11,265,665 | | **25,056,279** |
| HVOP | | 250,000 | 4,309,781 | | 29,500 | 325,000 | 10,027,192 | | **14,941,473** |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| HVSI | | | 1,925,000 | | | | 2,065,589 | | **3,990,589** |
| HVTB | | | 2,847,017 | 50,000 | | | 1,078,572 | | **3,975,589** |
| MTCT | | | 20,608,106 | 400,000 | | 200,000 | 19,601,295 | | **40,809,401** |
| OHSS | | 500,000 | 16,692,318 | 3,876,472 | | 390,280 | 21,433,948 | | **42,893,018** |
| PDCS | | | 1,013,533 | | | | 981,762 | | **1,995,295** |
| PDTX | | | 5,426,668 | | | | 3,053,334 | | **8,480,002** |
| | **492,000** | **3,163,125** | **111,034,022** | **4,689,014** | **1,080,000** | **3,115,280** | **145,516,156** | **0** | **269,089,597** |

## Budgetary Requirements Worksheet

(No data provided.)

# National Level Indicators

## National Level Indicators and Targets

Redacted

# Policy Tracking Table

(No data provided.)

# Technical Areas

## Technical Area Summary

**Technical Area:** Adult Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HBHC | 16,537,003 | |
| HTXS | 36,348,983 | |
| **Total Technical Area Planned Funding:** | **52,885,986** | **0** |

**Summary:**
USG programming in adult care and treatment in FY 2010 will support the GOM to achieve its goal of reducing AIDS mortality by 5% and preventing 23,000 AIDS deaths by 2014. In promoting the GOM's vision for integrated HIV services, the USG will support decentralization of services and strengthen linkages and referrals with other health services.

BACKGROUND
Since 2006, there has been significant progress in scaling up ART services in Mozambique. In 2006, there were only 49 sites offering ART services to 44,100 patients, mostly in Maputo City and Province. By September 2009 services were scaled up to reach 216 sites nationally, with sites in all 11 provinces offering ART to over 150,000 patients. Though this represents just 33% of those in need of ART (based on WHO staging and CD4 <200), progress has been remarkable. Projections for 2010 estimate there will be 360 new adult HIV infections per day and 425,100 adults will need antiretroviral treatment (ART).

A nationally-representative evaluation of the Mozambique ART program was completed during FY 2009 with USG support. The results of this evaluation demonstrated existing gaps and opportunities for improvement in clinical HIV care and treatment. Issues such as sub-optimal cotrimoxazole coverage, inconsistent nutritional assessments, poor follow-up of defaulters and weak M&E systems are examples of some of the areas that require significant attention if the program is going to continue to grow and succeed. The assessment did find that, despite these challenges, patients are being retained in treatment programs at rates comparable to those found in other high burden countries in sub-Saharan Africa. The lack of an effective electronic patient tracking and follow up system continues to be a barrier to improved retention in ART.

Linkages with community and facility based programs to promote retention in care is a priority for the GOM and the USG. HIV-related community and facility based support services have not kept pace with the rapid scale up of clinical services, resulting in poor coordination, ineffective referral systems, late presentation to services, high losses to follow up among pre-ART patients and poor access to the Basic Care Package (BCP). The MOH revitalized the Community Health Worker (CHW) program, marking a strategic policy shift to strengthen linkages between facility based services and the community.

Decentralization of ART services requires numerous forms of support. These include infrastructure development, pharmacy and laboratory logistics, staff training, and clinical mentoring and supervision to ensure quality of care and sustainability of treatment services.

As with other types of health programming, human resources are a critical problem to ART service scale-up. Currently, only doctors and clinical officers can prescribe ART for eligible patients. Lay counselors for HIV testing are not part of the national health system, and there is no consistently implemented policy on incentives for volunteers and community based organizations (CBOs) to support models of service delivery.

The national treatment guidelines have been revised to include viral load testing as part of patient care, and treatment initiation eligibility has been raised to patients with CD4 counts less than 250 cells/ml. This will present challenges in providing ART and related services to patients in the context of an already taxed care and treatment program.

Screening for TB in HIV infected individuals receiving services in clinical and community settings is part of routine HIV care, yet this practice is difficult to measure. In 2007, a TB screening process for HIV patients in clinical settings was rolled out. However, coordination between the HIV and TB programs at all levels of government is limited, and data related to TB screening is not routinely reported.

TB treatment presents additional challenges. Because the MOH lacks a clear and well-disseminated national policy on CTX, clinicians do not prescribe CTX in a consistent manner. In 2009, the HIVQUAL program and National ART evaluation both demonstrated low use of CTX in HIV settings; 52% and 33% respectively. The APR 2009 data shows that of 30,054 registered TB cases in 140 USG-supported TB sites, only 8,806 received CTX and 2,258 began receiving ART. However, this demonstrates an improvement over the SAPR 2008 data where out of 8,433 registered TB patients, only 2,271 received CTX and 1,076 started ART It should be noted that CTX use is not routinely reported in the national system. The USG is working with MOH to promote distribution of CTX and develop a national register to monitor use.

Nutritional assessment and supplementation presents an additional challenge. The national ART evaluation also demonstrated that 28% of all registered patients had evidence of moderate or severe malnutrition.

Partners supporting the HIV care and treatment program include the USG, the Global Fund, the World Bank, and bilateral and multilateral funding through the pooled funding mechanisms to the Ministry of Health (MOH). Other donor support includes ART site support through direct bilateral funding to international NGOs. The USG is the largest donor, supporting 172 ART sites and caring for 60% of patients on treatment by March 2009. Other donors are also supporting 50 ART sites.

ACHIEVEMENTS
As reported in APR 2009 data, the USG supported 172 sites providing ART to 106,398 adults and 9,615 children and ART program retention rates of 71.6% adults and 74.6 % of children. The national treatment program has continued to scale up with an average monthly enrollment rate of 3,136 new patients per month.

Completion of national ART evaluation: In FY 2009, the USG supported and participated in the 1st National ART evaluation which assessed patient retention to treatment programs from 2004 to 2007. The evaluation demonstrated good patient outcomes, with a 79% patient retention rate during the reported period.

Increased technical assistance and support to pre-service training: To strengthen the health system, the USG supported the recruitment of provincial advisors in the areas of monitoring and evaluation, lab support, clinical and pharmacy and logistics management. Every province has one advisor in each focus area, and these advisors work closely with the DPS to build capacity at a provincial level. The USG supported pre-service training and funded the first year of salary for newly graduated health workers at

the provincial level, as well as health facility renovations.

Finalization of home-visitor guidelines: Community-based care and support programs have been jointly planned, funded and implemented by USG partners, and the home visitor guidelines for community care and support are finalized. In FY 2009, training was provided for 2,859 community volunteers who provided community care to 12,551 adults.

Integration of prevention activities at clinical sites: The USG rolled out prevention interventions, such as peer education, community education and positive prevention activities, at selected clinical sites in two provinces. Health care workers and peer educators integrated prevention activities into routine services at HIV care and treatment clinics.

Completion of costing exercise: In FY 2009, a costing exercise was done for USG-supported ART sites to obtain data on PMTCT, TB/HIV, counseling and testing, community care, lab and ART/Pre-ART.

STRATEGIC FOCUS

The strategic focus for the USG adult care and treatment program is two-fold. In FY 2010, USG support will align with the Partnership Framework (PF) and the GOM's request to focus on capacity building in the health sector. To that end, support will transition programs to GOM ownership by promoting gradual decentralization of ART in the context of a stronger health care system. The adult care and treatment program will also align with the PF goals 4 and 5, to improve access to quality HIV treatment services, and ensure care and support.

2010 GOALS AND STRATEGIES

USG support for HIV services will emphasize an integrated, family-centered approach utilizing existing community and primary health care services. Through effective collaboration with MOH, Ministry of Women and Social Welfare (MMAS) and civil society, USG programs will promote Mozambican-led programs that aim to strengthen quality services for HIV treatment and care.

Strengthen capacity at provincial and district levels: In FY 2010, the USG will provide support for stronger and more sustainable Mozambican systems and institutions. This will be accomplished through building the capacity of the provincial and district MOH, as well as that of the community, to deliver services at the district level, with an explicit plan to transfer project activities to Mozambican authorities. Provincial clinical, M&E, lab and logistics advisors will provide technical assistance to help strengthen commodity security and forecasting systems, and mentor Provincial and District Health Directorates. Joint planning between Provincial and District Health Directorates, MMAS, CBOs and PLHIV will be strengthened through MOUs and sub agreements. The USG will provide additional aid through salary support for the first year of newly graduated key health worker staff, training and supervision for MOH staff, and renovation of health facilities. There will be a gradual decrease in direct service provision and site level support, with increased provincial and district support, mentoring and supervision across the health system. In addition, as part of the Track 1 ART transition process that has already been initiated, 2-3 Provincial Health Directorates will receive direct funding from the USG. This funding will be obtained through a competitive process, preceded and complemented by activities to build the provincial government's organizational capacity to manage HIV programs at the provincial level.

Scale up the Basic Care Package: The USG will work to reduce HIV-related morbidity and mortality and improve quality of life through the scale up and provision of the Basic Care Package (BCP). The BCP includes improved diagnosis and treatment of HIV-TB co-infection, and increased emphasis on care for well persons living with HIV, including integrated community/facility CTX monitoring. The package also includes stronger links with social care services (e.g. MMAS, CBOs) to address barriers to treatment adherence, stigma and gender-based violence. Economic strengthening activities, such as group savings, loans and micro credit (also part of the BCP) will help HIV-affected families better absorb the shock

caused by chronic illness in the household.

Improve nutrition for PLHIV: Nutritional support for PLHIV (ART and pre ART) will be strengthened through a number of methods. Home visits, standardized nutritional assessment, counseling, and education regarding preparation of nutritious meals, will be central program components. Additionally, USG partners will provide technical assistance and training to community & facility-based partners and the MOH. Finally, linkages with Peace Corps Volunteers, and innovative interventions for PLHIV such as hospital gardens and perma-culture will be pursued.

Develop gender strategy for each province: Implementing partners will develop a gender strategy for each province, including specific activities designed to improve male access to HIV services, couple counseling and consultations, and activities to reduce violence against women.

Expand linkages and improve retention: In FY 2010, the USG will support early identification of, linkage to and retention in care of HIV-infected persons. This will be accomplished through interventions to increase access to, quality and use of HIV care and treatment services particularly for rural communities. Interventions include integration of HIV and related primary health care services (e.g. MCH, adolescent services) to provide a continuum of accessible services, including at facilities where ART is not available. Additional interventions seek to scale up HIV CT through provider-initiated CT (PICT) with improved links to ANC and PMTCT; mobilization of community resources to reduce loss to follow up; and strengthened lab diagnosis and logisitics.

Support cervical cancer screening and treatment: Two years ago, using USG and non-PEPFAR funds, the MOH started planning for the implementation of an integrated cervical cancer “screen and treat” strategy through Maternal and Child Health (MCH) services. In FY 2010, funds will support the “screen and treat” strategy in two sites in Zambezia Province. The USG will also work with the MOH in FY 2010 to carefully phase implementation of viral load testing for eligible patients. Limited laboratory services, difficult logistics and increased numbers of HIV positive persons requiring treatment will likely prove this a challenge.

Strengthen prevention programming within care and treatment programming: In FY 2010, the USG will extend prevention activities to antenatal and tuberculosis clinics, and communities, in additional provinces. These activities will seek to reduce transmission of HIV infection through mainstreamed prevention with positives (PwP) activities. PwP activities include training and supervision of health providers and counselors, a focus on most-at-risk populations (e.g. uniformed services, prisoners, MSM, CSWs, miners and truckers) and improved linkages with orphans and vulnerable children (OVC) programs, CBOs and PLHIV.

Strengthen monitoring and evaluation (M&E) systems: The USG will provide assistance to the MOH in the development and harmonization of robust systems of monitoring and evaluation for HIV programs. USG partners are supporting electronic patient tracking systems and training on routine data management procedures to improve quality and use of data.

Expand HIVQUAL: The USG-supported HIVQUAL program has continued to be implemented at NGO and non-NGO supported sites in the country. The MOH acknowledges the value of this program, and would like HIVQUAL to be implemented at all existing ART sites if sufficient resources are available. The following program evaluation activities are planned: support to the MOH to establish routine sentinel ARV resistance monitoring; an assessment of pre-ART services and retention in pre-ART care within HIV service sites; and assessment of patients switching to second-line therapy in Mozambique.

**Technical Area:** ARV Drugs

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HTXD | 10,000,000 | |
| **Total Technical Area Planned Funding:** | **10,000,000** | **0** |

**Summary:**
In FY 2010, the USG will continue to decrease direct support for ARV drugs by 15% as part of a longer-term strategy to shift costs of drug purchases to non-PEPFAR funding sources and advocate for more GOM responsibility for its treatment program. Additionally, this allows the USG to redirect these resources to support a fully functioning decentralized drug and supply chain management system in support of the broader health system.

BACKGROUND
Since early 2006, the Government of Mozambique (GOM) has made significant strides in scaling up treatment services to HIV-infected patients. According to Ministry of Health (MOH) estimates, 161,381 patients were on ART by the end of September 2009, including 12,674 children. New pediatric fixed dose combination tablets for oral suspension, introduced in February 2009, have greatly improved access for pediatric patients and the MOH expects to increase the proportion of pediatric patient to at least 10% of total ART patients by the end of 2010.

Early in 2009, the MOH revised their National Treatment Guidelines to include some of the following key changes: switch from a d4T-containing to an AZT-containing first line regimen for adult ART patients; increase the CD4 count eligibility for ART initiation to = 250; and expand the use of viral load for ART patients suspected of treatment failure.

As of July 2009, 99.5% of all ART patients were on a first-line regimen, of which 85% were on d4T+3TC+NVP. The percentage being initiated on the AZT-based first line treatment regimen will increase each month with the transition to the new first line. With the introduction of viral load testing and improved quality of ARV services, the number of patients switching to 2nd line regimens should also rise over time. Only the number of patients on Efavirenz (EFV)-based regimens has been decreasing unexpectedly every year, indicating a potential problem with the ART program.

Unlike other commodities for the HIV and essential medicines program, ARV resupply is managed through a parallel logistics management information system (LMIS) - Mapa Mensal de Informacao dos ARVs (MMIA) -and centralized monthly distribution from Maputo to all provinces and hospitals providing ART services based on monthly reporting forms. Supply Chain Management Systems (SCMS) provides TA to CMAM in the forecasting, supply planning, monitoring and management of the incoming ARV pipeline and distribution of ARVs in country.

The weak and highly vulnerable supply chain for medicines in Mozambique is considered a major challenge. The Center for Medicines and Medical Supplies (CMAM) is limited in its ability to manage its operations due to lack of financial and administrative autonomy within the MOH and lack of resources for contracting adequate personnel required for managing a supply chain. Distribution and stock management is further weakened by: lack of resources at each level to manage the supply chain; serious warehousing infrastructure deficits throughout the country; and weak capacity of existing pharmacy and paramedical personnel.

Mozambique also lacks a functional LMIS at all levels, with the exception of the ARV MMIA system. The former system, Systema Integrado de Gestao de Medicamentos (SIGM), implemented in 2005 through JSI/DELIVER, has proved insufficient for current warehouse and commodity management needs. This

has resulted in periodic stock-outs, high wastage due to accumulated and expired products, risk of theft, and unreliable data for accurate forecasting. The MOH inter-departmental coordination and communication between CMAM and the programs is extremely weak and has resulted in inaccurate forecasting of commodities and a general lack of participation and support from the required programs, including poor management performance in Global Fund (GF) grants.

Mozambique faces high commodity insecurity, particularly for ARVs, due to the poor performance of the GF. Challenges include delays in expenditure of GF resources and difficulties in responding to GF reporting requirements. While other donors contribute to the Common Fund for Medicines through the pooled fund (PROSAUDE), the allocation of funds for procurement of medicines does not include ARVs. Currently PROSAUDE funding is not sufficient for the procurement of other essential medicines due to competing priorities within the MOH.

The USG, along with UNITAID through the Clinton Foundation, and the Global Fund have covered 100% of the ARV needs for the country. Coordinated support to the MOH for supply chain management is done through the health partners group and working groups such as the working group for Medicines (GTM) for which the USG is co-chair and the working group for administration and finance (USG member).

ACHIEVEMENTS
Since 2004, the USG has provided significant support to the MOH to strengthen its supply chain of commodities, particularly for ARVs. CMAM is responsible for managing an integrated logistics system for medicines and laboratory supplies, including TB, HIV and malaria programs. CMAM conducts procurements, coordinates importation, and manages warehousing and distribution of most health commodities to the provincial warehouses and hospitals responsible for the follow-on distribution to districts and sites.

The USG has placed long-term technical advisors within the DPC/GFU and the DAF, to assist the GOM in managing and coordinating GF resources. Efforts have already been underway to bring the three departments – CMAM, DAF, DPC - together to ensure a more coordinated reporting and planning process around commodity procurement and expenditures for GF. USG advisors are playing an increasingly active role in various working groups around GF to facilitate communication and support to these processes.

The USG through SCMS has provided significant TA in the area of procurement during FY 2009, including training in good procurement practices, development of standardized bid documents, and procurement SOPs. In addition, SCMS TA staff provided mentorship to CMAM procurement staff throughout the procurement process for essential medicines, test kits and ARV procurements.

A September 2008 Warehousing and Distribution Needs Assessment conducted by SCMS identified a series of urgent and follow-up activities to strengthen the supply chain for the country, including the development of a five-year Pharmaceutical Logistics Master Plan (PLMP) to provide a vision for a redesigned supply chain. This plan, recently approved in October 2009 by the Health Minister, covers procurement, warehousing, distribution, financing, coordination and harmonization, policy and legislation, and human resource management. Key outcomes of the PLMP include: administrative and financial autonomy of CMAM, infrastructure construction and rehabilitation of central and district warehouses, implementation of MACS, an a more functional warehouse management information system, in central warehouses linked to a function LMIS in district warehouses, HR reforms and strengthening (including salary scales and pre-service and in-service training), improved monitoring and evaluation through key performance indicators, improvements in management and administrative capacity, and improved coordination between CMAM and other departments in the MOH.

In addition, a key priority for the ministry has been to finalize and implement Zimpeto, the new modern

warehouse. The USG has provided significant technical assistance and material support to the MOH to finalize Zimpeto, including procurement of racking systems, the reorganization and transfer of stocks from temporary ADIL warehouse to Zimpeto, and implementation of MACS. The new warehouse is planned for inauguration at the end of 2009.

STRATEGIC FOCUS

The USG vision for support to ARV Drugs is a fully functioning decentralized drug and supply chain management system. USG contributions will concentrate on ensuring GOM leadership and ownership of programs through capacity building and transitioning ownership of programs to the GOM. Thus, USG contributions in FY 2010 will place less emphasis on direct support for ARV purchase and greater emphasis on capacity building through technical support.

The USG Mozambique support to ARV commodities directly contributes to the Partnership Framework (PF) vision to support the national response and supports goal 3 (to strengthen the Mozambican health system). Specifically, the PF aims to strengthen the supply chain and distribution system of medical and laboratory supplies, including infrastructure, procurement, warehouse management, and the LMIS and improve the overall management capacity of CMAM through implementation of the PLMP. In line with the PF, the USG and the GOM will continue efforts to solidify long-term drug funding through other donor resources and sustainable financing mechanisms.

2010 GOALS AND STRATEGIES

Many activities below were initiated or funded under FY 2009 and will continue into FY 2010. New activities are in line with the above goals and PLMP, the strategies outlined under HSS and HRH narratives, as well as the MOH's Human Resource Development Plan and the national Procurement and Financial Management (PFM) action plans. All TA, infrastructure and systems strengthening activities will be funded under HSS.

The USG will continue to support warehouse infrastructure including a Beira warehouse extension in the center as well as an additional extension to the new Zimpeto Central Warehouse in the south and FY 2010 funds will be allocated to the construction of a warehouse in Nampula to cover the northern region. Additional funds will go to support district warehouse infrastructure.

FY 2010 combined with carry over FY 2009 funds will support the implementation of a pilot in two provinces to test the proposed supply chain system of active distribution to improve logistics and distribution. The USG will support the implementation of an assessment of all district warehouses in the country to identify warehouse infrastructure and HR needs, and transportation and equipment requirements. This will be done by SCMS in collaboration with CMAM, GTM members, and USG clinical partners.

In line with the National HRDP and the USG Systems Strengthening Working Group, USG will support a variety of HRH activities, including pre-service and in-service training in logistics and supply chain management for central, provincial, district and health facility levels; provide additional in-service skills-building to CMAM staff in financial and administrative management, planning, and monitoring and evaluation. Through the Brazilian-USG-Mozambique trilateral efforts, curriculum development and training in the area of logistics will be explored in collaboration with in-country partners, the Pharmacy, HR and Training departments within the MOH and the USG. As part of the Trilateral Agreement, the Brazilian advisors will also support in-country partners and the MOH to plan and roll-out training in logistics and via classica standard operating procedures (SOPs) to health professionals at all levels of the health system.

The USG will continue to provide support to CMAM's procurement department. The USG will support a procurement assessment and pre-award survey to identify gaps in CMAM's systems that can be rectified over the course of 5 years. In addition, SCMS will provide additional TA to CMAM in procurement

requirements and PSM plan monitoring for the GF starting in FY 2010.

The USG will provide more focused attention to supporting the provincial and district level of the supply chain by increasing the use of its clinical partners in the field to support the system. In collaboration and assistance from CMAM and SCMS, clinical partners can assist Provincial Logistics Advisors funded under FY 2009 and continued in FY 2010 in provincial and district planning for commodity logistics needs, identify training needs, support sites and districts in forecasting needs and completing stock cards, ARV MMIA forms, and provide support for minor renovations or equipment to district or facility-level warehouses. Particular attention will be paid to the completion, and accurate and timely reporting of the MMIAs as well as monitoring of the ARV stocks in the provinces, through integrated supervision visits with DDSs/DDMs and DPSs/DPMs.

In conjunction with financial and administrative management training through a public private partnership activity, the USG will support a new cooperative agreement with CMAM through the USG, in line with the USG's vision to transition activities and build capacity of CMAM to manage its operations.

The USG will provide support for drug registration and importation for the first time to the nascent NDRA in strengthening their drug registration system and other activities identified as priorities for the NDRA.

For FY 2010, the USG will provide $10 million to SCMS for the procurement of adult first line ARVs, and a portion of the pediatric and 2nd line ARV needs. The Clinton Foundation via UNITAID will donate almost 100% of the national need for pediatric and 2nd line formulations only through the first quarter of 2011, after which USG, MOH and GF will negotiate coverage of pediatric and 2nd line ARV needs.

**Technical Area:** Biomedical Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| CIRC | 3,491,765 | |
| HMBL | 2,194,589 | |
| HMIN | 3,014,078 | |
| **Total Technical Area Planned Funding:** | **8,700,432** | **0** |

**Summary:**
STRATEGIC FOCUS
The USG aims to support the Government of Mozambique (GOM) to reduce new HIV infections by 25% over the next five years by implementing a combination prevention program that integrates multi-level behavioral, biomedical and structural interventions. FY 2010 biomedical prevention programs will continue to build upon the strategic vision developed with OGAC in 2009 that addresses the country's heterogeneous and multifaceted epidemic. While this portfolio received only a modest increase in funding compared to FY 2009, the USG is prepared to increase resources over the coming years to support a GOM-led expansion of male circumcision (MC) services. Biomedical prevention activities directly contribute to achievement of Partnership Framework (PF) Goal 1, objective 1.4 (to expand the availability of safe, voluntary medical male circumcision) and objective 1.5 (to ensure access to safe blood products and safe medical injections and enhance workplace safety) to support reduction in new HIV infections.

BLOOD SAFETY
BACKGROUND

A total of 140 sites currently provide blood transfusion services in all 11 provinces of Mozambique. In 2008, HIV prevalence in blood donors was 6%, HBV was 6% and
syphilis prevalence was 2%. USG support has directly contributed to improvements and progress of the National Blood Transfusion Service (NBTS) program by improving blood safety and transfusion services throughout the country. No other donors support NBTS. In 2008, the number of blood units collected increased to 86,323 from 79,925 in 2007. In 2008, approximately 60% of blood donations came from voluntary non-remunerated blood donors while 40% came from family replacement donors, which also is a slight improvement from 2007. The WHO recommended collection target of 10-20 units per 1000 population per year places the projection for annual blood collection at 216,000-433,000 units in Mozambique. This implies that the unmet need is 130,000-340,000 units annually, which suggests that a significant amount of effort is still needed by NBTS, the USG and its partners to address this gap.

ACHIEVEMENTS
At present, the Maputo Central Hospital Blood Bank is serving as the National Reference Blood Bank. However, preparations for the construction and establishment of a new national reference center, supported by USG funds, are underway. Additional achievements in FY 2009 included the following: 1) New monitoring and evaluation forms were developed and piloted in key national centers; 2) Specialized training for two donor recruitment staff members was provided in Brazil; 3) The mentoring program (on-the-job training) initiated in FY 2008 in Beira and Nampula was continued, and three programs of six months each were conducted in FY 2009; 4) ELISA systems were implemented in 10 provincial capitals and Maputo City and trainings on ELISA equipment were conducted; 5) Educational materials were developed for training-of-trainers on blood collection, mobile collection, immunohematology and blood component production; and 6) Site visits to provincial blood banks were conducted to assess physical infrastructure, equipment procurement, training and workflow improvement needs.

2010 GOALS AND STRATEGIES
The proposed USG activities for FY 2010 complement the MOH objectives in the Health Sector Strategic Plan to build the sustainability of programs and include a focus on three primary areas: central level planning, including the training of NBTS staff; infrastructure development; and monitoring and evaluation. Strong linkages with laboratory infrastructure and HIV prevention exist. Central level planning to enhance the capacity of NBTS will focus primarily on continued assistance to review the legal framework and other appropriate blood legislation, regulation and policy currently under evaluation by the Mozambican authorities; assistance with the implementation of national standards related to blood collection, testing, and transfusion; and development of an organizational structure, job descriptions and training strategy for the facility's personnel. Infrastructure activities in FY 2010 will assess current provincial blood bank facilities and equipment (cold chain status) and support the implementation of a computerized system for data analysis and management.

The USG will continue its monitoring and evaluation efforts by facilitating a training course on the value of data collection and appropriate processes for a newly implemented form; introducing the Quality Management Systems to routinely monitor progress and operational activities; reviewing and standardizing a supervisory checklist form visits to facilities; and creating indicators to monitor blood safety progress in Mozambique.

INJECTION SAFETY
BACKGROUND
The goal of the injection safety (IS) program is to reduce the risk of transmission of HIV and other blood borne pathogens at health facilities where HIV services are supported by the USG. Programming is administered through the National Infection Prevention and Control (IPC) Task Force, chaired by the MOH with active USG participation.

ACHIEVEMENTS
USG funds have supported technical assistance (TA) and implementation, including roll out of a nationwide standards-based management and recognition approach (SBM-R) to improve IPC practice in major USG-supported hospitals providing ART services. Health staff across different services areas (e.g. ART, PMTCT, CT, laboratories, and blood banks) implement IPC activities to increase safety and prevent HIV transmission for both patients and health providers. The program has been expanded from 6 hospitals in 2004 to 87 hospitals in 2009. Additionally, USG partners have provided TA and support to improve waste management systems since 2006, including the procurement and installation of six hospital incinerators and training and supervision of waste separation and safe disposal, in particular for high-volume ART sites. As of APR 2009, USG-support included the training of more than 1,000 health care workers on IPC procedures. USG also procured and distributed commodities such as personal protective equipment (e.g., gloves, face shields and surgical masks) and basic supplies for infection control such as sharps containers and soap. The distribution of basic supplies for infection control was coordinated with a MOH hand-washing campaign for health care workers.

2010 GOALS AND STRATEGIES
For FY 2010, USG plans to continue its current activities and expand through “mainstreaming” IPC in implementing partner interventions across program areas. IPC activities will be expanded and institutionalized in health facilities at USG-supported hospitals and other health facilities in the following areas:
1) Development of standard biosafety operational procedures, including update and dissemination of written procedures for handling and disposal of sharps and infectious waste; 2) Improvement of needles and sharps disposal system (use of safety boxes);
3) Appropriate record keeping, data collection, and analysis, including increased use of surveillance systems; 4) Update materials and tools for in-service training and supervision; training of persons responsible at health facility; 5) Improved availability and use of personal protective equipment (PPE), including clinical services partner TA to DDS/DPS level to improve management of stock levels and resupply of necessary items through existing MOH channels; 6) Other activities include supervision and empowering health workers to protect themselves and patients.

USG clinical services partners will pursue these activities in collaboration and coordination with a single central-level technical assistance partner, which will also specifically support the development and implementation of injection safety measures at a national policy level. A rapid mapping will also be conducted to assess adequacy of IPC/injection safety in pre-service training. Activities will also be implemented using an integrated approach with a focus on supportive supervision, monitoring and evaluation, and external assessment to verify hospital compliance with the IPC standards conducted in hospitals.

Activities will coordinate with other health worker safety programs, including post-exposure prophylaxis (PEP). A rapid mapping exercise will be conducted to identify areas where PEP activities for health care workers need to be strengthened, including gaps in existing curricula as well as provision of services where other injection safety activities may have been rolled out without an integrated PEP component. Implementing activities for FY 2010 will focus on filling these gaps in coordination with the health systems strengthening and care and treatment programs.

INJECTING AND NON-INJECTING DRUG USE
BACKGROUND AND ACHIEVEMENTS
Information on injecting and non-injecting drug use is lacking in Mozambique; however, national reports compiled by the Southern African Development Community Epidemiology Network on Drug Use (SENDU) found that among Mozambicans treated for drug problems in 2004, 55% were opiate (heroin) users, 33% used cannabis, and 11% used cocaine. Although data about HIV prevalence among those who inject drugs and how injecting drug use may contribute to HIV prevalence is limited, initial results from the USG-

supported 2007-08 I-RARE among drug users in Maputo, Beira and Nacala found that 40% of injecting drugs users that agreed to be tested were HIV positive. This study also confirmed that needle sharing and inconsistent use of condoms with sexual partners are occurring, implying significant HIV transmission risk.

2010 GOALS AND STRATEGIES
FY 2009 funds are supporting a size estimation and behavioral risk survey of drug users in the country. These data will identify the needs of this population and determine whether services, policy and capacity building are warranted for future funding.

MALE CIRCUMCISION
BACKGROUND
In Mozambique, approximately 60% of men aged 15-49 years are circumcised with significant variation in the rates of male circumcision (MC) across the eleven provinces. The provinces of Niassa, Cabo Delgado, Nampula, and Inhambane have low prevalence of HIV and high rates of MC whereas the provinces of Zambezia, Sofala, Gaza, Maputo and Maputo City have high HIV prevalence and low rates of MC. These data suggest that MC, coupled with other prevention strategies such as partner reduction and condom use, may have a positive impact on reducing HIV prevalence in the provinces most impacted by HIV in Mozambique. In those provinces, interest in MC by uncircumcised men was found to be high in the last DHS in 2003, ranging from 60-90%. The acceptance of MC in these areas was reported long before the findings of the three randomized clinical trials conducted in Kenya, South Africa and Uganda demonstrated that male circumcision of HIV uninfected men provided between 50-60% protection against HIV acquisition from female partners. It is therefore believed that MC services implemented in Mozambique would be well received by many of the 3.8 million uncircumcised men between the ages of 15-49 in the country.

ACHIEVEMENTS
Following published results from the clinical trials, the USG and its partners began working with MOH and the National AIDS Council (NAC) to plan and prepare a situational assessment to identify the MOH capacity for minor surgical procedures including MC services. The assessment was finalized in FY 2009 and it demonstrated that with additional training, appropriate workload distribution and consistent availability of commodities, additional minor surgical procedures, including MC, were feasible. Based on these results, MOH agreed to support a pilot project to scale up MC within integrated surgical settings. USG prioritized this activity and reprogrammed funds to support four MOH and one military site.

2010 GOALS AND STRATEGIES
Activities in FY 2010 will build upon the current accomplishments, which include joint planning for the development of the intervention plan and package, site assessments, study tours to neighboring countries already implementing MC services, procurement of basic equipment, translation of key MC documents and training materials, and a training-of-trainers conducted in Zambia. The USG and its partners will work with the MOH and military staff to develop comprehensive MC services. Within the MOH sites, there will be an increased focus on enhancing the capacity of facilities to perform minor surgical procedures. This planned integration is important to the MOH as much of the concern about expanding MC activities is largely attributed to severe constraints on the health system, and specifically surgical capacity in Mozambique. With more investment in minor surgical capacity in the pilot sites through MC support, the MOH may review its current position on MC and more aggressively support access to safe and affordable MC services in the near future. Ultimately, USG also believes that this integration will foster the sustainability of MC activities. Within military settings, an additional priority will be on advocating for the voluntary circumcision of new recruits during basic training to provide greater protection against the acquisition of HIV and promote improved hygiene. Circumcisions performed during this time also may allow for a better chance of complete healing before the resumption of sex.

MC services will not be a stand alone intervention, but part of a comprehensive prevention strategy, which includes: provision of HIV testing and counseling services; treatment for STIs; promotion of safer sex practices; provision of condoms and promotion of their correct and consistent use; and linkages and referrals to prevention interventions and other social support services. Additional emphasis will be on appropriate counseling of men and their sexual partners to prevent them from developing a false sense of security and engaging in high-risk behaviors that could undermine the partial protection provided by male circumcision. Appropriate communication tools and messages will highlight accurate information regarding the protective effect of MC, need for continued use of other preventive behaviors (e.g. condom use), risks and benefits of the procedure, appropriate post-operative wound management and the need to abstain from sex until certified complete incision healing.

MC activities also will include programmatic evaluations designed to determine MC-related costs for Mozambique (currently estimated at 35 USD), monitor adverse events, assess the impact of integrated MC services in minor surgical wards and explore the feasibility of greater private sector involvement in service delivery. Additional activities proposed for continuation include staff training, support for IPC in the sites, management of commodities, infrastructure enhancements, capacity building and advocacy for the scale-up of MC.

**Technical Area:** Counseling and Testing

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVCT | 10,475,296 | |
| **Total Technical Area Planned Funding:** | **10,475,296** | **0** |

**Summary:**
In December 2008, the Government of Mozambique (GOM) launched its Strategy for Accelerated Prevention of HIV Infection and prioritized CT as a crucial component of HIV prevention, recognizing it as the entry point for care and treatment, psychosocial support, and behavior change. The USG supports the strategy's priorities to expand and improve the quality of CT services in both clinical and community settings.

BACKGROUND
Provision of counseling and testing (CT) services began at four sites in Mozambique in the year 2000. As the cornerstone of the HIV service scale-up in Mozambique, CT services are being provided through three strategies: 1) Provider-Initiated CT (PICT) in clinical settings; 2) Community-based CT (CCT); 3) Voluntary Counseling and Testing, which was nationally adapted into CT in Health (CTH).

Challenges to scale-up and expansion of CT include a weak and fragmented data collection system, lack of a unified national guiding document on CT services, low quality of services, a weak commodity and logistic system for rapid test kits, and lack of an official cadre for lay counselors who deliver CT services. For example, while Mozambique has data on the numbers of total CT sites currently available (which is steadily increasing), it does not specify what particular CT service the data refers to-community, provider initiated, or client initiated. Continued technical assistance to MOH is needed to categorize and quantify sites, especially non-USG supported sites. In addition, the lack of an official cadre for lay counselors supported by the state budget has left a gap in providing a sustainable mechanism to hire qualified counselors. Counselors previously funded outside of state resources are being hired under the cadre of administrative assistants and cleaners to remain employees of the MOH in the absence of an official cadre of lay counselors.

Other donors provide technical support in CT programming and logistics, commodities, and laboratory support.

ACHIEVEMENTS
In FY 2009, the USG Mozambique provided CT services (individuals who received counseling and testing for HIV and received their test results, including TB) to 536,097 individuals in 400 counseling and testing sites.

Completion of clinical partner rationalization: In response to an MOH request, the USG Mozambique underwent a clinical partner rationalization exercise in FY 2009 aimed at streamlining support to cover all clinical services in a whole province, including CT and PMTCT. Despite challenges, this model has been proven effective in preventing duplication of services by different partners at the district level.

In FY 2009 clinical care partners received budget allocations to cover facility-based counseling and testing interventions (PICT and CTH). The coverage and scale up of PICT and CTH increased during FY 2009 to 6 clinical partners currently working in all 11 provinces of Mozambique. Completion of hand over of sites through rationalization of clinical partners was one of the most challenging accomplishments during FY 2009 as some new clinical partners had never implemented CT before. This activity enhanced collaboration between implementing partners and district, provincial, and national levels but it also brought challenges in the harmonization of provision of services. The lack of an official cadre for counselors under the MOH also hindered the handover process in some provinces.

Improved and expanded quality assurance: During FY 2009 Quality Assurance measures were maximized through the collaboration of the Immunology Department of the National Health Institute, and the laboratory section and CT program within MOH. The USG/WHO rapid testing kit package of materials was translated into Portuguese and adapted to country needs as the national testing training guideline. Additionally, the current proficiency panel for quality assurance of HIV testing now includes community CT sites. The utilization of this material as a national reference and the inclusion of community sites in the proficiency panel are the first steps in the development of a systematic approach to quality assurance for HIV testing.

Expansion of PICT: Provision of PICT in the clinical context was particularly strengthened during FY 2009 and guidelines and training materials for implementation in hospital wards were developed with close collaboration of all clinical partners. It is expected that the recently approved PICT assessment protocol will provide further support to the expansion and implementation of PICT in all health settings.

New CT data collection tools launched: New CT data forms, aimed at standardizing HIV testing registers, were piloted in 2009. A new data system was rolled out to support MOH's capacity to collect, manage and utilize quality data for program monitoring and improvement of interventions. The USG and partners have also assisted the MOH in revising CT data collection and routine monitoring tools during FY 2009.

All rapid HIV test kits (RTK) are procured through Supply Chain Management System (SCMS). Recent site supervisions have documented the use of expired test kits, poor compliance with bio-safety measures and failure to implement the National Rapid Test Algorithm. In FY 2009 the USG worked closely with the MOH to clarify issues around the use of expired test kits and the need for all health providers involved in CT activities to follow the national algorithm.

Couples CT training completed: In July 2009, the USG held a meeting focused on HIV Couples CT in order to prioritize this initiative through training plans for CT providers in CTH, community-based CT, PICT and PMTCT settings. Emphasis in trainings for couples and CT for children are also planned, so that counselors can better encourage and facilitate disclosure among couples, provide psychosocial support to children and parents and promote male involvement. It is expected that CT partners in both

community and clinical settings will provide couples and children's counseling and testing in a concerted manner in FY 2010. Adults and children who test positive will be linked to orphans and vulnerable children (OVC) and home-based care (HBC) programs for additional care, treatment and support. Scaling-up quality community-based mobile programs will complement facility-based CT and also ensure greater access to rural communities, high-risk populations, families and children.

STRATEGIC FOCUS

The USG's vision is to increase access to confidential HIV CT and improve the quality of service in routine health visits, CT in health, and community-based settings. In line with the Partnership Framework (PF) Goal 1, objective 1.3 (expand access to confidential HIV counseling and testing), the USG and the GOM will work to provide quality CT services and define roles and responsibilities of facility-based lay counselors, integrate this cadre into the National Health System through sustainable financing.

2010 GOALS AND STRATEGIES

In FY 2010 the program will focus on increasing uptake of CT, improving post-test counseling based on test results with a strong emphasis on couples counseling, and supporting training in risk reduction counseling. A stronger emphasis will be placed on strengthening PICT including establishing a national PICT plan; a shift towards routine PICT in out-patient departments for all patients regardless of signs or symptoms; and providing PICT to all patients and family members in in-patient wards. In FY 2010, the program will also support community DOTS program with home-based HIV testing and utilize lay counselors in out-patient departments. Linkages to community based prevention activities, including prevention with positives for discordant couples and stigma prevention will be strengthened.

Expand CT for most-at-risk populations (MARPs): More attention will be given to innovative ways to increase uptake of MARPs through tailored services. Current MARPs activities will be expanded and peer-educator networks built in particular risky populations, including sex workers and the uniformed service entry points (recruit training centers, sergeant school, Special Forces training camps, military academy and peace keeping force military base).

Implement national CT campaigns: To date, Mozambique has never had a national, MOH-led CT event. However, USG partners have promoted and launched large CT campaigns around events such as World AIDS Day and Valentine's Day, with increased results for the corresponding months. Activities are being planned in FY 2010 for national CT days with current partners as well as a national campaign for counseling and testing to be planned by the communication and CT TWGs, prioritized in the December 2009 Prevention Reference Group Meeting.

Update and improve CT training materials: FY 2010 funds will support the review and update of existing training materials to ensure accurate information is being given. This includes trainings and opportunities for skills building and application; training on targeting hard to reach MARP populations, partners of transactional sex, mobile populations and their partners; quality assessment of trainers and trainings; and establish a national roll-out plan for training and re-training all persons providing CT services. Materials will also be developed to strengthen the quality of both pre and post-test counseling. Particular emphasis will be given in FY 2010 to prevention with positives, disclosure of HIV status, and discordant couples counseling. Additionally, educational messaging to reinforce individualized counseling with risk-reduction strategies will be put into place across partners. These efforts will be focused especially on high risk negatives.

Improve quality of CT: Funds will support quality assurance (QA) systems including: training of health providers using the USG/WHO Rapid Testing Package materials; decentralization to support provincial and district quality systems; and strengthened linkages with lab to support integrated supervision with the CT program. FY 2010 funds will also support training of partners and providers in new reporting documents, data management and data use for program monitoring and improving CT provider morale.

Mozambique still lacks one unified national guiding document defining CT service standards. The terms of reference of the Quality Working Group comprised of the USG, implementing partners, MOH, National AIDS Council (NAC) and civil society organizations was developed and it is awaiting MOH approval. This working group will define the minimum standards for all types of CT services and policies surrounding certification. Guidelines for integrated site supervision will also be established.

Improve supply chain system for RTKs: The CT program will work more closely with SCMS and MOH, including CMAM, at national, provincial and districts levels to: 1) build capacity in logistics, forecasting, distribution planning, and supervision of the supply chain system; 2) establish national supply chain management system with assigned roles at national, provincial, district levels; 3) train counselors and lab techs in RTK and supply forecasting; 4) strengthen use and standardization of test kit registries. In addition, the USG will continue to support the procurement of RTKs and will continue its procurement TA to CMAM to purchase RTKs with Global Fund resources.

Develop sustainable strategy for facility-based lay counselors: The entire CT service faces dire HR constraints, as facility-based lay counselors are still not a recognized cadre in the MOH system. Short-term solutions implemented by USG partners include direct hiring of lay counselors or hiring of lay counselors through sub-agreements between partners and provincial health directorates. USG partners will develop a sustainable strategy with the GOM to minimize HR constraints for CT and transition financing of lay counselors to the MOH.

Strengthen referrals and linkages with other health and HIV services: In FY 2010 referrals and linkages between CT and other health and HIV services will be strengthened, including community-based prevention, care and treatment activities and gender based violence referrals. USG-funded CT partners will establish a functional and consistent referral system utilizing standardized referral forms and unique identifier confidential referral system, reinforced with regular meetings to track loss to follow up. Linkages to prevention with positives programming, TB case findings, couples counseling and testing, male circumcision (when available) and gender based violence programming will be strengthened. FY 2010 CT funds will leverage biomedical transmission/injection and blood safety funds to ensure that systems are improved for appropriate disposal of bio-waste and advocacy for policy change. CT partners will implement standard operating procedures to ensure biosafety.

**Technical Area:** Health Systems Strengthening

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| OHSS | 42,893,018 | |
| **Total Technical Area Planned Funding:** | **42,893,018** | **0** |

**Summary:**
The USG made a bold shift in resources to health systems strengthening (HSS) in FY 2009. HSS remains a major priority in FY 2010 programming, ultimately aiming to create a health system that provides quality health care managed and led by Mozambicans. The USG activities aim to ensure that all USG-supported activities align with national strategies and plans, foster sustainability through capacity-building and transition ownership of programs to the GOM, Mozambican organizations and civil society. Key areas of emphasis include human resources for health (HRH), infrastructure, pharmaceutical management and procurement systems, and governance.

BACKGROUND

Mozambique faces a myriad of health systems challenges: a HRH crisis; inadequate infrastructure; weak institutional capacity to plan, manage, and monitor health programs; weak procurement and logistics capacity; and a weak civil society. USG activities in FY 2010 will build upon accomplishments in the first five years of PEPFAR and leverage GOM efforts and other donor contributions. Activities aim to enhance government capacity to manage its own health system, build national rather than parallel systems, strengthen civil society and align with national priorities and plans. For FY 2010, additional areas of focus include health finance, governance, procurement systems and infrastructure. All activities will be coordinated with local counterparts and strive to transition skills and ownership to Mozambican entities, and support achievement of the Partnership Framework goals and the principles of national leadership, coordination, decentralization and participation.

USG efforts toward health systems strengthening are complemented by programming from other donors and partners through participation in various technical working groups, including the GF Country Coordination Mechanism (CCM). Pharmaceutical management systems are supported by Common Fund donors, WHO, UNFPA and MSF while infrastructure is primarily supported by JICA, CIDA, and Clinton foundation. DANIDA and UNAIDS are partnering with the National AIDS Council (NAC) to build M&E capacity. The WHO, the GF, Danida and Irish Aid provide support to pre-service training and community health workers. Funding opportunities to civil society are also provided by Irish Aid, UK and DFID. Finally, pooled funds offer budget support and fund infrastructure projects.

ACHIEVEMENTS
Under the first five years of PEPFAR, the USG made significant progress toward strengthening Mozambique's health systems, particularly in the area of information systems, health service delivery, and human resources for health. Other accomplishments include the completion of the National Health Accounts (NHA), development of the Pharmaceutical Logistics Master Plan (PLMP), increased capacity of government institutions and civil society through technical assistance and organizational development, and development of transition plans for Track 1 ART partners to local institutions.

The USG also completed assessments on logistics, HRH, information systems, service delivery and health finance. Mozambique is currently participating in the multi-country System-Wide Effects of the USG (SWEPT) evaluation, which will use the HSS assessment methodology developed by Health Systems 20/20. Findings from the SWEPT evaluation will be used in conjunction with the finalized assessments mentioned above.

STRATEGIC FOCUS
The USG vision for health systems strengthening (HSS) is a health system that provides quality health care managed and led by Mozambicans, ensuring that all USG supported activities align to national strategies and plans, foster sustainability through capacity-building and transition ownership of programs to the GOM, Mozambican organizations and civil society.

The USG Mozambique HSS activities contribute to the PF vision, focusing on health finance, pharmaceutical management and procurement systems, governance and physical infrastructure, and directly contribute to achievement of PF Goal 2 (to strengthen the multisectoral HIV response in Mozambique), Goal 3 (to strengthen the Mozambican health system) and Goal 4 (to improve access to quality HIV treatment services for adults and children).

2010 GOALS AND STRATEGIES
Increase financial and management capacity and support decentralization: The USG will further decentralization efforts in a number of ways. Four provincial advisors (Clinical, Laboratory, Pharmacy Logistics, and M&E) will be placed in each province to support the Provincial Health Directorates (DPS). Clinical partners will assist in provincial and district coordination, planning, training and provide on-the-job supervision. Track 1 ART partners will implement their transition plans, issuing sub-grants to provinces

and local partners. The USG will also ensure these sub-partners are given training in program and financial management. These are spillover activities, since increased capacity at provincial and district levels benefits the entire health system, and also leverages the pooled donor support to decentralization.

The USG will continue to provide and expand provision of central and provincial level financial and technical assistance (TA) to the Ministry of Health (MOH), the National AIDS Council (NAC), and the Global Fund (GF) unit at the MOH. The NAC will receive assistance at the central and provincial levels, producing an indirect benefit at the district level. The USG will also support NAC's key role in M&E and coordination of the national response while leveraging support from Danida and UNAIDS. Financial management TA to the MOH at the central level will continue to strengthen overall management of resources. This will include assistance to the MOH's Global Fund Unit to manage and coordinate Global Fund processes, including disbursement requests, progress reports and proposals. The USG will further strengthen the GOM's capacity to manage and utilize Global Fund resources through continued TA to CMAM in procurement. The Ministry of Women and Social Welfare (MMAS) will also be supported in overall management, development of social worker scopes of practice and curricula, and M&E.

An assessment of performance-based financing will be carried out to gauge the feasibility of this approach and provide recommendations. This will be a first step in piloting an approach that will use available resources more effectively, improve health worker motivation and performance, and improve health outcomes. The assessment will use relevant lessons learned from other countries and from the Track 1 ART transition plans in Mozambique. These are intentional spillover strategies, since performance-based financing aims to improve health worker performance and accountability overall, rather than being specific to HIV programs.

The National Health Accounts study will be disseminated and used with stakeholders. This will improve understanding of resource flows and improve resource allocations. The USG coordinates with other donors on the finance and auditing working group, which works to improve financial management at MOH and coordination with the Ministry of Finance.

Increase public-private partnerships (PPPs): In FY 2010, the USG will accelerate its engagement in PPPs, which leverage contributions from the private sector and support resource mobilization and efficiencies. Eight PPPs are currently planned. They include nutritional support and income-generation with a construction company; HIV prevention and mitigation with Gorongosa National Park; and HIV prevention along the Moatize corridor with the mining company Vale. The USG will mainstream innovative PPPs into its HIV prevention and care programs, strengthen civil society and government institutions, and pursue additional potential partners, including the banking sector and other industries with expertise in financial management. With remaining FY 2009 funds, the USG will strengthen the Business Forum Against HIV/AIDS and labor unions to develop HIV workplace policies and programs, especially in the private sector.

Strengthen the commodities and logistics system: In line with USG's vision to strengthen the leadership and sustainability of local institutions, the USG will enter a new cooperative agreement with the Central Medical Stores (CMAM). This agreement will begin transitioning resources and activities to CMAM, while promoting ownership of and accountability to those activities. The USG will also seek to build CMAM's capacity in financial management and expand its support to the pharmaceutical sector through TA to the pharmacy department on regulatory and policy issues. Capacity building efforts will be complemented by Supply Chain Management Systems (SCMS) and potentially through new PPP activities.

The USG will support the implementation of the PLMP for improved pharmaceutical logistics. The PLMP will redesign the entire supply chain for medicines, laboratory reagents and other medical supplies from the central level to districts. The plan includes identification of central and district warehouse infrastructure needs; revisions in policies and laws for efficient management of the supply chain; improvement of the

efficiency and effectiveness of integrated procurement and logistics systems, human resource reform requirements and staffing needs; development of a logistics management information system; and pre- and in-service training at all levels. The PLMP also incorporates other elements of the supply chain, including rational use, drug regulatory processes and other areas of the pharmaceutical sector managed by the MOH Department of Pharmacy. SCMS will support the MOH in the implementation of the plan in close collaboration with other donors, UN agencies and USG implementing partners. The PLMP is an intentional spillover strategy, since it will strengthen the supply chain for the entire health system and improve overall health outcomes. It also leverages some donor support, including that from the Global Fund and UNFPA.

As the PLMP is a multi-year plan, clinical partners will engage in activities to support short-and medium-term needs. These partners will provide mentoring and supportive supervision to sites in inventory control, forecasting, and record-keeping; strengthen coordination between the pharmacy and service delivery units in collaboration with Provincial Advisors; and hire one additional logistics staff person per partner to support the program and provincial advisors. The clinical partners will also support the PLMP in the respective provinces by identifying and supporting district trainings, as well as purchasing necessary equipment and inputs for pharmacies at site and district levels. In FY 2010, the USG will finalize a Trilateral Agreement (Memo of Understanding between the Governments of Mozambique, the United States and Brazil) to leverage Brazilian logistics expertise to complement the above logistics activities through support to pre-service training in collaboration with in-country partners.

Improve and expand public health infrastructure: The USG has several physical infrastructure projects launched with FY 2009 funds that are scheduled to carry over into 2010. These projects will construct Zimpeto and Beira warehouse extensions; create fifteen new rural health centers, each with staff housing; convert hospital buildings at Marracuene into a National Training Center; and expand a military health facility in Tete to include access to the civilian population. Clinical partners will continue to receive funds for targeted repairs and rehabilitation of health facilities. They will coordinate these activities with DPS and other partners in their respective provinces.

In FY 2010, the USG will also initiate several new physical infrastructure projects. Construction will begin on a new Northern regional warehouse as well as five district warehouses. These, along with the Zimpeto and Beira warehouse extensions, are part of the PLMP implementation and will strengthen the supply chain system. The USG will also expand military health facilities in Boane and Maputo, which are also used by the civilian population.

In addition, the USG will support the construction of an integrated National Public Health Reference Laboratory through the Regional Procurement Support Office (RPSO), which has expertise in procurement and contracting mechanisms. Creation of an integrated National Public Health Reference Laboratory is key to strengthening the National Laboratory Network, and will serve as a state of the art facility housing the country's National Reference Laboratories, surveillance units, and public health research activities. This activity supports the PF Goal 3, objective 3.5 to strengthen the public health infrastructure, and Goal 4, objective 4.5 expand laboratory diagnostic testing capacity, including early infant diagnosis.

Strengthen capacity of and increase funding to civil society: As part of its sustainability strategy, the USG will continue to support civil society organizations through Academy for Educational Development (AED)'s Capable Partners Program (CAP), small grants (e.g. Quick Impact Program), and international partners that will build the capacity of local sub-partners. CAP provides sub-grants integrated with technical and organizational capacity-building to local organizations and networks implementing community-based prevention, care and support programs. CAP will expand geographically and add an umbrella grants mechanism (UGM) for larger organizations to increase the number of NGOs receiving sub-grants and capacity-building.

The USG will help Quick Impact grantees graduate to CAP in various ways, in support of the continuum of capacity-building from small grants to prime partner. A regional partner will be brought on to provide organizational development to Quick Impact grantees, since CAP works with mid-size NGOs that have more developed systems. CAP will also provide some capacity-building to promising Quick Impact grantees in key areas that will help them transition to CAP, such as financial management and proposal development. Small grants programs and CAP actively look for new partners. The USG efforts to build local organizations have intentional spillover effects, as a strengthened civil society will participate more actively in advocacy and policy dialogue and contribute to the health system overall.

Other strategies to increase local capacity and improve sustainability include an Annual Program Statement (APS) focused on community-based responses to HIV to increase the number of Mozambican partners receiving direct funding, and the Trilateral Agreement to bring Brazilian technical expertise to Mozambique.

**Technical Area:** Laboratory Infrastructure

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HLAB | 10,924,314 | |
| **Total Technical Area Planned Funding:** | **10,924,314** | **0** |

**Summary:**
USG programming in Mozambique in FY 2010 directly supports the GOM to improve and expand the clinical lab capacity for the provision of quality diagnostic and treatment services.

BACKGROUND
The tiered public health laboratory network in Mozambique consists of 254 labs organized into 4 levels: regional (3), provincial (7), district (general; 35), and primary (209). Additionally, there are 3 central Military Hospital Lab under the oversight of the Ministry of Defense, and 4 National Reference Labs. To date, the USG provides support to 39 clinical labs (3 regional, 11 provincial, 15 district/rural/general, 5 Health Centers, 3 Military Hospital Labs and 2 National Reference Labs (Immunology and Virology and TB).

The laboratory network in Mozambique continues to face multiple challenges, the most critical is the shortage of qualified personnel to staff and manage the laboratory network. The ability to recruit and retain young and promising individuals to the public health sector is threatened by low salaries and lack of career development opportunities. Other challenges include: deficient infrastructure; weak commodity supply chain; poor coordination between laboratory and clinical services; absence of National Quality Assurance Program; and absence of expertise in equipment maintenance and repair. Another critical challenge is the fragmented nature of management and oversight of public health functions as well as the lack of co-location and unsafe working conditions for the nation's Public Health Reference Labs. With the exception of immunology, virology and TB, the country's reference laboratories are located within the MOH administrative building, which lacks appropriate barriers and biosafety features to protect the laboratory technicians and others working in the building. For this reason, there is currently only a minimally functional Malaria Reference Laboratory and no Microbiology Reference Laboratory.

USG support in the area of laboratory is coordinated with other donors including: the World Bank and AXIOS/Abbott for HIV test kit procurement; Global Fund for equipment and commodity procurement; Clinton Foundation and UNITAID for technical assistance and reagent procurement for Early Infant

Diagnosis, pediatric CD4 testing, and viral load; the President's Malaria Initiative (PMI) for logistics strengthening of rapid diagnostic tests; TB-Country Assistance Program (TB-CAP) for TB laboratory diagnostic strengthening; and International Association of National Public Health Institutes (IANPHI) for establishment of a National Public Health Institute.

ACHIEVEMENTS
USG-supported partners are improving laboratory and warehouse physical infrastructure; procuring lab equipment and commodities; strengthening logistic systems; building human capacity through technical assistance, pre-service curriculum strengthening, mentoring; and assuring quality lab services through implementation and support of a National Quality Assurance Program.

In August 2007, the MOH drafted a National Lab Strategic Plan focusing on the clinical laboratory network. Subsequently, an effort led by WHO was undertaken to draft a new national strategic plan which integrated clinical and public health lab functions. In 2009 the MOH, with USG assistance, led a process to harmonize the 2 plans into 1 working document covering clinical and public health lab functions. Objectives include: improve the planning and coordination of infrastructure, equipment and logistics; increase the quality of lab services by establishing a quality management system; improve the management of information within the laboratory network; improve the capacity and the management of human resources; and establish reference laboratories.

Collaboration between the USG, International Association for National Public Health Institutes (IANPHI), and MOH has lead to development of a National Public Health Strategic Plan that includes construction of a National Public Health Institute which will co-locate all National Reference Laboratories. In FY 2009, the MOH requested USG assistance in planning and constructing this new facility.

The following additional accomplishments and priorities were achieved in FY 2009:
1) Renovations of 4 referral labs (Mavalane, Quelimane, Xai-Xai, Nampula,) and 20 district and health center labs have been completed.
2) USG support for laboratory equipment and reagents has been provided through SCMS and supports the entire CD4 testing network with capacity in 29 labs across all 11 provinces. Biochemistry and hematology testing is supported in 31 labs, representing ~30% of the optimal testing capacity.
3) In FY 2009, 30,000 DNA PCR tests for early infant diagnosis (EID) were performed in 2 laboratories to support the pediatric treatment program in all 11 provinces.
4) EQA programs have been established for CD4, HIV serology, biochemistry, DNA PCR (EID), and VL. All 29 USG-supported CD4 labs participate in EQA as do all labs performing EID. For HIV serology EQA, the number of sites participating increased from 129 to 185 in FY 2009 including clinical labs, blood banks, CT and PMTCT sites. EQA for biochemistry was introduced in 2009 with USG support. In the first round, 8 laboratories including 3 regional, 4 provincial and 1 general hospital lab, participated.
5) By the end of 2009, electronic lab information systems (eLIS) were implemented in 6 sites, including Mavalane General Hospital, Quelimane and Xai-Xai Provincial Hospitals, the Central and the Military Hospitals in Maputo and the Immunology and Virology Reference Lab. USG funds are supporting the strengthening and implementation of the paper-based LIS to promote standardization across laboratories and reporting of data necessary to monitor laboratory performance at both site level and central level.
6) To address the critical shortage in qualified lab personnel, USG funding via South-to-South collaboration included the upgrading of skills for existing lab technicians through on-site lab mentoring and technical training in Brazil. A second strategy is to train biologists working in the MOH system to staff clinical laboratories and serve as focal points for quality assurance and biosafety. Subsequently, the USG funded the training of 14 Biologists in 2009 in collaboration with the Miami Dade School of Medical Technology.

STRATEGIC FOCUS
The USG team will support the MOH to improve and expand the clinical lab capacity for the provision of

quality diagnostic and treatment services.

The USG Mozambique support to laboratory infrastructure contributes to the vision of the Partnership Framework (PF) through supporting sustainable systems and transitioning programs to the GOM. Activities in laboratory infrastructure contribute to PF Goal 3 (to strengthen the Mozambican health system) and Goal 4 (increased access to treatment) as it pertains to strengthening laboratory services. Through the PF, the USG will also work with the MOH to establish appropriate National Laboratory Policy to support the accreditation process.

2010 GOALS AND STRATEGIES
Strengthen National level laboratory section of MOH: USG supported activities for FY 2010 will build upon previous years' accomplishments with an intentional focus on human capacity building, both technical and managerial, and sustainability through infrastructure and systems strengthening. All activities implemented by USG funded lab partners will be planned in collaboration with the MOH and strive to transition ownership, responsibility, and oversight of programs and activities to Mozambicans. In Mozambique, the MOH and the National Institute of Health (NIH) represent our most important local lab partners. USG-funded partners will continue to use the MOH approved National Strategic Plan and the priorities defined in the PF to guide activities and investments and will continue to encourage and support the MOH to implement their plan and monitor their progress towards accomplishing the goals and objectives therein.

Construct National Public Health Reference Laboratory: FY 2010 funds will be used to construct the first phase of a National Public Health Reference Lab, in line with the NIH Strategic Plan. Infrastructure improvements and equipment placement are currently underway in training labs at 3 of the 5 Health Science Institutes (Maputo, Nampula and Zambezia). Funds are allocated to clinical partners for minor renovations to create an environment which enables proper service delivery.

Increase accessibility to HIV disease monitoring tests: Increased access to disease monitoring tests will be achieved by additional equipment and strengthening the specimen referral network, increasing hours of electrical supply to rural labs, decreasing the number of testing disruptions due to reagent stock outs and equipment failures, increasing number of trained personnel to operate existing equipment, and building a cadre of phlebotomists to minimize the time lab techs spend collecting specimens.

Improve human laboratory capacity: To improve monitoring and evaluation of USG investments in the area of lab and to rapidly identify and prioritize gaps, USG funded clinical partners are adding a lab advisor to their staff. Advisors will provide ongoing supervision and capacity building in labs where USG-funded care and treatment services are offered to improve the quality of services. Advisors will also be part of the USG lab technical working group created as a forum to improve collaboration and coordination across partners and standardize approaches to lab capacity building.

In response to a request from MOH, the lead clinical partner in each province will also provide salary support for four technical advisors per province, one of which will be a lab advisor. Unlike the Lab Advisor that is part of the clinical partner team, these provincial advisors will report to and be integrated within the Provincial Health Directorates and will provide technical assistance and oversight for MOH laboratories in the province. These advisors will be distributed across all 11 provinces and represent a network of technical experts to create a link between provincial and central level lab capacity building, and facilitate the implementation of quality improvement and system strengthening initiatives being developed at central level. In many cases, these advisors are Mozambicans and represent a sustainable approach to ongoing lab capacity building. The roles and responsibilities of the clinical partners' lab advisors and the provincial advisors have been carefully defined to ensure maximum coordination and collaboration to improve capacity building and lab systems strengthening in the province.

Support access to quality assured viral load testing: With USG and UNITAID funds, viral load (VL) testing will be introduced in all 3 regional hospital laboratories. USG funds through Association for Public Health Laboratories (APHL) will support an evaluation of the impact of VL in patient management to inform the need for further roll-out. HIV resistance testing will remain centralized within the Virology Reference Lab and be supported by the USG through APHL.

Support National Quality Assurance Program: As VL labs come online, participation in EQA, managed by the Reference Lab, will be required and supported by the USG. Further expansion through decentralization of the program to the provincial level is planned in 2010. Funds are also planned for a hematology EQA program. To improve coordination and integration of EQA programs, USG funds are supporting the development and implementation of a National Quality Assurance Program. This program will be designed to lead labs towards national accreditation. The 3 Regional Labs will be prioritized in year one followed by provincial labs in subsequent years.

Support National Accreditation: In accordance with the National Strategic Plan, FY 2010 funds will support the development of the Lab Section Head and staff to organize, implement, and monitor Quality Assurance of the Laboratory Network. A quality manager trained in FY 2009 will lead the development and implementation of the Quality Management operational plan which will aim to define national laboratory quality standards, develop training strategies to build awareness and skills, and develop tools for monitoring laboratory performance and preparedness for accreditation. The USG will also support the initial processes towards accreditation using the WHO-AFRO scheme.

Increase capacity for early infant diagnosis (EID) of HIV: Based on the number of pregnant women and the prevalence of HIV in the population, it is estimated that 150,000 infants will be HIV exposed and thus in need of EID. Recently, EID equipment was upgraded to a fully automated system in the Reference Lab and testing capacity will be doubled. Two additional EID labs will come on line in 2010 to bring the total number in country to 4 and a capacity for 100,000 tests per year or 67% of the estimated need. To reduce the turn-around time for EID test results, SMS technology is being piloted in collaboration with the Clinton Foundation.

Strengthen Laboratory Information Systems (LIS): FY 2010 funds will be used to establish systems and capacity at central level of MOH to utilize LIS data for annual planning and budgeting decisions. Sustainable strategies to ensure the optimal functioning of the LIS system in Mozambique beyond USG support are a priority and will include hiring of local IT specialists to be trained to manage the systems with agreements that staff will be integrated into the MOH budget within two years.

Support South to South Collaboration: South-to-South programs will continue and include assessment of impact of investments to meet the human resource needs of the lab network. Funds will be used to support Training of Trainer strategies to develop biologists into national laboratory trainers to facilitate in-service trainings in a more sustainable way. Microbiology capacity building through on-site lab mentorship will continue in regional hospitals and include development of mechanisms and strategies to expand microbiology testing capacity to lower level labs through biologists and laboratory technicians who have benefited from USG funded training outside the country. The USG will make significant investments in the revision of curriculum for medium and superior level courses as well as the development of curriculum to train lab staff that shall be employed at the new National Public Health Institute once established. Faculty development through mentorship and twinning projects to compliment infrastructure investments in training labs at Health Science Institutes is also planned. These investments are critical to building sustainable local capacity to continue to address the human resource deficit in the healthcare sector in this country.

**Technical Area:** Management and Operations

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVMS | 25,056,222 | |
| **Total Technical Area Planned Funding:** | **25,056,222** | **0** |

**Summary:**
(No data provided.)

**Technical Area:** OVC

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HKID | 17,484,449 | |
| **Total Technical Area Planned Funding:** | **17,484,449** | **0** |

**Summary:**
USG Mozambique's support to orphans and vulnerable children programming in FY 2010 reflects the continued emphasis on vulnerable populations as outlined in the GOM's NSP and the new PEPFAR strategic plan which aims to strengthen the ability of families and communities to provide supportive services to orphans and vulnerable children.

BACKGROUND
An estimated 1.7 million Mozambicans are living with HIV, with an estimated 510,500 children that are orphaned or considered highly vulnerable children (OVC) because of the damaging impact of HIV on households and communities (Demographic Impact Study, MOH 2008). More alarming is that an estimated 1.1 million OVC are considered to be in dire need of support according to the Coping Assessment Survey conducted by the Ministry of Women and Social Welfare (MMAS) in 2006.

One of the challenges in the implementation of OVC services is the limited capacity of MMAS to respond to the enormous demand for social services given a shortage of trained personnel, lack of service delivery standards for social workers, poor coordination with the Ministry of Health (MOH), and overall weak institutional capacity to plan and launch an effective response to addressing the need of socially vulnerable populations.

The Mozambican Government has approved three laws related to child welfare and protection: the Children's Act; Anti-trafficking Act against Women and Children; and the Minor Jurisdictional Organizational Act. These are notable achievements, but there is a need to increase widespread awareness regarding the provisions of these laws and to ensure the effective enforcement of these laws at all levels in order to guarantee that the rights of children are protected.

The USG and UNICEF are the only donor agencies funding direct services to OVC. The USG, the Embassy of Chile, and DFID have provided institutional support and training to MMAS. DFID is providing support to strengthen the Unconditional Cash Transfer Program. With support through USG partner Health System (HS) 20/20 and other donor agencies, support is being providing to strengthen MMAS human resources. Partners are working to reach consensus on core competencies required for the three cadres of social workers who will support social service delivery on the central, provincial, and district levels. HS 20/20 will also assist MMAS to coordinate donor efforts for support of a training plan for the

newly recruited social workers.

ACHIEVEMENTS
Based on APR 2009 data, the USG provided support to 203,903 OVC from which 103,638 were reached through primary direct services and 19,139 with supplemental direct services, in addition to the 207,346 vulnerable children that received support from MMAS.

Initiated new projects to expand integrated OVC programming: During FY 2009, the USG awarded two consortiums with USG funding across sectors to introduce a highly integrated multi-sectoral strategy in Zambezia and Nampula provinces. It is expected that these programs will increase synergies across USG programs in various sectors (particularly health and agriculture) to amplify their collective impact at provincial, district, and community levels to support OVC. Opportunities to integrate activities at the local level are particularly important to wage an appropriate response to the complex development challenges communities face in providing support to OVC. Activities will complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs). Strategic linkages to these other USG programs will be used to leverage programmatic results and utilize a holistic approach that will encourage increased collaboration among different implementing partners across sectors, strengthen the local response at both the district and provincial levels, and provide more cost-effective approaches to providing support to OVC.

Strengthened facility – community coordination and linkages: Another important priority in support of OVC is to ensure a seamless continuum of care between community and facility-based services. In response to this critical need, memorandum of understanding agreements were drafted in FY 2009 to facilitate stronger collaboration between community-based and facility-based partners to strengthen referral networks, as well as to delineate their respective roles for providing care and treatment during implementation in FY 2010.

Increased quality: In FY 2008, the USG together with the GOM started the Quality Improvement process for OVC activities under the leadership of MMAS. During the course of FY 2009, the National OVC TWG took the lead in organizing a workshop to define quality standards for OVC programming resulting in a first draft of quality standards. Children participated in the process and were provided an opportunity to express themselves in the discussions of the development of the document, an important achievement in ensuring the needs of children are accurately reflected in key documents supporting OVC.

Expanded advocacy and child rights: Also in FY 2009 trainings were provided by sub-partners to organizations working with OVC in advocacy, child rights, and prevention of sexual exploitation. The last training took place in June 1-5, 2009 in Chimoio, which included the participation of 26 staff from organizations from Sofala, Zambezia, Tete and Manica provinces and received positive feedback from participants.

Improved OVC life skills: A large number of older OVC (14-17) and youth in general, lack opportunities to bring their ideas and talents to participate in civic life. Employability programs are essential to providing opportunities for youth to be fully engaged in their communities. In FY 2009 the USG launched “Programa para o Futuro” through a USG sub-partner in Sofala Province. These initiatives aim to help older OVC and youth living with HIV develop their life skills and strengthen attitudes and behaviors that would help them find and keep employment and become productive adults.

Strengthened monitoring and evaluation (M&E) of OVC programs: MMAS faces significant challenges in producing consistent and accurate data on OVC for planning and implementing programs. In FY 2009, MEASURE Evaluation continued to provide M&E technical capacity support to the MMAS Department of Planning and Statistics in the area of M&E strategic planning.

STRATEGIC FOCUS
The overall USG goal for OVC programming is to mitigate, to the greatest extent possible, the negative impact of HIV on children through provision of high-quality, family-centered programming for OVC that is part of a comprehensive care, support and treatment program well-integrated with other USG interventions. The various interventions proposed aim to ensure that OVC are supported to grow into productive and valued members of society.

The USG Mozambique OVC activities contribute to the overall Partnership Framework (PF) vision to support the national response by building the capacity of the GOM to support OVC in communities and families. OVC activities directly contribute to achievement of Goal 3 (to strengthen the Mozambican health system) and Goal 5 (to ensure care and support for children). Focus will be on strengthening the human resource capacity of MMAS and improving linkages between MOH and MMAS to ensure a stronger continuum of care between facility and community based services.

2010 GOALS AND STRATEGIES
In FY 2010 emphasis on improving coordination among USG implementing partners, MMAS, the MOH, and other stakeholders to facilitate effective referrals and develop comprehensive patient tracking systems and tools in order to provide a comprehensive continuum of care for beneficiaries. The USG will continue efforts initiated in FY 2009 to strengthen the integration of community care and clinical partners will continue to promote higher quality care and support to OVC.

Improve quality of services: Program activities in FY 2010 will continue to provide quality programs emphasizing age-appropriate interventions to address needs of OVC at different developmental stages. Program interventions will work to mitigate the affects of HIV by increasing focus on economic strengthening interventions, particularly for girls, to improve food and nutrition status of OVC and provide household income.

Increase child protection: OVC programming in FY 2010 will develop stronger linkages with child protection initiatives by promoting the agenda of vulnerable children within a broader child protection framework on a national policy level and exploring synergies with anti-trafficking and child exploitation initiatives. The vulnerability of girls will remain a priority as programs will be designed that decrease female OVC vulnerability to transactional and intergenerational sex, gender-based violence and HIV; and address the inequitable burden of care on women and girls and engaging men and boys in OVC care.

Increase technical and human resource capacity of MMAS: The USG will support targeted technical assistance to MMAS at the provincial level to: a) to strengthen human capacity and workforce development to fulfill MMAS's mandate of coordination and oversight of programs for socially marginalized populations; b) to define and implement minimum service standards for OVC in order to improve quality of services and c) strengthen monitoring and evaluation capacity and support. In FY 2010 USG implementing partners will support MMAS to develop and implement standardized tools that can provide both baseline information and evaluation capacity of OVC programs and needs. Monitoring and evaluation indicators will be harmonized across organizations supporting OVC programs to improve data quality and control over OVC activities.

Develop new National OVC Action Plan: The National OVC Action Plan is expiring in 2010 and the National OVC Technical Working Group is in discussion to prepare the subsequent five-year national action plan. One of the main priorities identified for the new action plan is to strengthen the definition of quality standards for higher quality service delivery of essential care services for OVC. The USG and UNICEF play an important role in supporting activities which provide direct support to OVC. As a result the USG and UNICEF continue to collaborate closely to ensure that program implementation addresses gaps in services to OVC.

Increase economic strengthening activities for OVC: The importance of including economic strengthening activities within the OVC strategy and working with partners outside of the health sector (i.e., private sector and microfinance and village savings organizations) have been recognized as being critical towards reducing the household's vulnerability to HIV. Given the need to explore innovative approaches to increasing access to economic strengthening activities, several potential Public-Private Partnerships have been identified, namely with the Carr Foundation, to provide internship opportunities for adolescent OVC at Gorongosa National Park. The team plans to intensify efforts to solidify partnerships with the economic growth and private sector for FY 2010. In FY 2010 another youth employability program will be launched in Cabo Delgado through International Youth Foundation to broaden the employment possibilities for OVC.

Increase linkages to other health and development programs: Given the unprecedented scale-up of HIV-related care and treatment services, the program in FY 2010 will focus on strengthening linkages between OVC activities and other USG-supported programs (prevention, counseling and testing, PMTCT/MCH, treatment, TB/HIV, home-based care, child survival, pediatric care, water sanitation and hygiene (WASH), and President's Malaria Initiative (PMI) activities). Opportunities to leverage other USG programs (i.e. MYAP and economic strengthening activities) as well as coordinating more closely with partners from the international community will be pursued to ensure that OVC activities are highly integrated and introduce a holistic approach to supporting OVC and affected households. Linkages with emerging initiatives, such as the development of the new Education Strategy for USG Mozambique during FY 2010, will be established to ensure that the activities adequately address issues related to OVC in the education system.

Complete costing evaluation: The USG has not undertaken a meaningful costing exercise for OVC activities. Current cost data are based on an estimate from the National OVC Action Plan. As the GOM moves closer to defining service standards, a costing exercise will be conducted in the coming year to collect data on the actual costs of providing essential care services to OVC.

**Technical Area:** Pediatric Care and Treatment

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| PDCS | 1,995,295 | |
| PDTX | 8,480,002 | |
| **Total Technical Area Planned Funding:** | **10,475,297** | **0** |

**Summary:**
USG programming in adult care and treatment in FY 2010 will support the GOM to achieve its goal of reducing AIDS mortality by 5% and preventing 23,000 AIDS deaths by 2014. In promoting the GOM's vision for integrated pediatric HIV services, the USG will support decentralization of services and strengthen linkages and referrals with other child health services.

BACKGROUND
Approximately 147,400 children under age 15 are living with HIV in Mozambique, 47,000 of whom are in need of antiretroviral treatment (ART) according to 2006 WHO ART guidelines for HIV infection in infants and children.

Although mentioned in the 2004-2008 National Strategic Plan, pediatric HIV care and treatment was not fully addressed in the document. At the time, no pediatric HIV targets were defined. Pediatric HIV care

and treatment became part of the Ministry of Health (MOH) HIV program in 2005, and was included in Mozambique's 2006-2009 Poverty Reduction Strategy (PARPA II). This was followed by the development of a detailed plan to scale-up pediatric HIV care and treatment services in 2006. ART became available for children starting in 2003 in only a few selected sites. To enhance national coverage of ART provision services, the Mozambique national HIV program has dramatically expanded access of life-saving ART for infected children through existing, or along with, expansion of adult ART services. Nationally, pediatric ART expanded from 22 sites in 2005 to 208 in September 2008 and by September 2009, ART was provided to 12,674 children, an increase of 271% from the 3,416 children who were provided with treatment in 2006. Although this shows remarkable progress in access, the 12,674 children on ART represent only 27% of the total estimated number of children needing ART, and only 7.2% of the total 174,005 individuals receiving ART.

Officially launched in October of 2008, the 2008 revised Pediatric ART Guidelines for Mozambique align with the WHO recommendations for early infant diagnosis and early initiation of treatment. To accelerate implementation, the MOH developed "Circular da introdução das novas normas de TARV Pediátrico 27 de Outubro 2008," an official document introducing new pediatric ART guidelines. A summary of the key changes was sent to all provinces to support two refresher trainings per province for clinicians. The MOH also developed psychosocial reference materials specifically for children and adolescents.

The USG and Clinton Foundation support an HIV DNA PCR reference laboratory in Nampula province. Since the lab began operations in October 2008, turnaround time for HIV DNA PCR samples processing has been reduced significantly from greater than 2 months at Maputo reference laboratory to 10-14 days. However, poor coordination between the provinces and the districts results in long delays in results reporting, in some cases as long as 2 to 3 months.

Provider initiated counseling and testing (PICT) is provided for sick children in in-patient and out-patient wards with symptoms suggestive of HIV infection; and linked to care and treatment services. The MOH is still developing appropriate registers to monitor this activity. The MOH does not have a national policy on cotrimoxazole prophylaxis and clinicians do not prescribe cotrimoxazole for prophylaxis in a consistent manner. In addition, there are challenges on how this indicator is reported, owing to the fact that cotrimoxazole use is not routinely reported in the national system. The MOH plans to pilot new forms that include cotrimoxazole reports, and review and update the care and ART registers. However, these activities have not yet been implemented.
The decentralization of adult ART services from the larger ART sites termed "Day Hospitals" to peripheral health facilities has increased the number of out-patients attended in the sites. However, this has increased the constraints that the health workers face in providing quality services, including human resources, laboratory and pharmacy capacity, infrastructure and equipment, inadequate patient tracking and referral. To minimize this problem and guide future decentralization plans, the MOH-- with the USG, UNICEF and MSF support--conducted a quick assessment in 15 health facilities prior to the decentralization of Pediatric ART services in Maputo City and Maputo Province. The assessments found: lack of skilled health workers to prescribe ART for children (18% of clinical officers trained); lack of pediatric ARV drugs (only 50% of sites which have all ARV drugs for first line treatment); and lack of height scales and measuring tapes (present in 39% and 52% of the sites respectively). Based on these findings, the MOH will conduct in- service trainings in pediatric HIV care and treatment, as well as ARV drugs management, and will provide necessary equipment. To address the challenges related to the lack of skilled heath workers, the MOH has already authorized mid-level clinical officers to prescribe ART for children.

Scaling up of pediatric HIV care and treatment has faced a number challenges. These include the lack of an effective patient tracking and follow up system, as well as weak linkages of pediatric HIV, PMTCT and MCH programs within the health facility. Furthermore weak linkages between facility and community-based organizations providing other services (e.g. orphans and vulnerable children (OVC) and home-

based care (HBC) programs) undermine scaling up efforts.

The USG is the major contributor to national pediatric HIV care and treatment services in Mozambique, supporting 78% of all pediatric care and treatment services. Other non-USG funded partners include Sant'Egidio, Médecins Sans Frontiéres(MSF) and INGOs; Doctors with Africa (CUAM), Cooperação Internacional de Calalunya(CIC), UNICEF, the Clinton Foundation, and the Global Fund (GF) also support these services.

ACHIEVEMENTS
In FY 2009, the USG in Mozambique funded 6 clinical services partners implementing HIV treatment programs in all 11 of the nation's provinces. The USG supported 172 treatment sites providing 9,615 children with ART (124% of the target) with a 74.4% ART retention rate. By September 2009, 47,121 children were receiving clinical services, 90.3% of the FY 2009 target. 6,547 (13.8%) of these were receiving cotrimoxazole.
Developed training materials, curriculums and manuals: The USG supported revision and development of needed materials to support the MOH to improve care services provided to HIV infected and uninfected children, and link with other child services (HIV, TB, nutrition, OVC and other programs) to ensure continuum of care. Training materials that integrate HIV care and treatment for mothers and their children were developed. In July 2009, the new child health card that includes HIV specific information of both mother and child was introduced for use in health facilities. The USG is also supporting revision of the child at risk and well child manual. In collaboration with the MOH, the USG is developing a protocol to conduct a program assessment of the current practices of consultation of child at risk clinic (CCR) in providing pediatric care services for HIV exposed infants at selected sites in Mozambique. A USG funded partner developed the curriculum to support in service training in pediatric HIV care and treatment for health workers in all USG supported sites providing ART services. In addition, a pediatrician was identified to coordinate activities at the central level, and work closely with the USG and other donors and partners.

STRATEGIC FOCUS
USG strategies in FY 2010 will continue to support the MOH's goal of improving access to quality antiretroviral treatment for children by building capacity and strengthening the health system. This goal was stressed in the MOH National Strategic Plan and jointly agreed upon by the USG and the GOM in Partnership Framework goal 4 (to improve access to quality HIV treatment services).

2010 GOALS AND STRATEGIES
In FY 2010, the USG will strengthen MOH capacity to integrate and decentralize pediatric HIV care and treatment services, with the goal of preserving program quality and ensuring program sustainability. The USG will promote family-centered care and strengthen referrals and linkages between clinical services and facility and community-based programs.

Strengthen capacity at provincial and district levels: Through training, mentoring and supportive supervision, the USG will build capacity and reinforce coordination between the district and provincial levels to support pediatric HIV care and treatment services. This support, focused on early identification of HIV exposure and infection status, will be given to clinical officers, MCH nurses and other health care cadres. Laboratory services for EID will also be strengthened as well as the provision of necessary reagents and sample collection materials. SMS printers for PCR results are currently being piloted, and will significantly reduce the turnaround time for results delivery at the sites once they are rolled out in FY 2010.

In addition, USG partners will support the training of key health cadres in management, coordination and monitoring of HIV care and treatment programs in FY 2010. To improve commodity security, the USG will also increasing the use of its clinical partners to support the provincial and district level supply chain

system.

Scale up the Basic Care Package: Through the basic care package (BCP), the USG will strengthen MOH capacity for referrals and integrate pediatric HIV services into existing programs for child health. The BCP provides comprehensive clinical care and support services (clinical care, psychosocial support, spiritual, social care and prevention services). Clinical care will include provision of cotrimoxazole prophylaxis to 80% of HIV exposed infants, early infant diagnosis using DNA PCR DBS, management of opportunistic infections and improved quality of life through pain assessment and management. The BCP also includes TB screening, safe water & hygiene, malaria and diarrhea prevention & treatment, growth & development monitoring, immunization, infant feeding counseling, routine nutritional assessment and support and access to strengthening economic activities. The USG will also support routine PICT in in-patient and out-patient (immunizations, well child, CCR, TB and nutrition services) and link with CBOs to enhance access to PICT activities.

Strengthen facility and community based coordination and linkages: The USG has developed a memorandum of understanding to support effective coordination and linkages between USG partners providing relevant services for children at facility and community levels. The USG will continue to support joint planning and implementation of activities with the MOH and other donors and partners.

Increase monitoring and evaluation, retention, and expand HIVQUAL: The USG will support dissemination of pediatric ART and TB national guidelines, and job aids to ensure appropriate HIV treatment and monitoring, including TB screening, diagnosis and treatment. Partners will continue to improve monitoring and evaluation. Additionally, partners will work with groups of children, adolescents, care givers and families to provide support for disclosure, care and treatment adherence. Support will emphasize patient monitoring to assure adequate follow-up and retention of children receiving care and ART, as well as identify and address treatment failures and adherence issues. Partners will continue program monitoring visits, mentoring and on-the-job training. Partners will also strengthen the electronic patient tracking system, ensuring data quality in reproduction and dissemination of care and ART reports. The USG will also expand HIVQUAL and other quality improvement initiatives.

Expand psychosocial support services: The USG will also provide on the job training in psychosocial support for children and their families. Services for victims of sexual abuse are not yet well structured. Clinical care is provided for those victims who reach the health facilities, but linkages with other services (psychological, legal authorities) are still weak. Interventions at the community level to increase awareness and referral for adequate care still need to be strengthened.

Strengthen prevention programming within care and treatment programming: Prevention activities will be brought to scale in both clinical and community settings, and will consist of efforts to reduce new infections in older children and adolescents through access to prevention with positives services (PwP). Activities will include risk reduction counseling, family planning, assessment of sexual activity, STIs, access to care and treatment and provision of condoms. The USG will support the development and implementation of youth friendly services.

**Technical Area:** PMTCT

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| MTCT | 40,809,401 | |
| **Total Technical Area Planned Funding:** | **40,809,401** | **0** |

**Summary:**
USG PMTCT programming interventions aim to support the Government of Mozambique (GOM) vision for nationwide PMTCT coverage integrated within maternal and child (MCH) services. The USG will support the GOM to achieve the PEPFAR targets of 80% coverage levels in HIV testing and counseling of pregnant women and ARV prophylaxis for HIV-positive women by 2014.

BACKGROUND
At national level PMTCT as a stand-alone program is not recognized. The integrated package provides continuum of care for HIV-infected and uninfected women, their partners, and their children. USG implementing partners support the MOH approach through coordination of activities within the MCH context at national, provincial, and district level.

There are 1063 antenatal care (ANC) and 951 maternity facilities in Mozambique. About 70% of ANC facilities, and 63% of maternity facilities, provide PMTCT services. Among approximately 855,000 pregnant women annually, 84% have at least one ANC visit while only 52% have facility-based deliveries. National data from 2008 shows that 511,972 (about 60% of all pregnant women) received counseling and testing at ANC, and 46,848 (about 31% of all HIV-infected pregnant women) received ARVs for PMTCT (ANC only). Single-dose NVP (sdNVP) comprised 38% of all ARV regimens; sdNVP+AZT 48%; and ART 14%. The number of HIV-exposed infants receiving ARVs for PMTCT was 38,822. This represents coverage of about 26%, reflecting a significant reduction compared to the number of ARV regimens provided to pregnant women. Access to CD4 count to determine eligibility for ART in PMTCT settings is closely linked to HIV treatment coverage; where treatment is available, HIV-infected pregnant women generally have access to CD4 testing. However, comprehensive data on coverage and timeliness of CD4 staging is not routinely collected.

Nationally, the number of pregnant women receiving HIV counseling and testing for PMTCT during ANC visits has greatly increased in recent years from 194,117 in 2006 to 511,972 in 2008, and the number of HIV positive pregnant women receiving ARV prophylaxis has increased from 253 in 2002 to 46,848 in 2008. However, population coverage remains low for ARV prophylaxis among HIV-infected pregnant women.

Barriers to program delivery include ongoing delays at central level for policy development and dissemination. Revised guidance on CD4 criteria for ART eligibility and cotrimoxazole prophylaxis for pregnant women, among other issues, has been developed but has not been formally approved and disseminated. Revised registers and monthly reporting forms for M&E have not yet been finalized. Commodity stock outs continue to be a challenge, with unreliable supply chain for HIV rapid test kits, leading to significant and extended stock outs. Longstanding challenges include low rates of facility-based deliveries, limited infrastructure (including lack of transport, water and electricity at MCH facilities), and severely limited human resources. Male involvement remains limited, and prevailing culture is not receptive of exclusive breast feeding messages. Completeness and accuracy of reporting continues to be an issue for M&E, despite significant improvements.

Coordination with other donors is achieved through the MOH MCH/PMTCT Task Force. The Task Force is chaired by MOH representatives, although human resources constraints at MOH often result in compromised leadership for this group. The PMTCT program is based within the MOH Public Health department, which includes the MCH program. All other HIV programs, however, are within the MOH Medical Assistance department, creating significant difficulties in communication and coordination.

Complementary activities supported by other donors include policy guidance and technical assistance (WHO and UNICEF). The large global initiatives, such as Global Fund and Partnership for Maternal Newborn and Child health support national plans in MCH / PMTCT in Mozambique, and UNICEF, UNFPA, and WHO have dedicated MCH units. The UN and the World Bank have a facilitating role, and

there is an active MCH SWAp group in Mozambique. At provincial level, USG implementing partners collaborate closely with MOH counterparts to align activities and coordinate with other donors.

ACHIEVEMENTS

USG support currently covers all 11 provinces in Mozambique. About 70% of all clients receiving services at USG-supported facilities are seen in the ANC setting. APR 2009 data shows that USG supports PMTCT at 473 facilities, with counseling and testing for 397,583 pregnant women, ARVs for 33,134 pregnant women, and ARVs for 30,788 HIV exposed infants. In ANC sites, 29% (9,542) of HIV positive women received sdNVP only, whereas 63% (20,737) received sdNVP+AZT and 8% (2,855) received ART. Among infants receiving ARVs for PMTCT, 91% (27,848) received regimens containing AZT.

Since FY 2009, there has been ongoing expansion and implementation of more effective regimens. To improve coordination and efficiency, implementing partner redistribution has been completed, achieving one partner per district and in many cases one partner per province. Other achievements include: the development of an in-service training integrated package for training of trainers, finalization of a national framework for mother support groups, and finalization of clinical mentoring program materials and the start of activities in two provinces.

Although key national guidance has remained in draft form since FY 2009 planning, there has been some progress that enables PMTCT programming to move forward. The third edition of the National HIV Strategic Plan includes objectives for expansion of PMTCT into all health centers with MCH services, increased rate of HIV testing among ANC clients, increased rate of ARV uptake among HIV infected pregnant women and HIV exposed children, improved maternal and child nutrition practices, and access to psychosocial support for HIV-infected pregnant women, mothers and their families.

National monitoring and evaluation of PMTCT services has improved dramatically in the past year, allowing more accurate description of accomplishments as well as challenges. In FY 2008, the USG team helped MOH produce PMTCT data that were included in indirect accomplishments in SAPR for the first time since 2005. In FY 2009 a PMTCT/MCH M&E Technical Advisor was hired within MOH through USG support. Implementing partners have integrated support for M&E at site level into their programs.

STRATEGIC FOCUS

PMTCT expansion in FY 2010 will be aligned with the goal of 80% population coverage within five years. Additional resources will be used to support decentralized expansion of PMTCT in an integrated MCH setting, as described in more detail in the Mozambique Accelerated PMTCT Program Plan.

PMTCT scale up plans are aligned with the Partnership Framework (PF), directly contributing to objective 1.2 (reduce mother-to-child transmission through scale up and increased geographic coverage of PMTCT services) and link to other significant elements such as health systems strengthening (Goal 3) through support for human resources for health and collaboration towards developing a sustainable commodity supply chain system.

2010 GOALS AND STRATGIES

Priorities in FY 2010 focus on USG coordination with the MOH at all levels for scale up of PMTCT services within an integrated MCH system. National level TA to the MOH for policy development and dissemination will be critical for increasing access to PMTCT services, with focus on finalizing and disseminating information. USG support continues to align with the MOH through district and provincial level PMTCT collaboration, technical assistance, training, quality improvement, and support to M&E systems. PMTCT clinical mentoring activities will continue and expand to all partners in FY 2010. Expanding capacity to deliver PMTCT interventions in MCH settings will be critical for scaling up PMTCT. Key focus areas are as follows:

Expand provider-initiated counseling and testing: Provider-initiated counseling and testing (PICT) will continue to be supported in PMTCT services. Rapid tests are utilized, with group pre-test counseling and individual post-test counseling. Quality assurance activities will scale up in FY 2010, with additional implementing partner responsibility to assure high quality HIV testing services. Scale up of testing in the maternity setting will continue in FY 2010.

Scale up more effective ARV regimens and initiate treatment for ART-eligible pregnant women: Ongoing scale up of more effective ARV prophylaxis regimens will continue, including adherence support. Partners will develop specific targets for ART initiation for PMTCT in FY 2010. The USG will continue to work with implementing partners to develop models of integrated PMTCT and ART service provision in selected ANC settings to fast track pregnant women who are eligible for ART. Access to CD4 testing is also a critical element for PMTCT services, but no relevant data are currently collected through existing national M&E processes. Advocacy for this will continue, and alternatives will be explored for tracking this aspect of service. Adaptation of the revised WHO guidelines for PMTCT is under discussion as detailed under separate cover in the Accelerated PMTCT Program Plan.

Reduce loss to follow up: Focus on the continuum of care with strong community involvement is designed to improve follow up for mothers and newborns. Community platforms will be strengthened to increase demand for utilization of PMTCT and maternal and newborn services.

Scale up of early infant diagnosis (EID): Ongoing scale up of EID will continue, in close collaboration with the pediatrics team. An ongoing assessment of consultations for children at risk (CCR), which is the primary setting for EID activities, will help inform specific interventions in FY 2010 to achieve 65% coverage for early infant diagnosis at the national level. Commodities for EID are funded through pediatric care and treatment budgets.

Expand linkages to other health programs: Referrals between services will be strengthened. As mentioned, the PMTCT program will be prioritizing initiation of ART for eligible pregnant women. Indicators and targets that reflect linkages will be actively monitored. Linkages will also be pursued wherever possible to support MCH system strengthening, including continued support for syphilis testing and expanded support for appropriate treatment of diagnosed cases as well as an emphasis on emergency obstetric and newborn care. Coordination with malaria interventions and PMI will continue in FY 2010.

Expand cotrimoxazole use: Systematic data collection for cotrimoxazole (CTX) prophylaxis was initiated for the first time in SAPR 2009, and shows ongoing low, although improving, coverage. Aggressive targets are identified for FY 2010, with ongoing support and harmonization with intermittent prophylactic treatment for malaria. CTX prophylaxis, along with linkages to care and treatment services, will be part of an effort to increase rates of enrollment in longitudinal care for pregnant women.

Support safe infant nutrition: Ongoing central level technical assistance for infant nutrition and food assistance for pregnant / lactating women will focus on clear policy and information dissemination to the provinces, in combination with information, education, and communication (IEC) materials. Programs will emphasize exclusive breast feeding. A “food by prescription” model is currently being implemented as a pilot by the GOM. USG partners will facilitate referrals to existing mechanisms for food support. All USG partner should integrate, expand, and monitor safe infant feeding practices and nutrition care as essential components of facility-based MCH/PMTCT care. Activities include counseling, linkages with the basic preventive care package for child survival, and the integration of infant feeding, nutritional assessment, counseling and support within clinical services, including provision of supplementary food in coordination with existing nutrition technical assistance activities.

Prevent unintended pregnancies among HIV-infected women: Prevention of unintended pregnancies

among HIV-infected women has historically received little attention and will be included as a core component of PMTCT programs in FY 2010. Wrap-around programs will be more actively fostered, including closer linkage and coordination with USG positive prevention activities and USAID Health Team activities in family planning/reproductive health. In FY10 USG will support family planning in all provinces of Mozambique.

Link to sexual transmission prevention among serodiscordant couples: Increased attention to serodiscordance among partners will be one aspect of additional focus on primary prevention to reduce MTCT. The PMTCT program will coordinate with sexual transmission prevention and positive prevention activities within the USG Mozambique portfolio.

Information, Education, and Communication: For IEC activities, the USG will conduct a brief mapping exercise to identify gaps in current IEC materials and availability. A lead implementing partner will develop updates and/or new material as needed for national use (including other USG implementing partners), to maximize efficiency and avoid duplication of effort.

Psychosocial support: The recently developed national framework for psychosocial support groups will be rolled out. Male involvement will be supported through community-based interventions. The program will implement a strategy of community mobilization for demand creation in close collaboration with community leaders. Work with traditional birth attendants will be continued to support uptake of and adherence to facility-based services. Activities will be implemented for prevention and reduction of gender-based violence. Linkages with home-based care and OVC programs will be strengthened.

Logistics support: Procurement of essential PMTCT-related commodities and supply chain strengthening will be a priority in FY 2010, in collaboration with a USG-wide effort to generate a reliable and sustainable supply chain.

**Technical Area:** Sexual Prevention

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVAB | 16,477,474 | |
| HVOP | 14,941,473 | |
| **Total Technical Area Planned Funding:** | **31,418,947** | **0** |

**Summary:**

"Prevention is a fundamental priority. We can't keep up with treatment if we don't prevent more people from getting the disease. And we are failing in this priority." This statement from the Minister of Health captures the urgency of expanding national sexual transmission prevention (STP) interventions in Mozambique. HIV prevention efforts were given high priority with the approval of the GOM Strategy for Accelerated Prevention of HIV Infection in December 2008.

USG programming reflects this priority. This year's proposed budget increases funding for prevention from 25% to 34% of overall USG funding, with sexual prevention activities increasing by 23% to address the primary drivers of the disease. FY 2010 activities will build on the strategic vision developed with OGAC in 2009 by utilizing a combination prevention approach that integrates multi-level behavioral, biomedical and structural interventions, addressing the country's heterogeneous and multifaceted epidemic. The USG will continue to expand behavior change activities, both those focused on the general population as well as complementary interventions to address most-at-risk populations (MARPs) and

geographic hot spots. Monitoring and evaluation (M&E) efforts will be increased to identify successful STP interventions, especially to reduce multiple concurrent partnerships (MCP).

BACKGROUND
In Mozambique, an estimated 47% of new infections occur among heterosexual adults reporting sex with steady partners, and an additional 24% is due to casual sex. Findings from the 2008 data triangulation workshops and the Modes of Transmission study highlight the heterogeneity of the country's epidemic and the association between HIV prevalence and epidemiological risk factors. The northern region has the lowest HIV prevalence rate (8% to 10%) and the highest rates of male circumcision (MC) at 90%. Risk behaviors include sex with commercial sex workers, low condom use, and the nation's lowest age of sexual debut. The southern region has the highest HIV prevalence rate (greater than 20%), low rates of MC, high levels of MCP, and negative attitudes toward condom use. Available data indicate that MCP, low risk perception, low knowledge of HIV status, and low rates of condom use are key drivers of Mozambique's epidemic. Condom demand and use have been among the lowest in the region despite free distribution of male condoms through health facilities.

Structural and societal factors, such as traditions and norms, support a dominant role for men and a passive one for women, increasing the vulnerability of girls and young women. Unequal access to information and economic opportunity leave women little chance to negotiate their sexuality and insist on safer sex practices. Many women and girls who engage in transactional sex to meet their economic needs do not self identify as sex workers.

Mozambique has a generalized epidemic, but some sub-groups are at significantly elevated risk. Major transport routes, border-crossings and truck-stops are HIV hot spot areas with concentrated levels of high risk activity. An estimated 27% of new infections occur in MARPs and bridge populations such as female sex workers (FSW), their clients and their partners, mobile populations (migrant miners and truckers), men who have sex with men (MSM), uniformed personnel and incarcerated persons. The GOM identified MARPs as a high priority group and established a working group.
Very little information exists about MARPs, although high risk behaviors have been documented among FSWs and clients, including consumption of alcohol and drugs to facilitate sexual encounters, and leading to irregular condom use. Among a small sample tested for HIV, 47.6% (30/63) of FSW and 41.7% of clients (5/12) were positive. Among uniformed services (i.e. military personnel and police), male norms and disposable income perpetuate high risk behaviors. Data on HIV prevalence and behavioral risk factors among MSM are poorly explored; size estimation studies are planned for FY 2010.

The USG plays a leadership role in prevention and helped to develop the national prevention strategy. The Partnership Framework (PF) further elaborates the GOM and USG collaboration on STP commitments. The PF prioritizes reducing new HIV infections in Goal 1, objective 1.1 through strategic and coordinated communication for reduction of MCP among adults, sexually-transmitted infection (STI) screening and treatment, targeted condom promotion and social marketing.

Harmonization with other donors, notably UNICEF and UNAIDS, and collaboration with other USG initiatives, helps to achieve coordinated prevention programming. The USG aligns and coordinates its prevention programs with other stakeholders through active participation and leadership in key prevention technical working groups. For example, national condom procurement is supported by both the USG (25%) and UNFPA (75%) while DFID has ensured emergency distribution during stock outs. The USG, other donors and the GOM are collaborating to improve condom procurement and distribution systems.

ACHIEVEMENTS
Launch of new behavior change initiatives: In 2009, USG programs supported the design, including formative research, of the first national campaign addressing the risks of sexual networks. Military radio equipment was installed to broadcast HIV communication messages. In gender programming, the Men

Engage network was developed and training completed in engaging men in HIV prevention, treatment and care. Media programs were produced to challenge gender norms that underlie MCP and poor condom use, and minimize behaviors that increase HIV risk. The Vulnerable Girls' Initiative launched community mobilization and radio programming to reduce susceptibility to HIV infection among 10-17 year-old girls. Peace Corps Volunteers continued secondary school clubs to reduce HIV transmission among youth and conducted regional conferences to reinforce the HIV prevention skills of club leaders and teachers. Regional meetings for partners were organized to strengthen their understanding of the HIV epidemic and develop appropriate programmatic responses. Community-based efforts for HIV-infected individuals and their families complemented a clinical prevention with positives (PwP) intervention. The USG provided the NAC, local NGOs and journalist communications training on HIV.

Expanded focus on high-risk groups: USG completed the I-RARE study, military survey, and border assessment, and continued work on the Behavioral Surveillance Survey (BSS) for FSW, miners and truckers. Local NGOs were trained to use behavior change communication methodologies and are implementing these strategies with FSW in Maputo City and other hot spots. Additional organizations are being trained to target drug users in two other cities. FSW peer educators implemented HIV prevention education, male and female condom demonstration and distribution and HIV testing among FSW and truckers along transport corridors. The USG collaborated with GOM and UNODC to develop an HIV prevention strategy for incarcerated populations. The USG also supported HIV trainings for inmates and guards in two large prisons. A borders intervention was launched targeting female informal traders, customs officials and other high risk groups. A camouflage condom for military personnel was launched, and a strategy to promote female condoms was developed. The USG supported strategies to improve condom availability, including distribution, and provided support for a GOM policy authorizing condom availability outside of health facilities.

STRATEGIC FOCUS

The USG's goal is to reduce new HIV infections by implementing evidence-based activities to support long-term risk reduction. Corresponding strategies in FY 2010 will focus on a multi-level coordinated program of behavioral, biomedical and structural interventions to address risk at the individual, couple, family, institutional and societal levels. Reflecting the country's epidemic profile, sexual prevention interventions prioritize adults in the general population, the main driver of the epidemic, followed by programming to reach youth and PLHIV. MARPs, especially FSW, mobile and bridge populations, and uniformed personnel constitute a second key focus. For FY 2010, USG will prioritize the most epidemiologically significant geographical areas, including the highest prevalence provinces (Maputo City; Maputo, Gaza and Zambezia) and key transport corridors and hot spots throughout the country.

2010 GOALS AND STRATEGIES

Expand and improve behavior change activities: To heighten risk perception and encourage risk reduction behaviors, USG efforts will strengthen comprehensive, evidence-based behavior change programming for adults, combining national and local media with community and clinic level interventions. Strategies include:

1) Communication approaches that discourage the practice of MCP, emphasize the relationship between alcohol use and sexual risk, and increase protective behaviors within discordant couples;
2) Mutually reinforcing and complementary community interventions that foster an environment for stimulating debate about changing social norms, and enabling individual behavior change;
3) Advocacy at all levels to promote gender equality, address norms and relations to reduce vulnerability of women and girls, involving men and boys;
4) Provision of technical leadership in behavioral and structural approaches to address key epidemic drivers, and build counterpart capacity for combination prevention;
5) Establishment of linkages to health services, including reproductive health, counseling and testing, and STI screening and treatment.

Improve targeting in youth interventions: Focus youth programming on the 15-19 year olds in and out of school using approaches that prepare adolescents for their emerging sexuality and help protect them against key vulnerabilities. High risk adolescents and young girls who face transactional sex constitute main targets. Strategies include:
1) Community mobilization and small group interventions for out-of-school youth addressing sexual and reproductive health, gender-sensitive sexual behavior and gender-based violence, incorporating interpersonal and peer-based communication;
2) School-based interventions such as life skills training for sexual and reproductive health, HIV prevention, BCC, gender-based violence and alcohol consumption;
3) Referrals to youth-friendly sexual and reproductive services;
4) Support to youth-adult communication skills to discuss risk perception and reduction;
5) Structural/policy interventions, particularly related to gender norms, including enforcement of laws against “sex for grades” and income generation opportunities for women and girls.

Peace Corps will continue to support regional youth conferences that address gender norms, risk reduction, leadership, and life skills and sports-centered Public Affairs Office (PAO) youth outreach programs linked to the 2010 World Cup. A new partner will focus on life and employability skills for older youth and STP activities addressing OVC-specific vulnerabilities and risks.

Develop targeted interventions for high-risk populations: USG will focus on MARPs, particularly FSW, mobile and bridge populations and uniformed personnel. New activities will be developed for the neglected populations of MSM, incarcerated persons and police. Strategies for FY 2010 are:
1) Risk reduction counseling, including that for alcohol abuse, and outreach through peer- and venue-based interventions, including workplace and non-traditional venues
2) Provision of a comprehensive package of prevention services, including condom distribution and promotion, peer education risk reduction counseling and training in condom use negotiation skills for consistent and correct use; STI screening and treatment; mobile counseling and testing with strong prevention counseling;
3) Data generation, including MSM and injection drug user size estimation;
4) Structural/policy interventions, including alternative livelihood opportunities for FSW, advocacy for condom availability among incarcerated populations, advocacy for protection of MARPs, and exploration of cross-border initiatives;
5) Capacity building for local organizations serving MARPs, and empowerment for individuals;
6) Advocacy with GOM for appropriate leadership and coordination of MARPS programming.

Focus MARP activities in geographic hot spots: Services will target MARPs in high risk transport corridors and hot spots, and build upon and replicate successful MARP programs such as FSW night clinics. Activities will address contextual factors that foster MARP behavior and may influence risk taking behaviors of bridge populations.

Improve demand for and access to condoms: Activities will expand and improve social marketing, uptake, efficiency, and sustainability of male and female condoms, aim to increase condom use. A strategy is in place to increase acceptability of female condoms, including a sizable initial supply to support increased use among targeted populations such as FSW.

Engage more men in USG programming: Interventions will promote male involvement and address gender and social norms that are barriers to the adoption of protective behaviors and associated with key drivers of the epidemic. Targeted locations will include schools, the workplace, and non-traditional venues for men and will reach men who engage in MCP, transactional and cross-generational sex. Military recruits will be trained as peer educators during their six months in basic training, to address GBV, forced/coerced and unprotected sex, alcohol abuse and MCP.

Improve integration of prevention activities: STP activities will be coordinated within the broader USG portfolio to help avoid missed opportunities to provide prevention interventions. Examples include referrals for HIV negative men to MC services; referrals to CT and emphasis on disclosure to partners; and scale up of PwP activities. PwP efforts are part of a comprehensive strategy and include risk reduction counseling, correct and consistent use of condoms, disclosure of serostatus to sexual partners, partner and child testing, reduction in number of sex partners, reduction of alcohol use, adherence to HIV medications, management of STIs and family planning services for PLHIV.

Expand M&E: The USG will work with the GOM, key stakeholders and implementing partners to strengthen routine data collection, surveillance and evaluation. These data will help develop more evidence-based prevention interventions. A new survey tool is being developed to explore the effectiveness of BCC and community mobilization on attitudes and practices around MCP. The USG is also increasing efforts to ensure costing data are regularly collected and analyzed to determine cost of various interventions.

**Technical Area:** Strategic Information

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVSI | 3,990,589 | |
| **Total Technical Area Planned Funding:** | **3,990,589** | **0** |

**Summary:**
Mozambique actively works to support the “Three Ones,” of which one country-level monitoring and evaluation system is a part. The USG aims to support the GOM in collecting consistent, accurate and up-to-date data to inform programs and policy. FY 2010 activities will expand on FY 2009 achievements to improve monitoring and evaluation (M&E) and surveillance systems, and strengthen coordination among GOM and development partners to support one national data collection plan.

BACKGROUND
Mozambique suffers from critical shortages of trained SI professionals at all levels; this impacts the quality of data and information available for strategic planning of the HIV response. The capacity to collect, analyze, and use data to inform programs and policy is limited in both the GOM and civil society organizations.

Although there are many donors in the health sector in Mozambique, few provide significant resources to SI activities. The USG has a collaborative relationship with UNAIDS and works together with other donors in providing technical support to the MOH and NAC. The USG staff and implementing partners actively participate in various technical and coordination groups to strengthen national SI systems. The USG will continue to support the national Multisectoral Working Group to coordinate national HIV surveillance activities. Additionally, the USG will participate in M&E and other SI-related technical working groups at the MOH and NAC, as well as ad hoc task forces. The USG has provided TA to the most recent Global Fund proposal process, and will continue to work closely with the GOM and other stakeholders to improve these coordination systems.

ACHIEVEMENTS
In FY 2009 the GOM, with USG support, conducted its first AIDS Indicator Survey (AIS) and another round of the biennial ANC surveillance. Results from both are expected in 2010. Additionally, the SI and treatment teams completed a comprehensive costing evaluation for the treatment program, which provided crucial data for planning, target setting, and commodities projections. Other key USG-funded

evaluations completed and disseminated included the National ART Program Evaluation and the National ART Program Costing Study. The MOH Counseling and Testing Program implemented a new data system using USG funding and TA. The USG also funded a national evaluation of Patient Monitoring Systems, implemented an electronic ICD-10 based mortality surveillance at the central level, completed an evaluation of the national health information system Modulo Basico, established a Field Epidemiology and Laboratory Training Program (FELTP), and launched a Data Quality Assessment (DQA) for all USG partners to roll out in 2010.

Regarding staffing, the SI team added a locally engaged staff (LES) M&E Officer and began a strategy of assigning an SI team member to each USG TWG to provide focused assistance with M&E issues at the program level. Current vacant positions include an Informatics Advisor and a Data Management Specialist.

STRATEGIC FOCUS

The USG's goal is to strengthen the multisectoral response in coordination with NAC and other in-country institutions. This response requires strategic coordination of data collection activities with all stakeholders to ensure that quality data is available for program monitoring and evaluation. The USG will work closely to harmonize priorities and indicators with the GOM as it finalizes its implementation plan for the new five-year strategy in early 2010. As part of the GOM's five-year strategic plan, the MOH Department of Information Systems (DIS) completed a new five-year strategy which will be supported by the USG.

The SI portfolio aligns with Partnership Framework goals in a number of ways. The portfolio emphasizes engagement and capacity building with GOM institutions, coordination and harmonization of TA within the USG and with other donors, and development of systems that ensure high quality data are available and utilized for program management at all levels. The DIS at the MOH has new management after reorganization, and is acting to strengthen SI activities and engage the USG in the process.

2010 GOALS AND STRATEGIES

In 2009, the MOH approved a National Strategy for Health Information Systems (2010-2014). The Strategy prioritizes strengthening management of health information systems, increasing number and capacity of human resources, and improving infrastructure and technology at all levels. This strategy will serve as the basis of USG support through the PF and through direct support to the MOH's DIS. The USG will fund two requested TA positions within DIS to strengthen the technical capacity and coordination skills of MOH staff, as well as help implement the annual work plan.

In FY 2010, the USG will realign its TA strategy to be more cost-effective and responsive to GOM priorities. An Annual Program Statement (APS) specific to SI will facilitate funding relationships with local and regional organizations, and allow more flexibility and accountability. New cooperative agreements will provide direct funding to the Master of Public Health program at the University of Eduardo Mondlane (UEM). These agreements will also support the M-OASIS project at UEM, which supports graduate students in health informatics who are then mentored while working on informatics projects at the MOH, including the mortality surveillance system, the MOH website and the patient monitoring system. While Mozambique will continue to require international TA for SI in coming years, all new and existing international partners will be required to demonstrate counterparts in the GOM and measurable progress in transitioning activities to local systems and personnel. In response to requests by the GOM, the USG will support an M&E Advisor at the NAC and two expatriate technical advisors at the MOH. In 2010, work plans for these advisors will include specific plans for transition of their skills and tasks to GOM counterparts over the next three years. FELTP activities that began in 2009 with a short course on epidemiology and outbreak response will continue in FY 2010. A team from the USG, MOH, and UEM completed a formal curriculum, and the two-year FELTP course will start with funding under Health Systems Strengthening.

The USG Mozambique will invest in specific interventions to improve the quality of program data, and facilitate more frequent and rigorous evaluations of programs and partners. These include contracting MEASURE/JSI for development and maintenance of a program database, and funding DQA activities for partners that receive USG funds, including GOM institutions.

The USG will continue collaboration with the M-OASIS program, a UEM-based informatics program that is an innovative capacity building model engaging fellows to provide services to MOH. USG funds will help strengthen M-OASIS by funding core operating costs, TA and select program activities.

In FY 2010, the USG will explore direct funding channels to support and coordinate provincial level monitoring and evaluation activities through the NAC. Through a cooperative agreement and other implementing partners, the USG will also continue direct support to various MOH activities, including:

1) A facility-based mortality registration system which will strengthen Mozambique's ability to monitor AIDS-related mortality;
2) Systems to update and utilize a health facilities inventory previously funded by the USG;
3) A strategy for eHealth, that includes defining priorities, standards, and guidelines for technology-based solutions to information systems;
4) TA for the MOH's routine aggregate reporting system (Modulo Basico) to make a more effective, stable, and sustainable national health information system;
5) Operationalization of an assessment with all HIV-clinical partners and the MOH to align partner-supported sites with MOH systems and standards;
6) Coordination with the Human Resources Information System supported by the USG.

Monitoring and Evaluation:
Monitoring and Evaluation is a key priority for the USG Mozambique. The USG plans to recruit and hire additional SI staff. There are three LES positions which are expected to be advertised, recruited and hired during the coming year. These positions will provide critical SI support to the USG team, implementing partners and the Government of Mozambique.

The USG SI team, through implementing partner funding mechanisms, will continue to support M&E technical advisors seconded to the MOH. These technical advisors support the MOH ART program, PMTCT/MCH and Health Management Information Systems programs. These technical advisors play a key role within MOH in strengthening the capacity of existing M&E systems and mentoring MOH M&E counterparts. During this coming year, the SI team will work with the MOH to train eleven M&E provincial-level advisors that the MOH is currently recruiting. These provincial-level M&E advisors will perform critical M&E functions and build provincial-level M&E capacity.

In FY 2010, the USG will finalize the SI portion of a Trilateral Agreement (Memo of Understanding between the Governments of Mozambique, the United States and Brazil). The Trilateral Agreement is funded under Systems Strengthening, and delineates four technical areas of focus (including M&E) between the three countries. The SI portion of the Trilateral Agreement focuses extensively on training existing GOM staff in M&E systems and skills. In addition, during the coming year, the SI team will work with the governments of Mozambique and Brazil to adapt the different M&E courses into a pre-service training/degree course that will eventually be adapted and sustained by higher education institutions in Mozambique. This collaboration takes advantage of existing M&E materials in Portuguese. The USG SI team's primary focus in the Trilateral Agreement is to provide logistic and technical support to these activities.

The USG will continue to work with MEASURE Evaluation Phase III, University of North Carolina (UNC), to train USG partners in the implementation and use of the DQA tool. Twelve implementing partners were trained during the previous year, and all eligible USG partners will be trained in the use of the tool during

the coming year. The USG and MEASURE Evaluation will develop a DQA guidance tool that will standardize procedures for site and indicator sampling, and routine implementation and reporting of DQA findings for all stakeholders. Implementing partners will be expected to provide DQA capacity building support in the use of the tool to local community based organizations. The USG SI staff will coordinate with other USG technical staff and MEASURE Evaluation around external DQA audits.

The SI team will work with a USG implementing partner to develop a data warehouse. This data warehouse will serve as a repository for implementing partner annual and semi-annual program reporting data. The data warehouse will be configured to allow for partner data entry systems and USG monitoring of partner data entry and reporting. In addition, the data warehouse will have functions that will allow USG staff to analyze and review program trend data, make comparisons to USG targets and develop spatial maps corresponding to program data.

The SI team will develop an APS that will solicit proposals from international and Mozambican NGOs. The APS will align with the PF goals of engagement, flexibility, and decentralization with a primary goal of ensuring a focused and comprehensive approach to TA in all M&E activities where the USG supports the GOM at the central and provincial levels. The APS will focus on capacity building and TA to the NAC and the Ministry of Women and Social Action (MMAS), and will include training and harmonization of information systems related to M&E. Efforts will focus on technical and financial capacity of provincial and local units of both GOM and civil society institutions related to the NAC (provincial level Multisectoral Working Groups). Direct funding to UNAIDS will support complementary M&E activities at the provincial level.

Surveillance and Surveys:
While an important milestone, the AIS required four years of planning to implement and, due to repeated delays, was not harmonized with the national survey agenda. The USG SI team will work with the NAC, National Institute of Statistics, and other stakeholders to ensure that the national costed HIV M&E plan and the National Statistics Strategy include collection of necessary indicators for monitoring the epidemic and the response while reducing duplicate data collection. Efforts will also ensure a transition to routine data sources where feasible. The USG will continue to fund ANC surveillance activities via the MOH, and work closely to train MOH surveillance staff to increase ownership over surveillance activities. In addition, laboratory procurement for surveillance and surveys will be routed through SCMS and thus linked to the MOH procurement system in order to ensure that the process is more closely managed by the MOH and harmonized with national laboratory procurement procedures. In FY 2010, major survey activities will include implementation of the Behavioral Surveillance Survey (BSS) in 3 MARPs sub-groups, evaluation of PMTCT data as a complement to ANC surveillance data, and development of novel sources of routine data for surveillance purposes, including data from USG-supported STI clinics that serve MARPs. Monitoring HIV drug resistance is a priority given Mozambique's rapid expansion in access to ART with limited data on drug adherence. The USG will continue to fund and assist with HIV transmitted drug resistance surveys and early warning indicator surveys, while WHO has been coordinating TA to resistance monitoring in child and adult ART cohorts.

Public Health Evaluations:
Ongoing PHEs will seek to identify optimal models of HIV care and treatment, determine the most efficacious intervention to improve long-term adherence to ART among adults, identify the barriers to implementation of efficacious PMTCT regimens for pregnant women, assess viral load and drug resistance in children receiving ART, and identify barriers to pediatric HIV-care in rural Mozambique. Other PHEs will validate and assess the feasibility of oral fluid based rapid antibody testing, identify the knowledge, practices, and attitudes related to blood donation in Mozambique, and establish sentinel cohorts of patients in HIV care and treatment services.

**Technical Area:** TB/HIV

| Budget Code | Budget Code Planned Amount | On Hold Amount |
|---|---|---|
| HVTB | 3,975,589 | |
| **Total Technical Area Planned Funding:** | **3,975,589** | **0** |

**Summary:**
USG programming will support Mozambique's National Tuberculosis (TB) Strategic Plan 2008-2012 to achieve its goal to reduce TB prevalence from 636/100,000 in 2006 to 390/100,000 by 2012 and reduce the TB death rate from 12% in 2006 to 7% by 2012.

BACKGROUND
TB is a public health emergency in Mozambique. With an estimated incidence of 413 per 100,000 population (2009 WHO), Mozambique is ranked 19th among the 22 highest TB burden countries in the world. In 2008, Mozambique's National TB Program (NTP) reported 39,735 TB cases, of which only 70% were tested for HIV and 47% of TB cases were HIV infected.

Mozambique's TB case detection rate is 49%, well below the WHO target of 70%. In the 1980s Mozambique adopted the Directly Observed Treatment, Short-Course DOTS Strategy with technical assistance from the International Union Against TB and Lung Disease (IUATLD) and has reported 100% DOTS geographic coverage since 2000. However, health infrastructure is extremely limited in Mozambique and only an estimated 40% of the population has access to DOTS services. Case finding relies on smear microscopy, but laboratory infrastructure for TB diagnosis is limited. Throughout the country there are 252 laboratories in the Mozambican laboratory network at four levels of care: central, provincial, general, and rural/district hospitals; and health center laboratories. Community-based DOTS (CB DOTS) has formally been introduced as a part of the DOTS expansion initiative. Numerous community volunteers, traditional healers and others have been trained and actively involved in the detection of TB cases and follow-up of patients on treatment. In 2006, 49% of 1333 health facilities offered TB treatment services. By 2008, this figure reached 96% (1351/1401). Much of this expansion is a result of the USG-funded TB-CAP program.

The capacity for the diagnosis of smear-negative and extra-pulmonary TB is limited to provincial capitals and a few districts due to the availability of chest radiography in Mozambique. In 2008, 36% of notified TB new cases in the general population were smear-negative and 13% had extra-pulmonary infection.

For the 2007 TB cohort, treatment outcomes remained inadequate, with 83% successful treatment completion rate (global target 85%). According to WHO estimates, TB mortality rates have continued to increase, reaching 127/100,000 population in 2007. Mozambique has one of the highest documented rates of multidrug-resistant TB (MDR) in Africa (WHO/IUATLD Drug Resistance Surveillance). A national survey in 1998-1999 found that 3.4% of new patients had MDR TB. In February 2007, the NTP initiated a new national drug resistance survey in collaboration with the supra-national reference laboratory in Milan and the WHO. The results of this survey indicate that the prevalence of MDR-TB is stable at 3.4% among new cases but 8.3% among re-treatment cases. National data (2008 National report) showed that in the first quarter, of 237 registered MDR-TB patients: 179 (75%) were in treatment, 22 (9.2%) completed treatment, 30 (12.6%) abandoned treatment and 28 (11.8%) died. The first documented case of Extensively Drug-Resistant TB (XDR-TB) was confirmed in the country in September 2007.

There is only one national laboratory capable of performing mycobacterial culture and first-line drug susceptibility testing (DST). Second-line drug (SLD) testing, when performed, must be sent to South Africa or other international reference facilities. Two additional laboratories are being renovated to

perform cultures and DST in Beira and Nampula and are expected to be operational in 2010.

The NTP's mission is to improve the quality of services and interventions in the primary health care system through early case detection and adequate treatment of patients. Mozambique's National Tuberculosis Strategic Plan 2008-2012 aims to reduce the country's TB prevalence, from 636/100,000 in 2006 to 390/100.000 by 2012 and the TB death rate from 12% in 2006 to 7% by 2012. The plan also aims to increase the case detection rate of smear sputum positive (SS+) from 50% in 2006 to 75% by 2012 and increase the treatment success rate through DOTS from 80% in 2006 to 85% by 2012.

The strategic plan focuses on strengthening the laboratory network, improving case-management and patient support, tackling the emerging MDR/XDR problem and further expanding TB/HIV collaborative activities as well as implementing a quality monitoring and evaluation (M&E) system allowing impact measurement of program activities. An important component of the plan is aimed at extending and strengthening the DOTS strategy and expanding its reach by increasing the number of sites CB-DOTS is covering.

Beginning in FY 2008, greater emphasis was placed on promoting the 3 "I's": intensified TB case finding (ICF), isoniazid preventive therapy (IPT) and infection control (IC). An ICF tool was adapted and rolled out nationally in 2007 but use of the screening form at facility-level is inconsistent. The information is paper-based and not routinely recorded and/or reported.

IPT coverage is low due to the fact that most clinicians are reluctant to administer isoniazid due to the limited and inconsistent capacity to rule out active TB disease. National data showed that in 2008, of 4880 HIV+ patients who were screened for TB in HIV care sites, only 724 were started on IPT.

USG agencies collaborate with the NTP, international donors and other key partners. The USG in Mozambique is directly assisting the MOH through its partners to support HIV/TB program integration, service delivery and training that includes components addressing the specific needs of children. The USG meets regularly with its TB implementing partners to coordinate planning, oversee program implementation and ensure rational use of resources related to TB/HIV interagency activities. Additionally, USG is represented on the National TB/HIV Task Force, the subgroups for MDR-TB, laboratory, M&E and infection control subgroups, and in the recently created Pediatric TB Working Group, comprised of MOH, USG implementing partners, WHO, MSF and Maputo Central Hospital clinicians. The Global Fund is a major partner to Mozambique awarding almost $7 million for TB in the Global Fund Round 7.

ACHIEVEMENTS
Expansion of TB services: In FY 2009, USG funds were used to support all USG-funded clinical partners to provide a minimum package of TB/HIV services. This includes strengthening linkages with community organizations for TB case finding; developing innovative best practices, including ART roll out in TB clinics in Gaza; ensuring IPT; and improving diagnosis of smear-negative TB for adults and children. Some partners also supported TB scale-up activities in congregate settings such as prisons, refugee camps and internally-displaced persons (IDP) camps. Technical assistance has been provided through a USG partner to the MOH to assist with the implementation of the TB Infection Control Program (ICP).

As reported in APR 2009, USG partners supported TB activities in 140 out of 172 ART sites and provided treatment for tuberculosis (TB) to 30,054 TB registered patients corresponding to 75.6% of the national TB burden. In FY 2009, to improve the management of HIV-infected TB patients, 916 individuals were trained in the clinical management of TB/HIV co-infection.

Support to ICP: TB IC is part of the National ICP. In FY 2009, the USG supported 3 trainings in 3 provinces for health workers including clinicians, nurses and IPC managers. Additionally, USG funds were used for the procurement of fans and N95 respirators in order to implement environmental and

personal protection measures in some priority sites (TB wards, radiology departments and labs).

Increased TB literacy: A USG partner has been providing assistance with advocacy, communication and social mobilization (ACSM) to increase TB and HIV/TB literacy amongst the general population to provide patients and affected communities with sufficient knowledge to seek timely diagnosis and increase treatment adherence and completion.

Increased TB laboratory capacity: USG funds have been used to rehabilitate the National TB Reference Laboratory (NTRL) in Maputo to enable it to perform TB culture and DST. USG funds have also been used to upgrade laboratories to extend their capacity to perform TB culture in Beira and Nampula, which will serve central and Northern provinces. In an example of south-south collaboration, Mozambican biologists working in the NTRL were trained in Brazil to perform TB culture. NTRL staff was also trained in bio-safety standards.

Expanded contact tracing: In FY 2009, USG spearheaded an assessment of "Contact Tracing Practices in TB Programs in Mozambique" in order to determine the causes of poor contact tracing. The evaluation was conducted in September 2009, in 4 selected sites in Maputo and Sofala provinces, with dissemination of the results to be released in early December 2009.

Developed National Guidelines: During 2009, with USG support and in collaboration with its implementing partners, WHO and MSF, the national guidelines for the management of MDR-TB cases and the pediatric TB guidelines were adapted and will soon be disseminated. Based on the WHO guidelines, the forms for the MDR-TB surveillance were adapted and will be implemented in 2010.

STRATEGIC FOCUS

The USG aims to support the GOM to decrease the burden of TB among PLHIV, increase access of HIV care for TB patients, and integrate TB and HIV programming. All USG activities support the MOH Strategic Plan to provide routine HIV testing to all TB patients using a provider-initiated model, cotrimoxazole at TB clinics to all HIV-infected TB patients, referrals for ART services, screening HIV-infected patients for TB in all care settings, and referrals to home-based care (HBC) and health facilities providing HIV treatment.

TB activities contribute to the overall Partnership Framework (PF) vision to support the national response and align itself to national plans, foster sustainability through capacity-building, and transition ownership of programs to the GOM. TB/HIV activities directly contribute to achievement of Goal 4 (access to quality antiretroviral treatment), objective 4.2 by ensuring that HIV positive patients receive comprehensive care services.

2010 GOALS AND STRATEGIES

In FY 2010, the USG will continue to support the MOH in achieving the goals of the National Tuberculosis Strategic Plan through ensuring referrals and linkages to other programs and between facility and community services; training and supervision; improved TB case management and support services; procurement, and M&E systems. Prevention with positives (PwP) programming will be integrated into USG-supported TB programs. To increase TB detection and cure rates the USG aims to:

Increase referrals and linkages: The USG will strengthen the implementation of provider-initiated HIV testing and counseling in TB clinics through additional training and increased supervision. The USG will support the MOH, the provincial and district directorates in strengthening coordination between the TB and HIV programs by providing training, strengthening linkages between the various levels of care and treatment and integrating in formative supervisions. The referral system between TB programs and HIV care and treatment programs will be improved through collocation of services. In selected sites, partners will be encouraged to pilot the "one stop model" of treatment where TB patients co-infected with HIV will

receive care in one site for the duration of their TB treatment. The USG will provide support to improve adherence support and defaulter tracing by engaging all providers of health care services, public and private, community leaders, community health workers and volunteers. The WHO smear training package has been translated into Portuguese and a training of trainers for use of the package is planned. The training of trainers will be supported by the USG and the roll out to provinces and districts will be supported by Global Fund resources.

Increase TB/HIV literacy: The USG will assist in increasing TB/HIV literacy to improve TB case detection and cure rates. This intervention aims to empower patients and affected communities to have sufficient knowledge and therefore seek diagnosis and treatment in a timely manner. The USG will continue to provide assistance to improve the case detection rate by increasing the number of CB-DOTS sites. This support is in collaboration with TBCAP-USG, non-PEPFAR funded activity. The USG will assist in implementing collaborative activities between CB-DOTS and home-based care (HBC) activists.

Improve case management: The USG will provide support to strengthen TB/HIV collaborative activities by increasing provision of cotrimoxazole prophylaxis to all HIV infected patients and increase the early prescription of ART to TB/HIV co-infected patients. FY 2010 funds will be utilized to improve the management of MDR-XDR/TB, in adult, children and high risk group such as miners, prisoners, refugees and IDP. The USG will also provide assistance to TB support services, such as laboratory diagnostic services, through training mentorship of laboratory personnel, introduction of rapid rifampicin resistance testing, improving External Quality Assurance and increasing access to TB culture.

Improve the procurement and supply chain: The USG will strengthen the procurement and supply of TB medicines and other commodities by improving TB nurses training on forecasting and stock management of drugs and other related supplies including tuberculin skin tests (TST). Planned activities include updating the TB drugs management guidelines, creating a data base and coordinating the external NTP evaluation missions planned for FY 2010.

Strengthen TB surveillance and M&E: FY 2010 funds will strengthen surveillance and M&E systems including MDR surveillance, revising TB and HIV care and treatment recording and reporting tools and restructuring the M&E framework to adequately capture TB/HIV activities. Additionally, the USG will continue to work with the relevant MOH departments to address bottlenecks preventing the implementation of the Electronic TB Register (ETR) and its integration these activities into the national health information system. An evaluation will also be conducted of the implementation of TB symptoms screening tool in HIV care settings.

Expand and integrate PwP in TB settings: Lastly, the USG will implement HIV prevention with PwP in TB settings targeting men and women including risk reduction counseling, correct and consistent use of condoms, disclosure of serostatus to sexual partners, partner and child testing, reduction in the number of sex partners, reduction of alcohol use, adherence to HIV medications, management of STIs, and family planning services.

## Technical Area Summary Indicators and Targets

Redacted

# Partners and Implementing Mechanisms

## Partner List

| Mech ID | Partner Name | Organization Type | Agency | Funding Source | Planned Funding |
|---|---|---|---|---|---|
| 7311 | Central Contraceptive Procurement | Private Contractor | U.S. Agency for International Development | GHCS (State) | 735,000 |
| 7314 | University Research Corporation, LLC | Private Contractor | U.S. Agency for International Development | GHCS (State) | 450,000 |
| 7315 | Academy for Educational Development | NGO | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 7326 | Partnership for Supply Chain Management | Private Contractor | U.S. Agency for International Development | GHCS (State) | 28,350,310 |
| 7328 | University of North Carolina at Chapel Hill, Carolina Population Center | University | U.S. Agency for International Development | GHCS (State) | 725,000 |
| 7466 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 7636 | John Snow, Inc. | Private Contractor | U.S. Agency for International Development | GHCS (State) | 100,000 |
| 7637 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 9564 | American Society of Clinical Pathology | Private Contractor | U.S. Department of Health and Human Services/Centers | GHCS (State) | 473,000 |

| | | | | | |
|---|---|---|---|---|---|
| | | | for Disease Control and Prevention | | |
| 9568 | The American Society for Microbiology | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 505,000 |
| 9570 | U.S. Department of State | Implementing Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 750,000 |
| 9623 | University of Washington | University | U.S. Department of Health and Human Services/Health Resources and Services Administration | GHCS (State) | 3,889,014 |
| 9725 | American International Health Alliance | NGO | U.S. Department of Health and Human Services/Health Resources and Services Administration | GHCS (State) | 800,000 |
| 9811 | Vanderbilt University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 8,449,686 |
| 9818 | Association of Public Health | NGO | U.S. Department of Health and | GHCS (State) | 1,723,077 |

| | | | | | |
|---|---|---|---|---|---|
| | Laboratories | | Human Services/Centers for Disease Control and Prevention | | |
| 9819 | Care International | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 2,956,174 |
| 9823 | Columbia University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Central GHCS (State) | 4,500,000 |
| 9825 | Columbia University | University | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 27,201,286 |
| 9852 | Elizabeth Glaser Pediatric AIDS Foundation | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 19,506,549 |
| 9856 | Ministry of Health, Mozambique | Host Country Government Agency | U.S. Department of Health and Human | GHCS (State) | 694,589 |

| | | | | | |
|---|---|---|---|---|---|
| | | | Services/Centers for Disease Control and Prevention | | |
| 9857 | Ministry of Health, Mozambique | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State), Central GHCS (State) | 4,929,115 |
| 9858 | Ministry of Women and Social Action, Mozambique | Host Country Government Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 250,000 |
| 9889 | Johns Hopkins University Center for Communication Programs | University | U.S. Agency for International Development | GHCS (State) | 150,000 |
| 9897 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 9898 | Abt Associates | Private Contractor | U.S. Agency for International Development | GHCS (State) | 1,899,336 |
| 9900 | Academy for Educational Development | NGO | U.S. Agency for International Development | GHCS (State) | 12,668,677 |
| 9938 | Population Services International | NGO | U.S. Agency for International Development | GHCS (State) | 1,956,343 |
| 10135 | TBD | TBD | U.S. Agency for | Redacted | Redacted |

| | | | | | |
|---|---|---|---|---|---|
| | | | International Development | | |
| 10182 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 10835 | Regional Procurement Support Office/Frankfurt | Other USG Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 1,000,000 |
| 10961 | Population Services International | NGO | U.S. Department of Defense | GHCS (State) | 2,185,374 |
| 10962 | University of Connecticut | University | U.S. Department of Defense | GHCS (State) | 100,000 |
| 10963 | US Department of Defense | Own Agency | U.S. Department of Defense | GHCS (State) | 100,000 |
| 10969 | U.S. Department of State | Implementing Agency | U.S. Department of State/Bureau of African Affairs | GHCS (State) | 1,365,280 |
| 10971 | TBD | TBD | U.S. Department of Defense | Redacted | Redacted |
| 10980 | World Food Program | Multi-lateral Agency | U.S. Agency for International Development | GHCS (State) | 4,002,648 |
| 11463 | U.S. Peace Corps | Implementing Agency | U.S. Peace Corps | GHCS (State) | 96,600 |
| 11580 | JHPIEGO | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 9,399,645 |
| 11596 | TBD | TBD | U.S. Department of Health and | Redacted | Redacted |

| | | | | | |
|---|---|---|---|---|---|
| | | | Human Services/Centers for Disease Control and Prevention | | |
| 11598 | HHS/Centers for Disease Control & Prevention | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 1,711,900 |
| 12143 | International Youth Foundation | NGO | U.S. Agency for International Development | GHCS (State) | 400,000 |
| 12144 | Pathfinder International | NGO | U.S. Agency for International Development | GHCS (State) | 500,000 |
| 12145 | Program for Appropriate Technology in Health | NGO | U.S. Agency for International Development | GHCS (State) | 750,000 |
| 12146 | IntraHealth International, Inc | NGO | U.S. Agency for International Development | GHCS (State) | 400,000 |
| 12147 | JHPIEGO | NGO | U.S. Agency for International Development | GHCS (State) | 3,115,180 |
| 12148 | Pathfinder International | NGO | U.S. Agency for International Development | GHCS (State) | 5,625,000 |
| 12149 | World Vision International | FBO | U.S. Agency for International Development | GHCS (State) | 5,425,000 |
| 12150 | Management Sciences for | NGO | U.S. Agency for International | GHCS (State) | 150,000 |

| | | | | | |
|---|---|---|---|---|---|
| | Health | | Development | | |
| 12151 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12152 | Family Health International | NGO | U.S. Agency for International Development | GHCS (State) | 3,609,218 |
| 12153 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12154 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12155 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12156 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12157 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12158 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12159 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12160 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12161 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12162 | TBD | TBD | U.S. Agency for | Redacted | Redacted |

| | | | | | |
|---|---|---|---|---|---|
| | | | International Development | | |
| 12163 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12164 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12165 | TBD | TBD | U.S. Agency for International Development | Redacted | Redacted |
| 12166 | Central de Medicamentos e Artigos Medicos (CMAM) | Implementing Agency | U.S. Agency for International Development | GHCS (State) | 1,250,000 |
| 12167 | Clinical and Laboratory Standards Institute | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 400,000 |
| 12168 | Pathfinder International | NGO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 900,000 |
| 12169 | Samaritans Purse | FBO | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 425,000 |

| | | | | | |
|---|---|---|---|---|---|
| 12170 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12171 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12172 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12173 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12174 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12175 | TBD | TBD | U.S. Department | Redacted | Redacted |

| | | | | | |
|---|---|---|---|---|---|
| | | | of Health and Human Services/Centers for Disease Control and Prevention | | |
| 12176 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12177 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12178 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |
| 12179 | University of Eduardo Mondlane | Implementing Agency | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | GHCS (State) | 350,000 |
| 12180 | TBD | TBD | U.S. Department of Health and | Redacted | Redacted |

| | | | | | |
|---|---|---|---|---|---|
| | | | Human Services/Centers for Disease Control and Prevention | | |
| 12181 | TBD | TBD | U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Redacted | Redacted |

# Implementing Mechanism(s)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 7311** | **Mechanism Name: Central Contraceptive Procurement** |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Central Contraceptive Procurement | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 735,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 735,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Central Contraceptive Procurement (CCP) project is a single procurement mechanism managed centrally by USAID/Washington, providing an efficient mechanism for consolidated purchases of condoms and other contraceptives for USG HIV and health programs, including condoms for social marketing programs. CCP also administers the Commodity Fund, which serves HIV prevention activities worldwide.

The GOM and the USG have chosen prevention as a primary area of focus in the Partnership Framework (PF), with the goal of reducing the spread of HIV. The comprehensive prevention programming promoted by the PF includes the promotion of correct and consistent condom use among individuals at risk, especially discordant couples. Procurement of generic condoms for free, public sector distribution is directly aligned with the goals outlined in the Partnership Framework. While not directly contributing to health systems strengthening, CCP is complemented and supported by the work of John Snow International DELIVER project (JSI/DELIVER), a USG logistics partner tasked to support the Central Medical Stores (CMAM), the Reproductive Health and Family Planning program (RH/FP), and the Condom Technical Working Group (CTWG) in annual and multi-year forecasting and planning, identification of bottlenecks in condom distribution and use, and support to the development of strategies and tools for improving access to condoms through the public health supply chain system. In addition,

JSI/DELIVER supports the MOH in updating supply plans for condoms and contraceptives on a semi-annual basis. This information is required for CCP to plan annual procurement needs for countries worldwide. This in-country process directly strengthens the countries' capacity to quantify and plan its condom and other contraceptive needs.

Until 2008, CCP had a single long-term agreement for condom procurement with Alatech, a US-based condom manufacturer that produced condoms for all USG programs worldwide. In early 2009, CCP awarded long-term agreements for condom procurement to three new suppliers at significantly reduced price per unit, greatly increasing the choice of condom manufacturers at a lower cost. In addition, USG/Mozambique has negotiated with UNFPA and the GOM to reduce our direct support of condom procurement in order to shift our resources towards systems strengthening and improved prevention messaging and technical assistance. From FY 2009, UNFPA has committed to cover 75% of national condom needs on an annual basis over the next few years.

CCP through JSI/DELIVER is promoting a variety of standard foil wrapping designs, including those developed by national governments, for generic condoms as a way to strengthen promotion efforts of generic condoms. In recent years, users have complained about the quality and smell of the previously-procured Alatech condoms, and the already low use of generic condoms in Mozambique started to decline. These Alatech condoms came in plain white foil wrapping. To improve the image of the generic condom, Mozambique through the CTWG has selected one of these standard designs for its next shipments, while the MOH agrees on a national design for public sector distribution of condoms, which will complement the socially-marketed Jeito, supported by Population Services International (PSI) and funded by the NAC.

During 2008, a large quantity of condoms was held up at the central warehouses. A recent assessment conducted by the CTWG identified a variety of bottlenecks and challenges to the distribution and availability of condoms in the public health system. These included lack of financing and transport for distribution of condoms due to the volume and quantity, miscommunication and lack of awareness of the directives for condom distribution for CBOs and NGOs, and lack of knowledge of procedures for condom resupply at health facilities. Through DFID financing, UNFPA supported an emergency distribution of condoms to all provinces and districts. The CTWG, with support from JSI/DELIVER, will continue to work with the MOH to develop a long-term plan for condom distribution that is feasible for Mozambique. JSI/DELIVER will also continue to develop capacity within the MOH for forecasting and procurement and to involve all stakeholders in the financing of condoms. The group will also support the dissemination of the directive for the provision of free condoms through NGOs in care programs, and civil society, issued by the Minister of Health in 2006. These activities will be monitored through joint site visits with CMAM, joint work planning among CMAM, RH/FP and CTWG

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 7311 | | |
|---|---|---|---|
| Mechanism Name: | Central Contraceptive Procurement | | |
| Prime Partner Name: | Central Contraceptive Procurement | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVOP | 735,000 | |

**Narrative:**

In FY 2010, through the Central Contraceptive Procurement (CCP), USG will cover 25% of the estimated national condom need. United National Population Fund (UNFPA) procures most of the remaining condom needs. These condoms are intended for sexually active adults within the general population and the most-at-risk populations including mobile and bridge populations.

Condoms procured through CCP are cleared by CMAM and become property of the MOH. These will be distributed in venues such as hospitals, outpatient clinics, services for PMTCT and HIV CT centers. Non-government organizations and civil society organizations also have free access to public sector condoms to support their prevention activities.

Forecasting for national condom needs and supply planning for condom shipments are conducted semi-annually by the CTWG, supported by JSI/DELIVER in collaboration with UNFPA, CMAM, MOH, and other partners. In addition, the CTWG is tasked to provide ongoing monitoring of condom and other contraceptive distribution and logistics issues in country, including supporting the implementation and evaluation of a condom distribution tracking tool for provincial warehouses.

This activity will be linked to clinical partner support to improve prevention for positive services and

| |
|---|
| support to commodity logistics, and will be complemented by JSI/DELIVER condom logistics technical assistance through OHSS funds. This activity will help USG reach its overall prevention goals, and ensure availability of condoms for communities at risk and other vulnerable populations, especially discordant couples. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7314** | **Mechanism Name: Health Care Improvement Project** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: University Research Corporation, LLC | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 450,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 450,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall goal of this activity is to improve the quality of care and support services provided to OVC and PLHIV. The Health Care Improvement Project (HCI) has been providing technical support to the MMAS, USG and its implementing partners to engage in a quality improvement process by helping to define minimum service standards for OVC. A Quality Improvement Task Force (QITF) has been established and is chaired by the MMAS. The QITF has taken the leadership to coordinate efforts across Ministries, donors, and civil society towards developing effective and efficient services for vulnerable children and families. Through a consensus building process, draft standards defining quality care were developed with substantive inputs from the OVC beneficiaries, implementing partners, the MOH, MMAS and other government and donor agencies. The draft standards are defined within the following service areas - health, education, protection, shelter and care, food and nutrition, economic strengthening, vocational

training/livelihoods – and will be tailored to better understand what measurable difference need to be made to meet the desired outcomes of children's wellbeing. These draft standards are to be piloted during FY 2009 in two provinces Gaza and Zambezia with several OVC implementing partners as selected by the QITF. For FY 2010, HCI proposes to continue to strengthen the MMAS and its implementing partners in organization and applying the science of quality improvement to achieve better outcomes.

In Mozambique, as in other countries, there is a limited definition of the desired outcomes that care and support services need to achieve, the range of essential actions that would comprise this service, and depending on the situation of the household the indicators that would measure the impact of home visits. In addition, there is limited harmonization among direct service providers (local CBO, NGOs, and international NGOs) concerning HBC services and the level of skills and knowledge required of the HBC care providers. As we move towards a family-centered approach, this exercise will align with the piloted definition of quality standards for OVC.

Identified HBC program priorities are focused on quality improvement:
1) Strengthen linkages and the continuum of care between the clinical care facility with a community based approach, centered on the whole family;
2) Clearly define the minimum actions that are needed to take place during the home visit, depending on the situation of the household;
3) Integrate and strengthen linkages between programs providing assistance to all family members who are ill, it is also an opportunity to assess, identify and refer all at risk family members;
4) Clearly define across all levels the skills, knowledge and attitudes needed to provide an effective service.

The HCI project will directly contribute to the Partnership Framework's Objectives 5.1 and 5.3, through technical assistance to improve the quality of care for OVC and affected households, development of M&E instruments, facilitation of best practice exchanges, training and development of standards, and clarifying roles between health facilities and community care providers.

HCI will monitor the effectiveness based on the results of activities being developed, from which indicators measuring quality will be identified. Such indicators will include both outcome measures (changes in children's and PLHIV well being) and also process measures (such as community participation, PLHIV and children's involvement) that relate to the essential actions as defined in the standards.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | 420,000 |
| Human Resources for Health | 30,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **7314** |
| **Mechanism Name:** | **Health Care Improvement Project** |
| **Prime Partner Name:** | **University Research Corporation, LLC** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 200,000 | |

**Narrative:**

Building upon current efforts to define minimum service standards for OVC, The Health Care Improvement project will extend activities to include defining care and support standards for PLHIV. The process will engage the MOH, MMAS, USG implementers, PLHIV and other stakeholders, with representation from the three regions in Mozambique (south, center, north). Once the quality standards are defined, they can be harmonized across all implementing partners. The QI process engages stakeholders (primarily service providers) in a process defining a set of standards and clearly desired outcomes for each service intervention. The process also entails identifying a range of essential actions that all organizations agree upon in the pursuit of effectiveness, efficiency, equity and sustainability. This activity will draw on the work currently underway with services for OVC. Standards will be defined with the context of integrated, family-centered care and support in Mozambique. This activity will help to identify the essential interventions service providers need to focus on to ensure effective services for PLHIV (i.e. treatment adherence, psychosocial support) which improve quality of life.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 250,000 | |

**Narrative:**

In FY09, HCI worked with the Ministry of Welfare and Social Action (MMAS), the Quality Improvement (QI) Task Force (established by MMAS) and implementing partners to begin the process of defining

minimum service standards for Orphans and Vulnerable Children (OVC). The definition of minimum service standards is the first key step in improving the quality of services provided for OVC. The draft service standards will be piloted in Gaza and Zambezia provinces in January 2010.

With FY10 funds, HCI will identify and document best practices and lessons learned from the first phase of implementation of the minimum service standards in Gaza and Zambezia provinces. The QI Task Force will identify at least three additional provinces (likely Maputo, Tete, Manica) to rapidly scale up the process of quality improvement for OVC. HCI will provide technical support to these additional three provinces to ensure that services standards are disseminated, understood by implementers, OVC, policy makers and other stakeholders. As service providers implement the new minimum service standards, HCI will help to document this process as well as make adjustments to implementation based on challenges encountered in the field at the point of service delivery.

Representatives of local government, local NGOs and their partners (CBOs and volunteers) are organized into QI teams to analyze what the standards describe as quality services and reflect on their current practices with respect to the essential actions as described in the standards.

In an effort to ensure local ownership and leadership of the quality improvement process, HCI will identify individuals from provincial level MMAS who will be trained as QI Coaches. These Coaches, will be key to ensuring a cadre of experts who can lead the process of implementation of service standards and ensure consistent application. HCI will facilitate the organization of Provincial QI Task Forces to coordinate and lead the sharing across Implementing Partners engaged in the process of quality improvement.

HCI will document the QI process across implementers, facilitate the sharing of promising practices and develop supportive networks of QI champions within Mozambique.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7315** | **Mechanism Name: Fanta II GHN-A-00-08-0001-00** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Academy for Educational Development | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |

| | |
|---|---|
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 500,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Save the Children/Mozambique | | |

## Overview Narrative

The goals of this activity are to improve and harmonize strategies, guidelines, manuals and plans for food and nutrition interventions for PLHIV; strengthen food and nutrition interventions, and in particular improve treatment for moderate and severe acute malnutrition, for PLHIV and OVC in USG-supported HIV care and treatment services; and; improve coordination among USG-supported HIV care and treatment services, OVC and food security programs.

This activity contributes to objectives 5.1 and 5.2 of the Partnership Framework, strengthening national capacity to increase access to a continuum of HIV care services and promote referrals systems. This activity is also key to improving nutritional status of PLHIV and HIV affected households.

FANTA II technical assistance to PEPFAR clinical and TITLE II partners, and GOM will target adults and children living with HIV; HIV-positive pregnant and lactating women; infants and young children (0-24 months) born to HIV-positive mothers; OVC and their caregivers. FANTA II operates at the central-level to improve national-level coordination of the GOM and its partners through the MOH Nutrition and HIV Technical Working Group and development of national guidelines for nutrition and HIV. Fanta II operates at the provincial-level in Manica, Gaza, Nampula, Sofala and Zambezia to strengthen the Provincial Health Directorates (DPS) and its partners capacity to provide nutrition assessment, counseling and treatment of acute malnutrition among children, adolescents and adults with HIV.

FANTA II will strengthen the health system through establishing national level protocols for nutrition and HIV and training of health service providers as well as community based health workers.

FANTA II will support I-TECH in the improvement of pre-service and in-service training of health professionals in respect to nutritional aspects of the care and treatment of individuals with HIV. Contingent on MOH priorities and timelines, FANTA II will support the development of nutrition and HIV

modules for MOH Community Health Worker (CHW) Program and the development of nutrition and HIV modules for the curriculum used in the national nutrition technician training program.

FANTA II will support the MOH Nutrition and HIV Technical Working Group (TWG) to ensure partner coordination among MOH and its partners. Support to the TWG will also be to develop an implementation plan for the national strategy document Components of a Nutrition Intervention Package in HIV and TB through the National Health System. FANTA II will support the printing of the national strategy document. FANTA II will also support the Department of Nutrition to host three regional meetings to launch the national strategy and solicit participation in the development of an implementation plan.

FANTA II will also support the Mozambique Nutrition and Food Security Association (ANSA) and the Mozambique National Association of Nurses (ANEMO) to develop nutrition and HIV training materials for home-based care volunteers and community health workers. The project will support ANSA and ANEMO to conduct regional trainings in Gaza, , Nampula, Sofala and Zambezia Provinces. They will also update and improve a flipchart and counseling guide on nutrition and HIV developed in Mozambique.

FANTAII will support the development of training materials on nutrition and HIV for facility-based health staff and HBC workers. The training materials include modules on Nutrition Care and Support of HIV-Positive Pregnant and Lactating Women, Infant Feeding in the Context of HIV and Feeding HIV-Positive Infants and Children.

FANTA II partners with other organizations and local institutions in Gaza, , Nampula, Sofala ,Zambezia and Maputo Provinces to complete its activities in order to maximize coordination, coverage and avoid duplication of activities. For example, FANTA II and UNICEF are jointly supporting Save the Children to provide training to the DPS in Nampula Province to strengthen capacity to treat acute malnutrition. Partnering with local institutions also builds local capacity in nutrition and HIV. For example, FANTA II is supporting the ANSA and the ANEMO to train HBC workers in nutrition and HIV.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Food and Nutrition: Policy, Tools, and Service Delivery | 500,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **7315** |
| **Mechanism Name:** | **Fanta II GHN-A-00-08-0001-00** |
| **Prime Partner Name:** | **Academy for Educational Development** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 200,000 | |

**Narrative:**

FANTA II will support the ANSA and ANEMO to conduct regional trainings in Gaza, Manica, Nampula, Sofala and Zambezia Provinces. The trainings will target Trainers-of-Trainers in carrying out community-based nutrition assessment, education and counseling of PLHIV. FANTA II will support the cost of the training venues, food for participants during the trainings, and travel and accommodation for participants from the Provincial Health Directorates (DPS) and central level MOH for all of the trainings listed above. USG partners will be responsible for the travel and accommodation costs of USG partner participants. FANTA II will support the cost of printing of training materials and associated job aids. This TA to partners and DPS will be done with partners providing HIV treatments services, not ARV sites (ANC, PMTCT, and primary health care) will also improve their nutritional assessment and treatment capacity as the GOM moves towards integrated services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 300,000 | |

**Narrative:**

FANTA II will continue to support the MOH Nutrition and HIV and the Mozambique Nutrition Website to facilitate coordination among MOH and its partners in the area of nutrition and HIV. Support to the MOH nutrition technical working group (TWG) will also be to develop an implementation plan for the national strategy document, Components of a Nutrition Intervention Package in HIV and TB through the National Health System. FANTA II will support the printing of the national strategy document and support the Department of Nutrition to host three regional meetings (North, Center, South) to launch the strategy and solicit participation in the development of an implementation plan. The meetings will include the Provincial Health Directorates (DPS) and its partners.

FANTA II will continue to support I-TECH in the improvement of pre-service and in-service training of health professionals in respect to nutritional aspects of the care and treatment of individuals with HIV.

| |
|---|
| Contingent on MOH priorities and timelines, FANTA II will support the development of nutrition and HIV modules for the curriculum used in the national nutrition technician training program. The training program has not been in operation since 2006. The Department of Nutrition has expressed intentions to restart the program and update the curriculum which FANTA II will support if approved.<br><br>FANTA II will conduct training in two phases. Phase 1 will focus on training of trainers in the areas of nutrition assess, counseling and treatment of malnutrition; supply chain management; and monitoring and evaluation. Phase 2 will focus on community-level interventions for health workers in nutritional counseling and assessment with a specific focus on PLHIV. FANTA II will support the cost of the support team, training venues, travel and accommodation for participants from Provincial and District Health Directorates in Nampula and Zambezia. (UNICEF will cover costs of participants from Gaza and Sofala), associated job aids and training materials. USG-partners will be responsible for the travel and accommodation costs of USG-partner participants.<br><br>Starting August 2010, all USG-supported care and treatment partners will assign a dedicated individual on their staff to be responsible for nutrition activities. The cost of the nutrition staff person will be supported by the USG partner to ensure adequate supervision and implementation of activities. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7326** | **Mechanism Name: Supply Chain Management System** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: Partnership for Supply Chain Management | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 28,350,310** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 28,350,310 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Partnership for Supply Chain Management (SCMS) is funded to procure all HIV-related commodities on behalf of the USG and USG partners. SCMS also provides technical assistance to the Central Medical Stores (CMAM) and the MOH in forecasting and supply planning, procurement, warehousing and distribution, and Logistics Management Information System (LMIS) for all essential medicines and laboratory reagents. SCMS works closely with JSI/DELIVER through the President's Malaria Initiative (PMI) and reproductive health/family planning programs to ensure an integrated approach to supply chain management systems building. Forecasting and supply planning of commodities for all HIV-related programs is conducted jointly with CMAM, Clinton HIV/AIDS Initiative (CHAI), and the relevant MOH programs.

SCMS's support to CMAM and the MOH to strengthen the supply chain is directly in line with the goals of the USG and GOM Partnership Framework (PF) to build capacity of CMAM to fully manage its operations by the end of PEPFAR II with reduced technical assistance.

In 2009, SCMS supported CMAM to develop a Pharmaceutical Logistics Master Plan (PLMP), a multi-donor funded, 5 year strategic plan that outlines the vision and requirements for a redesigned supply chain for the health system in Mozambique. With a focus on health systems strengthening, the PLMP emphasizes infrastructure needs; policy, legal and human resource reform requirements for the supply chain; and includes the following key strategies to ensure success: provision of financial and administrative autonomy to CMAM; an active distribution strategy from central to district level; revision in the procurement laws to allow for multi-year contracting; central and district level warehousing needs; LMIS; monitoring and evaluation (M&E) and human resource requirements for the supply chain, including personnel, enhanced salary scales, incentive packages, and pre- and in-service training requirements at all levels.

Recently approved by the MOH, USG has committed to supporting the implementation of the PLMP through the PF in collaboration with other donors. In addition to commodity procurement for all technical areas in FY 2010, SCMS will prioritize roll out of the PLMP, including phase in of active distribution and implementation of an LMIS at district level, in-service training for all levels of the supply chain, strengthening M&E competencies within CMAM, and support to CMAM to manage and execute procurements for Global Fund.

SCMS contributes to the cross-cutting areas of Human Resources for Health and Strategic Information (SI). A significant challenge for the MOH is the severe shortage of qualified and trained personnel in all

areas of the supply chain, including pharmacy staff, particularly at superior level, logisticians and warehouse managers. During FY 2009, SCMS worked with CMAM to develop a revised staffing structure based on requirements for a centrally-managed supply chain, and conducted a skills analysis of existing CMAM staff to identify skill strengths and weaknesses of each staff member based on the proposed staffing structure. SCMS will support new and existing personnel with additional training and mentoring in supply chain management relevant to their designated functions.

Beginning in FY 2010, SCMS will conduct a district warehouse assessment to define district warehouse needs in all districts and implement a pilot of the redesigned logistics system of active distribution from central warehouses directly to the districts. These district warehouse assessments and the pilot will identify key human resource and infrastructure requirements at the district levels. In line with the PLMP and the Human Resources for Health Development (HRHD) plan, SCMS will support CMAM to develop a national integrated logistics training plan for all levels of the supply chain, as well as support the development of a logistic cadre for the MOH in collaboration with JHPIEGO. SCMS will also contribute to SI through the implementation of a functional LMIS for improved resupply and inventory control of health commodities. A focus in FY 2010 for the Laboratory Department at MOH will be the expansion of the laboratory network, including the Laboratory LMIS to manage the laboratory supply chain. SCMS will also contribute to SI through efforts to strengthen coordination and information sharing with all relevant MOH programs and clinical partners around supply chain issues, such as findings from supervision visits and supply plan updates, and joint forecasting and planning, in close collaboration with CMAM and the MOH.

SCMS has significantly reduced costs through joint forecasting and coordinated planning with CMAM and CHAI to avoid duplication of purchases. In addition, with decentralization of procurement functions for laboratory, SCMS has reduced costs through local procurements of laboratory reagents and other supplies. In line with USG's vision outlined in the Partnership Framework, SCMS will work with CMAM to develop a skills transfer and transition plan with identifiable milestones for CMAM, particularly in the area of procurement. These activities will be monitored through joint site visits with CMAM, joint work planning between CMAM and SCMS, monthly reporting to USG, and monthly reporting on activities.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 1,000,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **7326** | | |
| **Mechanism Name:** | **Supply Chain Management System** | | |
| **Prime Partner Name:** | **Partnership for Supply Chain Management** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 1,600,000 | |

**Narrative:**

SCMS will receive funds to procure medicines for the prevention and treatment of OIs and STIs, including cotrimoxazole (CTX), for HIV-infected adults, contributing around 40% of the national need for the MOH HIV program.

In addition, USG will increase its contribution to the national CTX need as part of an overall strategy to improve CTX provision and patient care. CTX is an integral component of the basic care package and a highly cost-effective intervention for both ART and pre-ART patients. Data from the national ART evaluation and HIVQUAL have revealed only 30% of ART patients are on CTX, and even lower percentage for pre-ART patients. Strengthening the service delivery, availability and tracking of CTX to ART and non-ART sites is considered a high priority for the GOM and USG, leading to an expected increase in CTX consumption and need.

The remaining needs of CTX and essential OI/STI medicines will be covered through GF Round 9, the GOM, and the Common Fund for the Health Sector (PROSAUDE),

SCMS will also support strengthening the supply chain for CTX, OI, and STI drugs through OHSS funds. CTX, OI and STI drugs are integrated into the national system and distributed through two mechanisms: a push system of essential medicine kits (a one month supply of essential medicines, including CTX, for primary care facilities), and via classica, a pull ordering system based on consumption and needs. Health facilities receiving kits are required to reorder additional stocks as needed through the via classica system. Provision and availability of OI and STI medicines, including CTX, have been challenged by the overall weak supply chain. The roll-out of the Pharmaceutical Logistics Master Plan (PLMP) will significantly strengthen the supply chain for all commodities. SCMS will work with CMAM, provincial advisors, and clinical partners to address logistics challenges around essential medicines, including training ART and non-ART sites in stock management and resupply, and improving national forecasting, planning and distribution for essential OI/STI commodities. SCMS will also provide additional support to

CMAM in procuring essential. medicines using Global Fund resources.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 2,000,000 | |

**Narrative:**

SCMS will procure HIV rapid test kits to support the USG and MOH efforts to expand facility and community based HIV counseling and testing activities and increase testing uptake. The total national need for FY 2010 - 2011 is estimated at around $8 million USD, to support PMTCT, provider initiated testing and counseling (PICT), blood safety, community testing, and CT campaigns. This budget code will be used for HIV testing in non-ANC settings. Additional resources for HIV rapid test kits include GF Round 6 phase 2, GF Round 9, and World Bank funds reprogrammed into UNFPA.

To support the USG and the GOM in their efforts to scale up quality CT services, increased efforts are required to improve the supply chain of HIV test kits. During 2008-2009, Mozambique faced challenges in the supply of HIV rapid test kits due in large part to poor consumption data for forecasting and distribution planning, unreliability of other donor funds and large scale up of testing activities at health facilities and in communities. In addition, weak coordination at central level MOH programs and CMAM for forecasting and distribution planning has led to interruptions in supply due to inappropriate distribution to provinces

Through OHSS funds, SCMS will continue to work with CMAM and the MOH to strengthen the logistics of rapid test kits (RTK) and other commodities. Recent efforts to integrate test kit consumption data into the national pharmacy tools combined with service delivery data will greatly improve the ability of CMAM, MOH CT program, and Laboratory Section to formulate a distribution plan based on need. The roll-out of the PLMP will significantly strengthen the supply chain for all commodities and reduce some of the above challenges. SCMS will also work with CMAM, provincial advisors, Provincial Health Directorates, and clinical partners to address specific logistics challenges around RTKs, including integrating via classica modules into partner and provincial level trainings.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 475,310 | |

**Narrative:**

Under this budget code, SCMS will procure commodities to support the scale up of the pediatric HIV program, including HIV rapid test kits, CTX and OI drugs for HIV-infected children and infants. Polymerase chain reaction (PCR) using dried blood spots (DBS) for the early diagnosis of exposed infants is funded under pediatric care and treatment.

Until recently, UNITAID, an international facility for the purchase of drugs against HIV, Malaria and Tuberculosis, through CHAI has donated almost 100% of the needs for pediatric care and support. This support ends after the first quarter in 2011. The total budget for this activity will cover the gaps for the remaining two quarters of the FY 2010 period, until FY 2011 and additional resources can be found to support pediatric services.

Through health system strengthening funds, SCMS will continue to provide technical assistance to the CMAM to strengthen the national supply chain through the roll-out of the PLMP. SCMS will also work with CMAM, partners and provincial advisors to monitor the supply of pediatric-specific commodities and strengthen the supply chain, through joint integrated supervision visits, supporting CMAM to develop a national integrated logistics training plan, and to support the roll-out of the PLMP. SCMS will also continue its support to CMAM in collaboration with CHAI and the HIV program in forecasting pediatric commodities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 400,000 | |

**Narrative:**

The Ministry of Health (MOH) pediatric program estimates 19,000 infants and children to be receiving treatment by the end of 2010. As infants infected early in-utero or during delivery are often likely to die before one year without aggressive treatment interventions, it is critical to ensure availability and access to EID supplies and equipment. SCMS will procure polymerase chain reaction dried blood spot (PCR DBS) kits in support of the GOM and USG efforts to expand the early infant diagnosis program in Mozambique. UNITAID through CHAI is ending its support after the first quarter of 2011. The budgeted amount plus an additional amount from the laboratory budget code, will cover the gaps until additional resources can be found through Global Fund or a UNITAID extension. SCMS will work with CHAI to utilize the EID network already established by CHAI.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 700,000 | |

**Narrative:**

HIV Surveillance is a key tool for monitoring progress towards reducing HIV infections in Mozambique, the first goal outlined in the PF. During the latest round in 2009, sentinel surveillance was conducted at 36 sites throughout the country and DBS technology - assays to measure recent HIV infection for estimation of HIV incidence - and threshold ARV resistance monitoring to detect transmission of HIV drug resistance were continued. Data from the sentinel surveillance round are used to describe the current burden of disease among pregnant women and to produce estimates of the burden and impact of HIV in

the country and to monitor disease trends over time. Sentinel surveillance data are the cornerstone for allocating resources in the country, though a national sero-survey was conducted in 2009 (results expected next year).

Since 2001, the USG has provided complete financial and technical support for sentinel surveillance activities in Mozambique. In 2009, HIV surveillance moved from the HIV program to the NIH with continuing financial support from the USG. In 2010, funds will be used to procure sample collection equipment and supplies, sample processing equipment and supplies, and test kits necessary to conduct sentinel surveillance and related activities (HIV, syphilis, BED and Avidity tests for recent HIV infection, and threshold drug resistance testing). The surveys typically include about 13,000 pregnant women. For the first time in 2010, procurement of these supplies will be routed through SCMS in order to improve long-term sustainability of surveillance activities

In addition to the continued support of sentinel surveillance in antenatal care settings, the USG will be implementing a BSS, which will be the first survey to comprehensively assess behaviors and HIV prevalence in most at risk populations including truck drivers, sex workers, miners, in Mozambique. SCMS will also procure commodities in support of this activity. This survey is expected to include specimens for HIV testing from about 5,000 participants. Materials may be procured locally, internationally or a combination of both, depending on costs and technical considerations.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 3,625,000 | |

**Narrative:**

SCMS is integral to USG's vision outlined in the PF for health systems strengthening. In coordination with other USG partners and donors, SCMS will strengthen five out of the six blocks of the health system (service delivery, information systems, HRH, procurement systems, leadership) in line with the priorities and goals of the MOH.

In 2009, SCMS supported the development of a PLMP, a multi-donor funded, 5-year strategic plan that outlines the vision and requirements for a re-designed supply chain for Mozambique.

SCMS will support CMAM and the MOH in the implementation and phase in of the PLMP based on lessons learned during the pilot study and district warehouse assessments conducted in early 2010. In FY 2010, SCMS will focus on the following areas: implementation of an LMIS, pre-and in-service training in logistics and supply chain management in conjunction with the Brazil-USG-Mozambique Tripartite Agreement, development of supply chain M&E competencies; strengthening CMAM's procurement

systems; and developing a sustainable laboratory supply chain and network in line with the National Laboratory Strategic Plan.

To resolve short- and medium-term supply chain challenges, SCMS will support provinces, districts, and sites through joint supervision visits with CMAM, and improved coordination with MOH programs and clinical partners, who will have an expanded role in supporting the supply chain.

SCMS will expand its procurement TA to CMAM to include management of GF procurements and procurement and supply management (PSM) plans. A new activity in FY 2010 will include support for two CMAM staff to participate in a three-month procurement training program with I+Solutions in Amsterdam, tailored to meet CMAM's needs, with a particular emphasis on procurement for GF and other donors and development of systems in line with international standards.

This activity will have spillover benefits on the whole health system, including improved drug supplies at health facilities, and strengthened human resource capacity and information systems for laboratory and pharmacy needs, thereby increasing overall quality of health care services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 4,600,000 | |

**Narrative:**

Nationwide expansion of quality PMTCT services with increased access to more effective PMTCT regimens is a key goal for the GOM and supported by the USG as a critical intervention in the fight against HIV. To support these efforts, SCMS will receive funds to procure PMTCT related commodities, including HIV rapid test kits for pregnant women and their partners, CD4 reagents and CD4 tubes for eligibility screening of HIV-infected pregnant women, ARV drugs for combination ARV prophylaxis for pregnant women and exposed infants, hemoglobin reagents and equipment for anemia screening of HIV-infected pregnant women; and cotrimoxazole (CTX) prophylaxis for pregnant women with CD4 < 350. SCMS will also procure CTX for exposed infants during the last two quarters of the FY 2010 period, as UNITAID, an international facility for the purchase of drugs against HIV, Malaria and Tuberculosis, donations will end after Q1 2011. UNFPA and GF will also procure HIV test kits during 2010-2011.

For effective scale up of PMTCT services, increased efforts are required to improve the supply chain of commodities. During 2008-2009, Mozambique faced interruptions in the supply of HIV rapid test kits due to poor consumption data for forecasting, unpredictability of donor resources, poorly trained health staff, a weak supply chain, and large scale up of testing activities at health facilities and communities. The roll-out of the PLMP, starting in 2010, will significantly strengthen the supply chain for all commodities. With

OHSS funding, SCMS will work with CMAM, provincial advisors, and clinical partners to address PMTCT specific logistics challenges, including: integrating supply chain modules into partner and provincial level trainings for PMTCT sites; integrating test kit consumption data for PMTCT into the national pharmacy tools; and working with CMAM for PMTCT specific commodity forecasting.

There are no targets related to this activity, except that procurement of PMTCT commodities will enable the PMTCT program and implementing partners to reach their proposed targets.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 4,750,000 | |

**Narrative:**

SCMS supports the clinical laboratory network with direct support of equipment, reagents, and commodities for HIV diagnostics and monitoring tests and technical assistance to strengthen the laboratory commodity supply system.

SCMS will procure CD4, hematology and biochemistry equipment and commodities for HIV diagnostics and monitoring tests for nearly 40 laboratories across all 11 provinces. SCMS is implementing a paper-based LIMS in labs receiving USG-funded commodities which will be expanded to all MOH labs as a strategy to improve the flow and validity of information coming from site level. At the central level, SCMS will build capacity to receive, analyze, and utilize these data to inform forecasting, procurement, and distribution decisions. SCMS's supply chain strengthening activities are aligned to both the with the National Laboratory Strategic Plan and the USG PF which calls for USG/GOM collaboration to "Improve commodity procurement and distribution systems at all levels". Supply chain strengthening activities also align to the next generation laboratory indicators by ensuring adequate numbers of labs have capacity to diagnose HIV and monitor therapy and supporting the laboratory accreditation process which requires that labs have an inventory control system for supplies with appropriate documentation and a standardized system for reporting.

Laboratory commodity logistics and inventory management are key elements of good laboratory management. SCMS will collaborate with other lab partners in country to support the curriculum development and facilitation of this subject in the USG supported laboratory management in-service trainings and develop a pre-service module on laboratory commodity logistics to be included in the pre-service laboratory course curriculum.

Currently, USG funded lab commodities are managed in a vertical system outside of the national system. SCMS will build capacity within CMAM to utilize USG funds to manage all lab commodities using the

national system. These activities will be in line with the recently approved PLMP to strengthen the country's logistic system for all medical commodities and lead to a more sustainable system for commodity management that transitions ownership and responsibility to MOH.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HTXD | 10,000,000 | |

**Narrative:**

The MOH ART program estimates there will be 190,000 ART patients by the end of 2010, of which approximately 19,000 will be children. The forecasted need for FY 2010 is $33 million, an increase in overall pricing based on the new treatment guidelines of the MOH, which includes a transition from a d4T-based first line regimen to a more expensive AZT-based first line regimen.

SCMS will receive funds to procure adult first line ARVs, and a portion of the pediatric and 2nd line ARV needs following the phase out of UNITAID funding. It is a 15% decrease in USG direct support for ARVs. The Clinton Foundation via UNITAID, will donate almost 100% of the national need for pediatric and 2nd line formulations through the first quarter of 2011. The remaining gap will be covered by GF Round 6 phase 2 and Round 9 funds.

The MOH pediatric targets are 10% of all ART patients. Although the country has faced challenges in recent years with scaling up pediatric treatment, expansion of the EID program through DBS PCR diagnosis, and improved referrals for exposed infants and children, have resulted in increased rates of infants and children accessing ART services. In addition, the new pediatric fixed dose combination (FDC) tablets for oral suspension, introduced in Mozambique in February 2009, have greatly improved access for pediatric patients.

Through health system strengthening funds, SCMS will provide technical assistance to CMAM to strengthen the national supply chain through the roll-out of the PLMP. SCMS will continue work with CMAM and the MOH to forecast ARV needs for Global Fund applications as well as to conduct quarterly updates and supply planning. SCMS will work with CMAM, implementing partners, provincial advisors and Provincial Health Directorates to strengthen the use and reporting of the antiretroviral resupply system (MMIA) by ART sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 200,000 | |

**Narrative:**

SCMS will procure HIV rapid test kits and CTX necessary for the HIV/TB program. The funding was

| |
|---|
| determined by the forecasted need based on targets of the HIV/TB program.<br><br>Although CMAM is the main responsible for procurement and storage of commodities, forecasting and distribution planning is managed by the TB program including at the peripheral levels. Through OHSS funding, SCMS will help to strengthen the supply chain for the TB program, including provide training of program staff in forecasting as well as supply chain management at central and lower levels. SCMS will work with implementing partners and the TB program to integrate supply chain and via classica, an ordering system, modules into provincial and district trainings. As with HBC activities clinical partners will work with sites to improve tracking of CTX provision, including for the TB/HIV program. For HIV test kits, SCMS will also coordinate with the program and clinical partners to integrate the rapid test kit laboratory management information system into the TB/HIV program. SCMS will continue its support to CMAM to conduct joint integrated supervision visits, including for the TB program. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7328** | **Mechanism Name: MEASURE** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Umbrella Agreement |
| Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 725,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 725,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

MEASURE Evaluation will work with the USG strategic information team to develop and implement a data warehouse that will serve as a repository for all implementing partner reported data for USG Mozambique. There is a critical need for USG technical program staff to have access to user friendly

databases.

The main objectives of this data warehouse are: serve as repository for all retrospective and prospective PEPFAR program data; complement program data with added on data analysis, trend monitoring and mapping capabilities and capacity and; reduce data entry and data cleaning time required of USG technical staff during mid-year and final-year program reports.

Related activities to these objectives include, design and development of data warehouse to meet specified USG requirements, retrospective data entry of USG data reported for the last four years, and training of relevant USG staff and implementing partners in the use of the data warehouse.

Through this activity, the USG will work closely with MEASURE Evaluation around the development and implementation of the data warehouse. In addition, the USG team will continue to monitor the effectiveness and capacity of the data warehouse to provide increase understanding of program data and trends.

In addition, MEASURE Evaluation will also work with the USG SI Team to begin to implement external data quality audits for all USG PEPFAR implementing partners. During FY 2009, the USG worked with MEASURE Evaluation to develop a Routine Data Quality Assurance (RDQA) tool. During 2009, implementing partners were trained to use this tool for internal data quality assessments at least one time per year. The expectation is for this tool to be adapted slightly for external RDQA audits by MEASURE Evaluation.

The main objectives of this external RDQA tool are: ensure the data quality integrity and accuracy by an external auditor for implementing partner reported semi-annul and annual data; meet USG Mission requirements for routinely implemented external data audits as required from Program Monitoring Performance (PMP) and; increase USG technical staff understanding of implementing partner systems and data reporting and collection capacity

Related activities to these objectives will include the adaptation of the RDQA for use by an external team of auditors, the development of a project timeline for implementation of the RDQA for all USG implementing partners and a plan for results dissemination and use.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 7328 | | |
|---|---|---|---|
| Mechanism Name: | MEASURE | | |
| Prime Partner Name: | University of North Carolina at Chapel Hill, Carolina Population Center | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | 725,000 | |

**Narrative:**

The partner will work with USG SI staff and PEPFAR implementing partners to develop and implement the data quality assurance and warehouse systems. These services are intended to improve the internal strategic information and data quality monitoring and assessment capacity of both the USG strategic information team and USG implementing partners. There is a critical need for USG SI to enhance the data entry and monitoring systems used to track PEPFAR implementing partner data submissions for semi-annual reports. Data verification and quality checks as part of the planned data warehouse will assist in report monitoring and APR and SAPR data quality assurance checks.

External data quality audits are critical for ensuring that PEPFAR implementing partner program data is validated for validity, reliability, integrity, precision, timeliness and accuracy. Given the volume and breadth of USG programs it is critical to develop and routine systems for assessing data management systems and data flow between provincial-level and national-level programs and between PEPFAR implementing partners and sub-partners.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7466** | **Mechanism Name: Community-Based Responses to HIV/AIDS in Mine-sending Areas in Mozambique** |
|---|---|
| Funding Agency: U.S. Agency for International | Procurement Type: Cooperative Agreement |

| | |
|---|---|
| Development | |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This is an annual program statement (APS) that was planned in FY 2009. It has been designed and is being posted by end of FY 2009. The purpose is to increase the number of Mozambican organizations directly receiving USG resources and to encourage innovation and local responses.

The over-arching objective of the APS is to improve the continuum of prevention, care, and treatment at the community level by strengthening Mozambican civil society to play a more meaningful and sustainable role in response to HIV. It is open to a range of activities and innovation as there are many approaches that can be taken.

The geographic focus of the intervention is in the southern region: Maputo City, Maputo Province, Gaza and Inhambane, prioritizing catchment areas of treatment facilities. The APS will prioritize care and support of PLHIV and OVC, meaningful involvement of PLHIV and OVC, strengthening referral systems and networks, and ensuring coordinated and community-based prevention, care and support, and capacity-building activities. The target population includes PLHIV, OVC, as well as people in the general population.

The number of partners will depend on the quality of proposals. USG expects a 1-2 cooperative agreements, to be awarded in mid 2010. Projects are expected to last four years, pending availability of future funding.

The partners will coordinate activities closely with other partners such as the awardee of the General Population Prevention RFA, the Academy for Educational Development Capable Partners (AED CAP) program, small grantees and partners focused on strengthening civil society.

This program will contribute to Partnership Framework Goal 1, Objective 1.1, as it will include appropriate community-based prevention interventions for the general population in the highest-prevalence provinces; and Goal 5, Objectives 5.1, 5.2, 5.4, 5.5, as it will ensure community-based care and support for people living with or affected by HIV. The APS is aimed at local responses and local implementing partners, which will lead to a more sustainable response to HIV.

The contribution to health systems strengthening is the having the active participation of communities and civil society in strengthening the continuum of prevention and care and link it to treatment facilities.

This APS emphasizes viable economic strenghthening activities targeting PLHIV households which can protect and grow the vulnerable household's assets. Food and nutrition activities will focus on service delivery and may include training for HBC workers and Home Vistors, enhancing their capacity to carry out nutritional assessment and counseling as well as make effective referrals. The partner will also be able to link with Population Services International (PSI) to ensure access to safe water systems and hand washing soap for promotion of safe hygiene practices.

This program addresses cost-efficiency by prioritizing direct funding to Mozambican organizations. The program will focus on the southern region in order to consolidate the approach and lessons learned rather than starting in a vast geographical area. Coordination with other partners and government institutions is a pre-requisite of project design.

This program will address gender by promoting linkages between community prevention programs for women and clinical services (e.g. gender-based violence), implementing activities that address and respond to harmful gender and cultural norms, and building the capacity of gender focal points at district and provincial level on gender awareness, gender and HIV/AIDS, prevention of gender-based violence and constructive male engagement. Partners must address gender as an integral part of their programs and be in line with the Ministry of Health's Strategy for the Inclusion of Gender Equity in the Health Sector, released in January 2009.

The monitoring and evaluation (M&E) plan will include systems to collect and report on next generation indicators on a semi-annual and annual basis, as well as other project-related indicators, both qualitative and quantitative. At least one evaluation is required. An M&E plan must be submitted for USG approval soon after signing the award.

The APS currently has FY 2009 OHSS funds and reprogrammed FY 2008 and FY 2009 funds from HVAB, HVOP, HKID, and HBHC. In FY 2010, no additional OHSS funds are planned since FY 2009

OHSS funds will be able to carry over any capacity-building activities for year one; however, amounts are planned in the other budget codes.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |
| Food and Nutrition: Policy, Tools, and Service Delivery | Redacted |

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing women's legal rights and protection

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **7466** |
| **Mechanism Name:** | **Community-Based Responses to HIV/AIDS in Mine-sending Areas in Mozambique** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | Redacted | Redacted |

**Narrative:**

Illustrative activities will reduce household food insecurity, improve nutritional status of PLHIV and support economic strengthening for members of HIV-affected vulnerable households. Beneficiaries will be identified by referral from lead clinical partners in Maputo City, Maputo, Gaza and Inhambane provinces.

Activities will improve nutritional status of PLHIV and improve linkages for nutritional support for OVC by implementing best practices for livelihood and food security support for vulnerable HIV-affected households. Partner will explore establishing consumer cooperatives to sell quality food commodities in small quantities at fair prices to poor families in urban/peri-urban communities, and promote permaculture

gardening to improve food security among HIV-affected households.

Meaningful involvement of PLHIV and OVC (individuals and organizations) will increase awareness of issues of HIV-related stigma and discrimination, girls' and women's vulnerability to transactional and intergenerational sex, and inheritance and property rights.

Economic strengthening interventions will minimize vulnerability of HIV-affected households through market driven viable interventions. These may include creating livelihood opportunities for older OVC and their families through job placement, training and/or creation of viable microenterprises using a multisectoral approach for training in entrepreneurship, business planning, linkages to credit sources, and identify mentors to start or expand small businesses.

By linking with Population Services International, activities will support interventions which include health promotion messages (positive prevention, partner reduction), family planning, child survival, malaria, tuberculosis prevention and treatment, cotrimoxazole prophylaxis, etc. The partner will make referrals as necessary to health facilities to ensure access to long lasting insecticide treated nets provided by the President's Malaria Initiative.

Before implementation USG will work closely with the partner to establish indicators, as well as baseline data and targets for each indicator.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | Redacted | Redacted |

**Narrative:**

Illustrative activities this APS aim to reduce household food insecurity, improve nutritional status of PLHIV and support viable economic strengthening activities that increase and/or protect members of vulnerable HIV-affected households. For effective targeting, beneficiaries for this activity will be identified by referral from lead clinical partners in Maputo City and Province, Gaza and Inhambane.

Partner will improve nutritional status of PLHIV and OVC by identifying and implementing best practices for livelihood assistance and longer-term food security support for vulnerable HIV-affected households. Partner will also explore establishing consumer cooperatives to sell quality food commodities in small quantities at fair prices to poor families in urban/peri-urban communities, and promote permaculture gardening to improve household food security for beneficiaries.

Meaningful involvement of PLHIV and OVC (individuals and organizations) will increase awareness of

issues of HIV-related stigma and discrimination, girls' and women's vulnerability to transactional and intergenerational sex, and inheritance and property rights.

Economic strengthening interventions will minimize vulnerability of HIV-affected households through market driven approaches. Activities may include creating livelihood opportunities for older OVC and their families through job placement, training and/or creation of viable microenterprises using a multisectoral approach for training in entrepreneurship, business planning, linkages to credit sources, idenifying mentors to start or expand small businesses.

Linkages with Population Services International will promote health messages (prevention with positives, partner reduction), family planning, child survival, malaria, TB prevention and treatment, cotrimoxazole prophylaxis, etc. Partners will make referrals as necessary to health facilities to ensure access to long lasting insecticide-treated nets provided by the President's Malaria Initiative.

USG will work closely with the partner to establish final indicators, baseline data and targets for each indicator.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

This APS solicits applications for epidemiologically-responsive and contextually appropriate prevention interventions reaching beneficiaries at the individual, couple, family, institutional, community, and social levels. Programs will support operationalization of priorities outlined in the National Strategy for Accelerated Prevention of HIV infection and will target key drivers including concurrent partnerships, low risk perception, low knowledge of sero-status, and low condom use with non-regular partners. Community mobilization interventions will address structural factors, including attitudes towards gender roles and responsibilities, that influence these drivers. Programs will benefit adults aged 20-49, and youth aged 15-19, especially OVC, in high prevalence areas, especially the provinces of Maputo City, Maputo, and Gaza.

The APS will solicit applications from organizations to implement prevention activities, with strong emphasis on reduction of multiple concurrent partnerships and condom use with non-regular partners. Programs will go beyond 'awareness raising' to focus on building risk perception to change individual behavior and risk norms around the key drivers mentioned above. This APS will mainly support behavioral and structural interventions, conducted at community and/or institutional levels (eg workplace, school based) to prevent HIV infections. It will support a mix of media and interpersonal communication

approaches that are known to be effective and that are tailored to reach adults and young people with prevention programs that address delay of sexual debut, and multiple concurrent partnerships, and the normative factors that affect each. The APS will also support prevention interventions that focus on discordant couples to encourage mutual disclosure and faithfulness that protect the negative partner and limit HIV transmission outside the couple.

With a view to sustainability and Mozambicanization, the APS will support capacity building for smaller local NGO/CBOs, local leaders and community agents of change to address risky norms, for public institutions, at district and provincial levels, to coordinate and lead a strategic and effective prevention response.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7636** | **Mechanism Name: JSI/DELIVER** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: John Snow, Inc. | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 100,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 100,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Since 2004, USG has funded JSI/DELIVER through health and population funds to provide technical assistance to the national central medical stores, Central de Medicamentos e Artigos Medicos (CMAM), to build their capacity in commodities logistics and management. JSI/DELIVER also supports the preparation of the coordinated Contraceptive Procurement Table (CPT), the bi-annual forecasting and supply planning process for USAID/Washington, which involves Ministry of Health Reproductive Health

and Family Planning (RH/FP) Department, UNFPA, the NAC, and CMAM.

Since FY 2008, JSI/DELIVER has been providing significant technical assistance to the Condom Technical Working Group (CTWG) for condom forecasting, logistics, and resolving bottlenecks to condom storage and distribution. Due to the level of effort in supporting HIV activities through condom logistics technical assistance (TA), USG is allocating funds to complement the existing MCH/RH activities supported by health and population funds.

A key focus of the Partnership Framework is on prevention to reduce the spread of HIV. A component of this is the promotion of correct and consistent condom use to communities at risk and vulnerable populations, especially sero-discordant couples. In FY 2010, USG will improve targeting, uptake efficiency, social marketing and sustainability of male and female condoms. Demand and use of condoms is expected to increase as they become available in more places outside of health centers. A strategy is in place to increase acceptability of female condoms and a sizable initial supply exists to support increased use among targeted populations such as CSW. USG funds will also support promotion of male and female condoms among PLHIV and their partners as part of a comprehensive positive prevention program.

Further support to the Partnership Framework goals is JSI/DELIVER's support to CMAM and the MOH to strengthen the supply chain and improve availability and access to condoms. During 2009, a large quantity of male condoms was stuck at the central warehouses. A recent assessment conducted by the CTWG identified a variety of bottlenecks and challenges to the distribution and availability of condoms in the public health system and for NGOs, including lack of financing and transport for distribution condoms due to the volume and quantity, miscommunication and lack of awareness of the directives for condom distribution for community-based organizations (CBOs) and NGOs, and lack of knowledge of procedures for condom resupply at health facilities. Through DFID financing, UNFPA supported an emergency distribution of condoms to all provinces and districts.

During the assessment, JSI/DELIVER developed and disseminated a paper-based condom distribution tracking tool for the MOH used by Provincial Nuclei of the National AIDS Council (NPCS), Provincial Coordinating Committees of the NAC and NGOs. This tool records the quantity of condoms distributed through their offices to CBOs. This information system improves the Central and Provincial warehouses ability to track condom quantities issued to those organizations.

The CTWG with support from JSI/DELIVER will continue to work with the MOH to develop a long-term plan for male and female condom distribution that is feasible for Mozambique. JSI/DELIVER will also continue to develop capacity within the MOH for forecasting and procurement while continuing to involve

all stakeholders in the financing of male and female condoms. The group will also support the dissemination of the 2006 MOH directive for the provision of free condoms through NGOs and other civil society led prevention and care programs. This directive will be updated to incorporate female condoms.

JSI/DELIVER has made efforts to reduce costs through sharing administrative costs with JSI/Supply Chain Management Systems (SCMS) Project (shared office and administrative staff), cost-sharing capacity building and other technical assistance activities with SCMS, and by using an integrated approach to strengthen the supply chain (integrated supervision, integrated training). Its main contribution to health systems strengthening is by strengthening the supply chain for condom logistics.

These activities will be monitored through joint site visits with CMAM, joint work planning among members of the CTWG.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **7636** |
| **Mechanism Name:** | **JSI/DELIVER** |
| **Prime Partner Name:** | **John Snow, Inc.** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 100,000 | |

**Narrative:**

Strengthening the supply chain system is critical for ensuring regular availability and access to male and female condoms in the country and is a key activity outlined in the Partnership Framework (PF) for health system strengthening. A major focus of this activity will be to support the NAC, MOH, CMAM and provincial and district warehouses in the implementation of a Logistics Management Information System (LMIS) for male and female condoms. The priority areas in FY 2010 include an evaluation of the results

| |
|---|
| of the condom inventory tracking tool implemented at the provincial warehouses and (NPCS) and support for in-service training in logistics and supply chain management. JSI/DELIVER will also support the integration of female condom distribution information into the condom inventory tracking tools and strengthen overall logistics management of female condoms.<br><br>In FY 2010 JSI/DELIVER will increase coordination efforts with condom stakeholders as well as with clinical partners, CBOs and NGOs, who will have an expanded role in increasing the distribution and utilization rate of free condoms to ensure the sustainability of generic condom availability. JSI/DELIVER will also work with the USG prevention team and partners to integrate positive prevention activities into condom logistics. There will be linkages among the information systems, commodities, and leadership building blocks. The spillover benefit will be the concurrent improvement in the family planning and reproductive health commodity tracking.<br><br>Additionally, beginning in 2010, SCMS and the JSI/DELIVER will support the MOH to implement the Pharmaceutical Logistics Master Plan (PLMP), a 5-year strategic plan to re-design the distribution chain of medical supplies and products in the country, including condoms.<br>There are no direct targets for this activity, although support to condom logistics will support overall prevention efforts to increase condom availability and use. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 7637** | **Mechanism Name: Prevenção e Comunicação para Todos (PACTO)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This new program is designed to contribute directly to USG and the GOM goals in HIV and health, as articulated in the Partnership Framework, to reduce HIV transmission and mitigate the epidemic's impact. It is also designed to support the national Strategy for Accelerated Prevention of HIV Infection. HIV prevention has proven most challenging, particularly since there is still no one single fully effective intervention that can reduce transmission. An approach that combines different prevention interventions is likely to be better suited to address the complexity. This project's overall goal is to reduce HIV acquisition and transmission by increasing the adoption of safer sexual behaviors and addressing social, economic and cultural factors that facilitate high risk of HIV transmission. Since the majority of new HIV infections in Mozambique are sexually transmitted in the general population, this activity will strengthen prevention interventions that address behavioral, structural and biomedical factors, increase their intensity and ensure they are tailored to resonate with, and motivate behavior change among, general adult and youth populations, including PLHIV, and to stimulate social and normative change more broadly.

This new activity aims to achieve three mutually reinforcing results:
1) Increased access to and use of effective and quality combination HIV prevention services among the Mozambican general population in the three highest prevalence provinces of Gaza, Maputo and Maputo City;
2) Increased technical leadership and coordination to develop strategic combination HIV prevention at the national, provincial and district levels ;
3) Strengthened capacity of Mozambican public institutions, civil society organizations, and the private sector to implement combination HIV prevention programs.

Ethnographic research in Mozambique reveals that the practice of multiple concurrent partnerships (MCP) is widespread and includes several types of transactional sex, with gender issues intricately woven into the practice. Condom use has been among the lowest in Africa (2003 DHS), although it has increased in recent years due to ongoing social marketing and free distribution. Both of these behaviors take place in the context of a poor understanding and perception of the risks involved. In accordance with USG's strategic prioritization, implementation efforts will begin in the more densely populated urban and peri-urban areas of the three highest prevalence provinces where high risk behaviors are widespread.

Programmatic emphasis will be on intensifying and expanding HIV prevention using complementary and reinforcing behavioral, biomedical and structural interventions to reduce risk of HIV transmission among the general adult and youth populations, including PLHIV, their partners and families. Primary emphasis

will be on assessing and addressing the sensitive behavioral and structural factors that underlie the practice of MCP, including alcohol abuse, gender and social norms and economic factors; increasing the perception of associated risks among individuals and communities; reaffirming the benefits of mutual fidelity between partners of known HIV status; and ensuring strong referrals and linkages to clinical services especially for CT, PMTCT, positive prevention, screening and treatment for STIs and TB, and AIDS treatment as necessary .

The project will support prevention programs for youth 15-19 years of age, both in and out of school , and will complement activities for younger youth aged 10-14 supported by other donors such as UNICEF and UNFPA. Activities to reach vulnerable youth with prevention messages and skills will be coordinated with the ROADS program interventions along transport corridors and hot spot venues which can draw young girls in particular. Community activities under this program will emphasize prevention of HIV transmission to uninfected partners and family members in discordant couples, and will stress protecting the health status of the HIV infected person and generally promoting positive living. Strong ties will be established with USG supported clinical partners to ensure that prevention needs of PLHIV are met and appropriate care received.

The project will provide technical leadership to strengthen the quality and robustness of behavior change interventions, ensuring that they incorporate evidence-based approaches and established best practices, and that they are designed to provide sufficient dose and intensity. The new partner will ensure consistency of behavioral change messages across the USG portfolio, to maximize synergies between mass media and interpersonal communication, and minimize duplication and overlap.

This program will enhance the technical and organizational capacity of GOM institutions such as the MOH and NAC, at central, provincial and district levels, as well as that of local organizations and partners in the private sector to build effective combination prevention programs. The new partner will implement both process and outcome evaluations to track progress in implementation and achievement of results.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing women's legal rights and protection

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **7637** | | |
| **Mechanism Name:** | **Prevenção e Comunicação para Todos (PACTO)** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

The goal of the prevention interventions supported through this activity is to achieve normative change that will result in more responsible, less harmful attitudes and behaviors related to sex and gender in the adult population. Primary emphasis will be on discouraging the practice of MCP, increasing the perception of associated risks among individuals and communities and reaffirming the benefits of mutual fidelity between partners of known HIV status. The project will support the GOM in launching and implementing a comprehensive three-year national campaign to address MCP featuring reinforcing mass media and interpersonal communications at the national, provincial and district levels in the three highest prevalence provinces. Special emphasis throughout the campaign will be on addressing the social, cultural and gender norms and attitudes that perpetuate the practice of MCP among both men and women. Constructive male engagement to alter these norms will be a key thrust of the campaign. Concerted effort will be made to develop and expand workplace prevention programs and supportive HIV-related workplace policies to reach men, including coordination with programs that target mobile populations and men, such as the ROADS program.

Behavioral interventions will feature mass media (TV, radio, print), local media usually produced in local languages (community radio, theater groups), community education with existing groups (e.g., traditional councils, schools, civic organizations, religious congregations) and person to person communications for behavior change. National mass media campaigns will be supported directly by community-based activities.

Prevention programs for youth 15-19 years of age, both in and out of school, will be supported by this program. Special interventions will be designed and developed to address young girls who are out of school and are among the most at risk segments of the young population. Life skills-oriented programs will address peer pressure and other social factors that influence a young person's behaviors.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

This project focuses on sexually active adult men and women and discordant couples as key populations for prevention of sexual transmission in Mozambique's generalized epidemic. In such epidemic situations, reaching individuals who engage in multiple concurrent partnerships, including transactional sex, and those who are HIV positive, represents important opportunities to reduce or prevent transmission of HIV to negative partners and spouses. As a result, this funding will focus on comprehensive programming of behavioral interventions among these population segments. As both individual perception of risk and condom use are very low throughout the country, this activity will combine effective communication for behavior change, especially interpersonal communication and counseling for risk reduction, with increased condom availability and promotion to improve currently prevalent negative attitudes, and to increase consistent and correct condom use among sexually active adults, and discordant couples in the three highest prevalence provinces of Maputo, Maputo City and Gaza. The project will identify and design interventions to address alcohol use, widely prevalent in the country, and is associated with increased risky sexual behavior and instances of gender based violence, all of which heighten the probability of HIV infection. All behavioral interventions to reduce the risk of HIV transmission will be linked to counseling and testing services, and will emphasize the importance of disclosure of HIV status between sexual partners, taking into consideration the potential need to mitigate issues of violence that may arise within a couple, as a result of disclosure. When MOH policies evolve toward approval of medical male circumcision (MMC), the project will provide expertise on the behavioral aspects that surround this highly effective prevention intervention, by explaining its benefits and limitations, promoting the service, improving the availability of correct information among providers and interested men, and by implementing behavior change communication to deter risk compensation.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 9564 | Mechanism Name: ASCP |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: American Society of Clinical Pathology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |

| | |
|---|---|
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 473,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 473,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In FY 2008, the American Society for Clinical Pathology (ASCP) received a five-year cooperative-agreement to build capacity for laboratory infrastructure in nations severely affected by HIV, including Mozambique. In September 2008, ASCP supported a phlebotomy training developed by the MOH by purchasing and shipping phlebotomy supplies and equipment. In March 2009, ASCP facilitated a CD4 Testing Training of Trainers for twenty individuals from the MOH National Institute of Health. In July 2009, ASCP supported the new National Trainers with printed and digital material and supplies as they facilitated their first CD4 training of Mozambican laboratory technicians.

In FY 2009, ASCP received funds to implement laboratory capacity building activities in Mozambique. These activities include revision of curricula for pre-service training of clinical laboratory professionals , clinical chemistry and hematology Training of Trainers, support for trainers to facilitate future trainings of laboratory staff, basic lab operations training, and facilitation and support for two meetings for development of a National Quality Assurance Strategy for Mozambique. These activities align with the Partnership Framework objective to 'Strengthen lab services to support HIV care and treatment programs' and the objective to 'Increase the number of health care workers in Mozambique and improve the capacity and quality of pre-service, in-service training and faculty development'.

In FY 2010, ASCP aims to address the next generation indicators for increasing the number of laboratories with capacity to diagnose and monitor therapy and the number of laboratories making measurable progress towards laboratory accreditation, through in-service trainings, pre-service curriculum strengthening, and on-going support of quality assurance programs. The pre-service programs implemented in 2009-2011 will increase laboratory competency among graduates, build specific skill sets for future reference lab scientists, and increase the quality and depth of the superior level lab course offered by the Ministry of Education. In-service trainings will refresh the theoretical knowledge base of practicing laboratory technicians and provide hands-on training for use, maintenance, and trouble-shooting on testing instruments. These activities are designed to reach the Partnership Framework

objective to 'Strengthen laboratory support services for HIV diagnosis and management'.

ASCP aims to support the sustainability of capacity-building activities by giving Mozambicans ownership over all ASCP pre-service training curriculums and preparing them to deliver the material themselves. Training of Trainer participants will build their presentation and facilitation skills in order to roll-out subsequent trainings throughout the country. Likewise, laboratory course faculty will receive support in designing new lesson plans, writing objective-based tests and developing new teaching skills. The pre-service programs, in particular, address the need for a self-sustained education system for lab scientists. The central ingredient to success of the pre-service programs is faculty development and organizational buy-in. Through long and short-term faculty mentorships, ASCP is able to assist faculty as they learn new curriculum, teaching techniques, and software. With dedicated and knowledgeable faculty, students will be more motivated and better prepared once in lab settings.

The pre-service programs will be a recruiting tool for new laboratory technicians. Students will be attracted to programs that allow for degree advancement through the integration of the curriculum between programs. These factors will contribute to an increase in new lab personnel and higher retention rates for trained professionals seeking advancement.

ASCP activities will focus on building the capacity of laboratory technical staff from provincial laboratories in all 11 provinces through pre-service and in-service technical trainings. Quality improvement trainings will focus specifically on staff from 5 provincial laboratories which have been identified to be targets for the first year of quality improvement towards national accreditation. Training participants will be determined by the MOH according to their training plan.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 473,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9564** |

| Mechanism Name: | ASCP | | |
|---|---|---|---|
| Prime Partner Name: | American Society of Clinical Pathology | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Treatment | HLAB | 473,000 | |

**Narrative:**

The goal of the ASCP program is to build laboratory capacity throughout Mozambique to increase the number of nationally accredited laboratories with capacity to diagnose HIV infection and monitor therapy.

In-service trainings will be supported to build capacity for quality management through laboratory systems strengthening efforts. These trainings will follow a systematic format proposed by the CDC-sponsored SLMTA (Strengthening Laboratory Management Towards Accreditation) initiative. In addition, quality meetings to bring the provincial quality managers together to meet regularly with Central level MOH leaders will be supported. During these quarterly meetings, quality concepts will be taught and practical lab improvement projects will be developed. During subsequent quality meetings, quality managers will report back results of their most recent quality improvement project and then continue learning new skills and developing another quality improvement project.

To measure the impact of in-service trainings, ASCP will conduct a baseline assessment of participant labs in advance of all in-service trainings. The baseline assessment will utilize the WHO-AFRO Level II checklist that was developed to monitor progress of labs towards accreditation. At 6 and 12 month intervals, ASCP staff and consultants will perform an M&E assessment to determine the impact of the quality improvement training on each lab. This program serves as an evaluation of ASCP trainers and curriculum as well as a benchmark for labs as they strive for accreditation.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9568** | **Mechanism Name: ASM** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: The American Society for Microbiology | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |

| | |
|---|---|
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 505,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 505,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The American Society for Microbiology (ASM) will continue to work in coordination with the MOH and the USG in Mozambique to carry out laboratory capacity building activities, with primary emphasis on clinical microbiology laboratory strengthening for HIV-related Opportunistic Infections (OIs).

ASM's goals are in alignment with the Partnership Framework objective to strengthen laboratory support services for HIV diagnosis and management, and with MOH Strategic Plan. Significant contribution will be made to strengthening human resource capacity and the national commodity procurement system. In FY 2010, ASM will:
1) Create regional centers of excellence for microbiology diagnosis to serve as referral microbiology laboratories;
2) Strengthen TB diagnosis in central (regional) laboratories and increase access to TB culture;
3) Strengthen forecasting and planning for equipment and reagents for microbiology by ensuring the updating of microbiology reagent catalogue with the correct products and product specifications;
4) Strengthen pre-service training for microbiology through the revision of pre-service microbiology curriculum (Human Resources for Health)
5) Strengthen the diagnosis of sexually transmitted infections.

ASM will develop/improve training programs provided to laboratory technicians working in clinical health care facilities for improved diagnosis of TB and OIs and will be focused at the Central Hospital Laboratories. Basic microbiology workshops will be conducted for 6 district level laboratories, 2 in each region, south, central and north. ASM will improve pre-service curriculum that will be used at the Health Science Institutes across the nation for basic and medium level laboratory training as well as at Superior Level Training Institutes in Mozambique.

The laboratory is an integral component of national health systems. ASM activities are aimed at building diagnostic and management capacity of the individuals being trained and mentored. Apart from that,

significant contribution will be made to improving pre-service training through revision of the microbiology component of the pre-service curriculum. This will be done in collaboration with ASCP that will be revising the entire pre-service curriculum for laboratory training

ASM looks to synergize its activities with other USG partners by dialoguing with them and integrating microbiology components into their efforts, thus better leveraging resources. Furthermore, ASM places great emphasis on gathering information on other donor support, in order to prevent duplicating efforts and uses already-developed resources when applicable such as training materials and guidance documents that ASM later customizes to better fit the environment and context.

In FY 2009, ASM employed an M&E Specialist to develop program-specific quality indicators to better measure program impact. These same indicators will be shared with the Mozambicans, and they will be instructed on how to use them to continue to monitor the quality of microbiological testing in Mozambique.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 15,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9568** |
| **Mechanism Name:** | **ASM** |
| **Prime Partner Name:** | **The American Society for Microbiology** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 54,000 | |

**Narrative:**

One of the key drivers of the HIV epidemic is sexually transmitted infections (STI). STI screening, diagnosis and treatment is therefore important in the reduction of the compounded risk of HIV transmission because of an increased rate of (STI). ASM will support the strengthening of diagnosis of STIs in Mozambique.

In FY 2009, ASM technical experts conducted an assessment of existing STI diagnostic services at central and provincial laboratories providing HIV care and treatment services. A report from the assessment will include identification of gaps in equipment, reagents and supplies, training and monitoring, and evaluation needs. Recommendations and a plan with timeline for next steps will be developed.

In FY 2010 funds allocated to ASM will go towards implementation of the recommended strategies to strengthen the diagnosis of STIs, with emphasis on the central hospital laboratories, which serve as referral hospitals for their respective regions. In addition, curricula will be developed to include an STI diagnosis module in the planned regional microbiology workshops for Beira and Nampula. This will include the introduction and roll out of simple testing methodologies for STIs of importance in Mozambique. Support will include inclusion of STIs in the microbiology EQA scheme to ensure quality laboratory testing.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 300,000 | |

**Narrative:**

American Society for Microbiology (ASM) will continue to work in coordination with the MOH and USG in Mozambique to carry out microbiology laboratory capacity building activities. ASM will implement the following activities:

1) Portuguese or Spanish speaking mentors will provide on the job training in standard techniques, new technologies and an introduction to mycology and higher level parasitology. Proposed laboratories are located at central hospitals in Maputo, Beira, and Nampula. Mentoring will include onsite supervision and training as needed. Mentors will work with MOH counterparts to develop and implement an External Quality Assurance Program (EQA) for routine clinical microbiology procedures and aim to integrate this with other existing EQA programs.

2) Five day regional workshops will be held for provincial lab personnel that will provide practical and didactic training in basic bacteriology and roll-out new standard operating procedures (SOPs) and standardized training materials. Workshops will be held regionally with 40 microbiology staff trained. A reference set of positive, negative or indeterminate gram stained slides for the most frequently observed bacterial pathogens will be developed and provided to laboratories to utilize as quality controls and ongoing proficiency testing of staff.

3)ASM will work jointly with the American Society of Clinical Pathologists to revise pre-service microbiology curriculum to improve microbiology training in Health Science Training Institutes across the country.

Through training and mentoring, the end goal of ASM's efforts is to achieve sustained results and formulate a strong cadre of local Mozambican mentors to carry forward mentoring/training efforts post program completion. Transfer of expertise to local Mozambican microbiologists will eventually eliminate the dependence on external experts. PEPFAR II indicators, including number of laboratories moving towards accreditation, will measure the impact of laboratory systems strengthening activities and quality improvement investments.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 151,000 | |

**Narrative:**

ASM will work in coordination with the MOH and USG in Mozambique to carry out laboratory capacity building activities to strengthen tuberculosis (TB) diagnostics. In FY 2010 ASM will implement the following activities:

1) Conduct a training of trainers (TOT) for TB smear microscopy: An Acid-fast Direct Smear Microscopy training package has been developed by USG working together with WHO,APHL, and The Research Institute of Tuberculosis, Japan (RIT). This package was translated into Portuguese in FY 2008 with USG funding. FY 2010 funding requested for ASM will be to conduct a TOT for TB reference laboratory staff to roll out smear microscopy training in the country. Participants will receive concise training in the material presented in the package and hands-on practical training. These "Master Trainers" will go on to facilitate roll-out of the curriculum in four provinces in FY 2010 with a total of 80 people trained. Roll-out will be funded through Global Fund Round 7 funds for TB. Through TOTs, training skills are passed on to local trainers ensuring program sustainability and cost savings in the long run.

2) Support the strengthening of the National External Quality Assessment (EQA) system for TB diagnostics: ASM will review the existing EQA system operational in the TB laboratory network and strengthen supervision and blind re-checking of slides. The EQA will be expanded to include proficiency testing (PT) panels and ASM will facilitate training of the TB reference laboratory in preparation of PT panels for distribution first to the provincial hospital laboratories in the first round then to district level hospitals. A system will be set up for analysis and review of results and follow up for poorly performing sites.

| |
|---|
| 3) ASM will develop a plan for the implementation of the TB Culture training package (translated into Portuguese by CDC Atlanta) for the three regional TB culture laboratories. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9570** | **Mechanism Name: PAS Small Grants** |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Grant |
| Prime Partner Name: U.S. Department of State | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 750,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 750,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Girls in Development, Education and Health (REDES Committee) | Science Fair Committee | |

## Overview Narrative

The goal of the USG Public Affairs Section (PAS) small grants program is to support small-scale, community based prevention efforts, as well as increase the capability of the media in covering, raising awareness, and educating the Mozambican population on prevention activities, moving towards "Mozambicanization" of the response to HIV. The projects aim at promoting a comprehensive HIV prevention program focusing on Sexual Prevention and Health Systems Strengthening. Prevention programs will also address issues related to MCP, tradition and cultural norms that support or hinder HIV prevention. Target groups will be young boys and girls in or out of school, adult men and women,. Gender issues will also merit attention through the empowering of young girls through HIV training sessions and life skills. Peace Corps grantees will play an important role in implementing programs with young boys and girls in and out of school.. They have managed successful HIV awareness and life skills programs for young girls and boys, which had a positive impact on their lives and communities. Peace

Corps Volunteers are often well-integrated into communities that are difficult for traditional programs to reach, and understand local needs in a way that allows them to propose projects that have lasting impact and a high likelihood of community ownership. Community radio stations, broadcasting in local languages, will also play an important role in disseminating HIV awareness programs in the rural areas where access to TV and internet is very difficult, if not impossible. Local associations, including traditional leaders will also play a role in educating community members on the use of preventive measures, including the use of condoms. The geographic focus of the activities will be the south and central regions, taking into account the higher HIV prevalence in these two areas.

In line with the Partnership Framework, the project intends to support local civil society organizations to reach sustainability through staff training and institutional capacity-building. In order to achieve cost efficiency goals, the project will encourage a closer working relationship among partners that work on different fields. For example, associations that provide counseling and testing activities in a given area will be matched with other organizations doing similar work to capture economies of scale.

The focus will be on organizations that work in the following areas:
1) Organizations with local reach and creative prevention strategies, with grants up to $75,000. PAS will run a competitive application program, seeking out repeat grantees who ran successful programs in prior years, also placing priority on new organizations and innovative programming;
2) The media and media training and facilitation institutions, such as the Media Institute of Southern Africa, the Journalism School, the School of Communication and Arts, and the National Journalist Syndicate, are an additional focus group.

PAS activities relate primarily to PF Goal 1, –reducing new HIV infections in Mozambique; ; Goal 2 objective 2.4 by strengthening capacity within civil society to implement prevention programs; and Goal 3 of strengthening the Mozambican health system by training and rewarding journalists for achieving high standards of reporting and promotion of accurate information,. The small grants program addresses the overall PF goal of sustainability by working primarily with Mozambican professionals and organizations

To avoid duplicating costs of prevention activities, PAS collaborates with other USG partners to make professional tools and training available to partners. Program beneficiaries include local sub-grantees (staff and members of local organizations) and people served by partners.

PAS' key contribution to health systems strengthening is strengthening the role of civil society, communities, and the media in the health system. Overall the capacity of civil society organizations will be increased to contribute to the health system and be valued partners that offer their services, experience and ideas. These activities cut across the health system building blocks, but are especially relevant to

leadership/governance.

The results of the project will be:
1) Increased capacity of Mozambican organizations to develop and manage effective programs that improve the quality and coverage of HIV prevention services;
2) Partners expand HIV prevention behaviors among adult men and women, as well as youth;
3. Partners increase the numbers of youth, young adults and adults in sexual relationships who are avoiding high risk behaviors that make them vulnerable to HIV infection.

USG monitoring and evaluation (M&E) procedures measure the quality of interventions implemented by its partners. Results are reported throughout the year, as USG-supported activities do not follow a strict calendar. The USG requires partners to develop M&E plans specific to their activities, and assists them in monitoring quarterly (at a minimum), evaluating, and adjusting their programs. Data collection is completed primarily through routine monitoring processes, participant surveys and focus groups.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 50,000 |
| Education | 250,000 |
| Gender: Reducing Violence and Coercion | 200,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Safe Motherhood
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9570** |

| Mechanism Name: | PAS Small Grants | | |
|---|---|---|---|
| Prime Partner Name: | U.S. Department of State | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 75,000 | |

**Narrative:**

The USG will provide institutional strengthening and grant support to local organizations to develop and manage effective HIV prevention programs. The small-grants program is designed to be flexible and responsive to emerging ideas and institutions, while also supporting ongoing projects and longer-term institutional development of selected partners.

Activities will focus on identifying and assessing new partner organizations; providing institutional capacity-building for implementation of activities; creating partnership mechanisms among partners; increasing capacity of local professionals to respond to organizational development needs of local organizations.

This activity addresses the system barrier of a weak civil society and media institutions which pay insufficient attention to the issue, which contributes to weak participation in the health system. Media associations and individual journalists will be strengthened to play a leading role in the HIV response – as reporters and advocates – thus strengthening the health system. National and community-based media are well-placed to publicize relevant HIV activities and ensure that the voices of PLHIV and those affected by HIV are heard, including addressing issues of stigma, constructive engagement of men to revisit the influence of accepted gender roles in HIV infection, and locally-identified barriers to effective communication around HIV. The program envisions the embedding of U.S. experts into Mozambican media associations and institutions, as well as providing U.S.-based training for select journalists who have a demonstrated track record in effective HIV coverage.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 550,000 | |

**Narrative:**

The USG provides grants and capacity building to local organizations to design, implement and adapt evidence-based and audience-appropriate HIV prevention programs in the southern and central provinces.. The partners target youth aged 15-35, young men and women, girls at risk of sexual exploitation, and youth associations. Activities focus on working with already-existing institutions, (schools, churches, community leaders), to reduce multiple concurrent partners, cross-generational and transactional sex. The target groups are equipped with the understanding, skills and motivation to

recognize and avoid high risk behaviors that make them vulnerable to HIV infection. All messages are monitored for appropriateness.

All activities encourage linkages with counseling and testing facilities, as well as promotion of increased economic and educational endeavors. In many cases, partners are integrating HIV prevention with populations with whom they already have a relationship – farmer associations, churches, associations of professors and educators. Activities include HIV/safety activism with vocational skill-building, training to conduct adult HIV and survival skills workshops, such as advanced vocational training for teenagers girls in graphic products, including electronic embroidery and advanced sewing, computer-aided graphic arts, silk screening, construction and installation of bio-sand water filters, and HIV educations and activism; organization of Girls Clubs; community workshops by teenage girls on safety, hygiene, family law, and HIV prevention; distribution of visual training products created by teenage girls in the vocational skills component: posters, bio-sand filters, T-shirts, and HIV training kits; training of people living with HIV on prevention plus methods to address the issue at schools, private companies and in the community; organization of World AIDS Day events and publicity; testing and counseling campaigns; round tables on HIV at schools; participative meetings with community and religious leaders, traditional healers for exchanges on HIV prevention; recreational and sports events with HIV messages; workshops on HIV prevention; musical contests on themes about HIV prevention.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 125,000 | |

**Narrative:**

Small grants enable organizations to use innovative approaches to engage the harder to reach populations and strengthen links to other preventive activities. Thecapacity of local organizations will be strengthened to develop and implement programs targeting boys and girls, primarily over 15 years old. Local partners will be supported in community outreach and interpersonal communication interventions, e.g. discussion groups and peer education, are engaging and effective. Activities include training sessions on HIV biology for PLHIV, those close to them and key HIV activists; equipping PLHIV and those close to them to facilitate community members who come from groups at high-risk to develop their own personal prevention action plans; improving the economic welfare and vulnerable status of selected sex workers; train former sex workers in broad prevention activities; promotion of correct and consistent condom use by PLHIV, on ART and prophylaxis; training and debates on HIV prevention.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 9623 | Mechanism Name: ITECH |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Washington | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 3,889,014 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 3,889,014 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall goal of I-TECH is to develop a global network that supports the development of a skilled health work force and well-organized national health delivery systems, in order to provide effective prevention, care, and treatment of infectious disease in the developing world. Their focus areas are: health systems strengthening; human resources for health; operational research and evaluation; and prevention, care and treatment of infectious diseases.

In Mozambique, I-TECH works in the areas of in-service and pre-service curriculum design (emphasis on competency based participatory educational methods), strategic planning for health worker education, task shifting, faculty development, clinical mentoring, and information systems. Their activities align with the Partnership Framework goal of strengthening the Mozambican health system including human resources for health and social welfare in key areas to support HIV prevention, care and treatment. The benchmark is number of new health worker graduates by cadre.
The geographic coverage is national with emphasis on select pre-service institutions for faculty development activities. The target audiences are government health workers, pre-service students and faculty and implementing partners.

The key contributions to the health system are: continue developing clinical mentoring for maternal child health nurses by evaluating the effectiveness of the program existing; continue working with maternal child health nurses to pilot and evaluate training materials for Mothers' Support Groups and submit

finalized training materials to the MOH; complete development of the basic course on opportunistic infections and submit finalized course to MOH followed by 3 regional training of trainers for implementing partner and MOH trainers; continue to conduct combined adult and pediatric clinical mentoring trainings for clinical officers by doing training in remaining 6 provinces followed by intensive on-site support to the mentors; scale up faculty development work by placing 3 staff at 6 pre-service institutions each with the goal of rolling out a new teacher training course and development of pedagogic nuclei per institution; and complete course materials and pilot the new 30 month clinical officer course at 8 pre-service institutions; and conducting 4 week HIV, TB, opportunistic infections, malaria, and malnutrition course for 12 graduating clinical officer cohorts. I-TECH has two sub-partners working on prevention activities funded out of FY 2009 prevention funds, University of California at San Francisco (UCSF) and Global Health Communications (GHC). UCSF is working on prevention with positives and GHC is working on behavior change communication with most-at-risk populations (MAPRs) specifically sex workers, drug users and MSM. Both of these sub partners will be phased out in 2010. This implementing mechanism was funded in 2008 for a PHE on factors affecting recruitment and retention of new graduates from pre-service institutions. In FY 2009, once all human subject approvals were granted, work began on this MOH priority issue.
Given the strong emphasis on pre-service education the cross-cutting program is human resources for health. The implementing partner works closely with the MOH's Training Department as they develop national products (i.e. curricula) and systems (i.e. clinical mentoring). The MOH views clinical mentoring as a primary means for maintaining quality assurance and continuing training for clinical officers and nurses so that their skills are up to standard. All of the activities of this implementing partner are ones that will be handed over to the MOH and clinical implementing partners upon completion. In terms of organizational staffing, this implementing partner has developed a timeline for mentoring Mozambican staff to move into each position that is currently held by an expatriate.

M & E plans are a required component of each I-TECH activity and include process (i.e., draft curriculum piloted), output (i.e., numbers trained), and outcome indicators (i.e., measureable improvement in quality of HIV care provided by clinical officers). Prior to any training program, each curriculum undergoes a rigorous evaluation that consists of an external clinical review (by a pre-tested Portuguese-speaking clinical expert) followed by a review of language and cultural appropriateness, and finally a pilot training using the draft curriculum. The pilot process consists of a pre- and post-training knowledge test, focus group sessions with participants, daily evaluations by participants, and daily facilitator meetings. Each pilot is evaluated by a minimum of one Quality Improvement Specialist who reports specific changes needed to the curricula, teaching methodology, presentation of material, and points to stress in a Training of Trainers (TOT) to facilitate the teaching of the material. Follow-up tools such as clinical checklists are often piloted along with the curriculum.
All facilitators, participants, and training topics are entered into TrainSmart, a "next generation" database

developed by I-TECH headquarters. From this system, I-TECH can easily generate reports of training activities by PEPFAR category, and the cadres trained. TrainSmart can also track the activities of each trainer and note any training specialties that they may have.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 3,500,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9623** |
| **Mechanism Name:** | **ITECH** |
| **Prime Partner Name:** | **University of Washington** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 362,542 | |

**Narrative:**

I-TECH is the lead training USG partner supporting the MOH in the development of training material in opportunistic infections (OI) which is a key component in the provision of HIV health care services by health providers. Other components of the program are carried out by other USG implementing partners. OI training materials will be finalized and the implementing partner in coordination with the MOH staff will conduct three trainings of trainers, and provide training technical assistance in six sites and evaluate training results in three sites. This support will be coordinated with other USG implementing partner supporting the Provincial/District Health Directorates. Training material content includes various areas such as management of OI, referral criteria, OI prophylaxis, adherence and ART issues.
On-going activity. I-TECH has been working with the National Directorate for Medical Assistance and other USG programs and other USG implementing partner to revise the Basic Course on HIV integrating the opportunistic infections for nurses and medical agents. In 2010, the implementing partner will finalize the training materials and pilot the material in one site; and will adjust them based on the result of piloting and submit for MOH approval. It is planned to carry out three regional training of trainers; technical assistance in 6 sites and evaluate the results of training in 3 sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 3,126,472 | |

**Narrative:**

I-TECH supports MOH's priorities as outlined in Human Resources National Development Plan (2008-2015) in coordination with other USG implementing partners, other donors and bilateral agencies. Specifically activities will be implemented focused on teaching quality and strengthening the training capacities of the MOH at the national and provincial levels to increase the number and overall level of competence of health care workers. This links with service delivery and human resources. These are spillover activities since having better trained clinical officers will benefit overall health outcomes.

One of areas is the development of a new competency based curriculum for clinical officer Tecnico de Medicina (TM) based on the revised scope of practice that includes HIV care and treatment. The new 30 month pre-service course for TMs will be used in government based health training institutions. I-TECH will continue to conduct 4-week course in HIV, TB, OIs, malaria, malnutrition (ATOMM) for an expanded number of graduating clinical officers (TM) from health training institutions in the different provinces. This effort will ensure that graduating TMs are prepared to provide HIV services while the new curriculum is being developed.

Although the need to expand pre-service education is known, there is not enough faculty to support expansion and there is question as to the quality of education provided by faculty who may not have had any preparation for teaching. I-TECH will significantly scale up faculty development efforts to 6 health training institutions and will place staff in each of 4 largest health training institutions and two smaller ones to support the development of more classroom faculty and practicum mentors who can provide education.

I-TECH, with the MOH's National Directorate for Medical Assistance (DNAM) and USG clinical partners, will continue to support the clinical mentoring program provincially. A combined adult and pediatric ART clinical mentoring training will be conducted in six provinces that consists of a 2-week training for mentors and a training in Adult and Pediatric ART to clinical officers. Following training, TMs are mentored at their health facilities and I-TECH clinicians provide 1 week of intensive support to mentors on-site followed up by a visit 3-6 months later.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 400,000 | |

**Narrative:**

I-TECH PMTCT activities will be aligned with FY 2010 priorities, focusing on coordination with MOH and scale up of PMTCT services within an integrated MCH system. Objectives include improved quality; access to a comprehensive package including psychosocial support; and expanded training through a clinical mentoring approach.

Key activities for FY 2010 include:
1) PMTCT clinical mentoring for PMTCT nurses: I-TECH has been working with MOH in developing a mentor's training curriculum and set of clinical mentoring tools for PMTCT nurses in order to strengthen the national expansion of PMTCT services. Objectives of the program are to increase and reinforce PMTCT-related knowledge and aptitude of nurses working in the nation's maternal and child health facilities. I-TECH has been collaborating with two USG partners to develop and pilot two different clinical mentoring models. One model consists of the provision of nurses' training via two-week rotations through a PMTCT model center followed by on-site mentoring, while the other model consists of mentor training and subsequent mentoring at "home facility" sites. It is this decentralized model that is likely to be most appropriate for national expansion. I-TECH is presently conducting a baseline assessment to inform revision of training materials supporting theory and clinical practice for potential mentors before they are expected to work with their mentees. In FY 2010, following revisions, the final products will be submitted to MOH for their approval as official MOH documents and made available to all partners and MOH supported sites conducting PMTCT activities.

2) Support groups (Maes para Maes): I-TECH is supporting the national framework and development of an operational guide to provide standardized guidance on how to start and successfully run a support group for HIV positive pregnant women and mothers. The Guide will ensure that MOH-approved policies and best practices are followed wherever the groups are formed, and that groups are linked with the national health service, and will also encourage community involvement and male participation in HIV prevention services. FY 2010 activities will focus on finalization, approval, and dissemination and roll out of this approach.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9725** | **Mechanism Name: Twinning Center** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration | Procurement Type: Cooperative Agreement |

| Prime Partner Name: American International Health Alliance | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 800,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 800,000 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| National Association of Nurses of Mozambique | University of Pittsburgh | |

## Overview Narrative

The American International Health Alliance's (Twinning Center) goal is to advance global health by helping communities and nations with limited resources to build sustainable institutional and human resource capacity. Through twinning partnerships and other programs, it provides technical assistance using the knowledge and skills of experienced physicians, nurses, administrators, educators, allied health professionals, and civic leaders. This partner focuses on the creation of peer-to-peer, voluntary relationships between health institutions. Twinning Center's programs address critical issues such as HIV and other infectious diseases, maternal and child health, primary care, emergency and disaster preparedness, and health professions education and development. Twinning Center partnerships and programs often rely on the commitment of professionals' time and energy provided by volunteers on both sides. Most of their programs are based on peer-to-peer relationships among healthcare providers and policymakers who collaborate to find solutions to health services delivery issues that are technologically and economically sustainable in the host country. Twinning Center's technical assistance model provides an underlying structure that supports health reform, offering counsel and guidance based on five key pillars that serve as the basic framework for their programmatic work: introducing new models of care and services; mobilizing communities for change; building sustainable capacity among healthcare practitioners; furthering the development of health-related professions and expanding knowledge through effective dissemination of successful programs.

Twinning Center's activities most closely align with the third goal of the Partnership Framework to strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support the HIV prevention, treatment and care goals and the second goal to reduce new infections in Mozambique. The geographic coverage for Twinning Center activities is defined by the partnership. For the TB/HIV partnership, the coverage is national and the target population is community

organizations. For Catholic University of Mozambique (UCM), geographic coverage is Sofala and target populations are medical students, nursing students, and current health workers. For ANEMO (National Nursing Association), coverage is national for nurses. There are two continuing activities that will not receive any FY 2010 funds: lay counselors and scholarships for individuals.

The key contributions to health systems strengthening are in the areas of developing institutional capacity administratively and technically. The focus of the partnership with ANEMO is on association building. With the partnership at UCM the emphasis has been on increasing technical capacity of medical students and health workers via the development of a clinical practicum training clinic on the university campus. TB/HIV partnership is supporting the National Tuberculosis Program in implementation of TB/HIV literacy activities through partnership with the Mozambican Red Cross. For all partnerships, the cross cutting program is human resources for health.

One of the issues that this implementing mechanism will need to address in FY 2010 is its strategy for becoming more cost efficient over time. None of the partnerships with the exception of UCM, have increased their request for funds since FY 2008. While these partnerships are stabilized at a set level of support, it is unclear whether they are planning for a time when these funds are no longer available.

Through the workplan development process, the Twinning Center puts great emphasis on the development of a clear and comprehensive monitoring and evaluation plan. The partners are working together to identify specific indicators which will assess improvements made in human resources for health as a result of their activities. Twinning Center assists the partners in the collection of PEPFAR relevant indicators to inform programmatic direction. M&E tools include pre- and post-test evaluations during trainings. Further, as activities roll out, partners will conduct assessments of program outcomes, using a range of evaluation methods and tools, based on outcome indicators and focused on sustainable outcomes. Examples of evaluations types: surveys of knowledge/attitudes/practices of providers, client satisfaction; organizational capacity assessments; benchmarking; and structured observation studies and interviews

The Twinning Center's evaluation framework focuses on M&E efforts on three levels; individual partnership, cross-partnership, and program wide. Progress toward the overall Twinning Center project goals and objectives will be measured periodically using the specified indicators and a variety of data collection approaches across the three levels. At the individual partnership level the focus will be on monitoring the successful achievement of the measurable objectives and activities as outlined in the partnership workplans. Cross-partnership evaluation will focus on identifying outcomes across partnerships working in similar technical areas. Finally, the program-wide evaluation will focus on the broader outcomes of the partnerships and the impact of the Twinning Center as it relates to sustained human and organizational change to enhance service delivery.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 750,000 |

## Key Issues

TB

## Budget Code Information

| Mechanism ID: | 9725 | | |
|---|---|---|---|
| Mechanism Name: | Twinning Center | | |
| Prime Partner Name: | American International Health Alliance | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 750,000 | |

**Narrative:**

Funds are supporting an individual scholarship, national nursing organization), clinical practicum clinic at a private medical school and a TBD partner working with Eduardo Mondlane or Lurio University on medical curricula. Since 2007, funds from the laboratory have been supporting an individual studying clinical pathology in Brazil. Upon return, he will be the only clinical pathologist here. The current mechanism used is being re-competed so the funding for the final year of support will go through the Twinning Center. Other activities supported are association building activities within ANEMO and supporting the clinical practicum training activities supported by Catholic University of Mozambique.

In FY 2009, ANEMO gained a new partner, St. Luke's School of Nursing. This partnership is addressing the need for a viable nursing organization in Mozambique. In FY 2010, ANEMO's activities focus on continuing their training of home based care trainers accreditation program, providing field supervision for trainers and ensuring a functional referral system between health centers and home based care partners. Although the MOH chose ANEMO to scale up home based care, ANEMO lacks permanent staff, financial resources and proper infrastructure. Through association building, ANEMO could gain access to resources through funds gained from training activities and via association membership activities. ANEMO also receives organizational capacity building support and funds via another USG partner, AED.

Although the use of field based clinical practicums is commonly employed, they are not uniform in their approach or content. The opening of the community health clinical practicum-training clinic at Catholic

University of Mozambique, in partnership with University of Pittsburg, is addressing this issue through offering technically sound clinical community health practicum opportunities for medical students and health workers. This activity has spillover effects since the funds are supporting a small aspect of medical education. Catholic University has other university partners who provide technical assistance to the clinical practicum clinic and program in general.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 50,000 | |

**Narrative:**

The Twinning Center will continue to support the National Tuberculosis Program in implementation of the TB/HIV literacy activities through partnership with the Mozambican Red Cross, a national NGO. The Red Cross not only provides services in emergency situations but also in disease prevention, control and mitigation namely malaria, cholera, TB and HIV. Currently, steps have been made in identifying a Brazilian NGO for a south to south partnership with the Mozambican Red Cross.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 9811 | Mechanism Name: Friends in Global Health |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Vanderbilt University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

**Total Funding: 8,449,686**

| Funding Source | Funding Amount |
|---|---|
| GHCS (State) | 8,449,686 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| LEPRA Society | | |

## Overview Narrative

As a key PEPFAR implementing partner in Mozambique, Vanderbilt University (VU), through its affiliate NGO Friends in Global Health (FGH), has been supporting the Ministry of Health in Zambezia province since February 2007 to increase access to quality HIV care and treatment services in rural communities in this populous province.

FGH's goals are aligned with the five goals of the Partnership Framework:

1) To reduce new HIV infections in Mozambique by improving access to essential CT and PMTCT services and implementing robust prevention and positive prevention programs;
2) To increase access and use of high quality HIV care and treatment services in rural communities by supporting the expansion of the number of sites where care and treatment is available and improving service quality in seven important areas: HIV CT, laboratory services, PMTCT, adult care and treatment, pediatric care and treatment, palliative care and the prevention, diagnosis and treatment of HIV-TB co-infection;
3) To improve linkages and integration of HIV and related primary health care services to provide a continuum of accessible services, including maternal and child health (MCH) and reproductive health (RH) services, within facilities and between facility and community-based services;
4) To support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to handover project activities to Mozambican authorities. By increasing capacity of Provincial and District MOH through technical and managerial support and sub agreements; supporting 'Gap Year Funding', training and supervision for MOH staff; renovating health facilities; strenghtening commodity procurement systems; and improving integration of HIV and other health services;
5) To ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems: FGH will work with local health authorities to increase access to a continuum of HIV care services through better community-facility linkages and support for nutritional interventions, including community links to improve nutrition through basic nutritional education and counseling and the promotion of locally appropriate, nutritious foods.

FGH supports 18 sites in 12 districts in Zambezia province. With a population of 3,892,854 people,and an estimated HIV prevalence of 19%, Zambezia is Mozambique's second most populated province and one of its most heavily affected by HIV. Due to poor physical infrastructure and geographic constraints, access to healthcare in Zambezia is very difficult. The decentralization process mandated by the MOH and supported by FGH has resulted in a significant improvement in access to HIV care and treatment services for the citizens of Zambezia province. Supported by PEPFAR funds, the FGH supported program has expanded from their starting point of 6 districts in 2007 to 12 districts in INSERT where, as

of APR 2009, they are supporting comprehensive HIV services for over 17,000 people (15,000 in care and treatment, 1247 in PMTCT, and 772 exposed children in CCR). Almost 6000 patients have ever started ART at FGH supported sites.

FGH will address cross cutting issues as follows:
1) Clinical services will link with commuinty services to improve nutrition, malaria control, safe motherhood and child survival through nutritional interventions, net distribution, education and enhancing preventive services for children respectively.
2) FGH will assist in the development of a gender strategy in Zambezia province, including specific activities designed to improve male access to HIV services (e.g. ANC, CT, treatment, CCR); couple counselling and consultations; and activities to reduce violence against women.

The project will become more cost efficient over time by utilizing existing resources (staff, services, structures and relationships with communities), adapting promising practices and lessons learned from local, regional, and international initiatives rather than developing de novo interventions, and strengthening linkages with public health services and taking full advantage of the facility- and community-based services in the target area. In addition, eventual transition of technical and managerial responsibilities to DPS/DDS through sub agreements with reduced overheads. FGH will also link with other USG and international donor projects providing facility- and community- based care to leverage resources.

Next generation PEPFAR output indicators will be used for PMTCT, ARV treatment, CT, HIV/TB and partners will have detailed plans to report against these indicators. FGH will support capacity building in collection, quality, interpretation and use of data to improve service delivery and outcomes. FGH provides equipment and technical assitance to the DPS and specific health centers to improve disease surveillance and epidemiologic capacity.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 181,000 |
| Education | 52,000 |
| Human Resources for Health | 644,000 |

## Key Issues

Addressing male norms and behaviors
Malaria (PMI)
Child Survival Activities
TB
Workplace Programs
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9811** |
| **Mechanism Name:** | **Friends in Global Health** |
| **Prime Partner Name:** | **Vanderbilt University** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 845,986 | |

**Narrative:**

FGH FY 2010 funds will be used to build the capacity of the MOH and local organizations to implement a package of comprehensive care that complements the ART treatment program and addresses issues that lie at the core of the HIV epidemic in Mozambique. The package will consist of:

1) Improved prevention, diagnosis and management of OIs. There will be a specific focus on increasing coverage of Cotrimoxazole prophylaxis for eligible patients;
2) Improved palliative care activities within the existing health structure;
3) Improved screening for treatable conditions such as syphilis, cervical dysplasia and anemia;
4) Provision of comprehensive, high quality patient and family-centered HIV care and support services through training, mentoring, and formative supervision conducted jointly with SDSMAS and DPS;
5) Training and formative supervision will include district health staff in management and supervisory roles to enhance their skills in supervising and improving the quality of clinic-based care and support services;
6) Increased capacity within community-based organizations to provide quality patient and family centered HIV care and support services, through training and technical assistance, including the provision of job aids;
7) Improved district-level coordination and effective linkages between health facilities, community-based organizations and other existing support services.

Additionally, funds will be used to strengthen the MOH's capacity to develop the national palliative care strategic plan and its roll out. Funds will be also used to strengthen MOPCA's (Mozambican Palliative Care Association working with MOH) managerial capacity to roll out a palliative care strategic plan. In 2009 Vanderbilt University received funds to implement the cervical cancer "see and treat" strategy in two sites. In FY 2010 this strategy will be expanded to three additional sites in Zambezia province.

HIV prevention with positives activities will be implemented in all sites by intervening in both the transmission of infection and the development of illness through formation of support groups, education, training and improving linkages and referrals to appropriate services for care and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 1,790,024 | |

**Narrative:**

FGH currently supports the scale up and provision of quality ART services in Zambezia province.
FY 2009 APR data showed that: FGH supported a total of 18 sites in 12 districts; 5948 patients ever received ART services; and 69% of those ever started on ART were alive and on treatment by the end of the reporting period.
FGH's support to treatment services is aligned with the Mozambique treatment guidelines, and the goals of the Partnership framework.
The FY 2010 target is to provide ART to 2808 new adult patients by the end of the fiscal year. Site expansion plans are in accordance with the MOH's policy and plans of integration of ART services. .
Provide support to the Provincial Health Directorate (DPS) in Zambezia province through a sub agreement that will be established in FY 2010 to finance recruitment of MOH staff, training and supervision, and monitoring and evaluation of program implementation.
Scale up of positive prevention activities, early treatment initiation, cotrimoxazole prophylaxis and TB screening within all ART supported service sites will be prioritized.

Specific activities planned in FY 2010 include:
1) Finance key staff positions through payment of MOH health-care providers salaries to address the gaps in human resources at existing health facilities;
2) Provide support for in-service training and mentoring of clinical staff in order to develop local capacity in the provision of quality ART services;
3) -Provide equipment and supplies for facility operations;
4) -Improve patient management, drug management and strategic information systems;
5) -Reinforce patient follow-up and referral systems by implementing activities to promote adherence to ART and psychosocial support;

6) Support the establishment and improvement of referral systems and linkages; between HIV prevention, care, treatment, TB/HIV, and Counseling and testing services within and between service sites;
7) -Expand positive prevention programs within ART service sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 334,000 | |

**Narrative:**

FGH will align FY 2010 activities with overall PEPFAR counseling and testing (CT) goals and strategies, with a focus on increased uptake and improved post-test counseling. The majority of effort within FGH CT portfolio will be allocated in this area, representing approximately 60% of effort.

Activities will include training in risk reduction counseling and tailored post-test counseling; scale up of couples CT; strengthening linkages with community-based activities; and expansion of provider-initiated CT (PICT).

Increased uptake is linked to strengthening human resources (HR) dedicated to CT activities; FGH will also develop a sustainable strategy to minimize HR constraints for CT. FGH will training lay counselors and strengthen the capacity of CBO's to improve linkages between health facilities and the community.

Quality assurance (QA) will also be a key area for FGH. QA systems and standard operating procedures to ensure biosafety will be developed, in close collaboration with lab. FY 2010 CT funds will leverage biomedical transmission/injection and blood safety funds to ensure that systems are improved for appropriate disposal of biowaste generated through the FGH CT program.

Referrals and linkages between CT and other health and HIV services, including community-based prevention, care and treatment activities and gender based violence interventions will also be improved in FY 2010.
FGH will continue to support strengthening of M&E systems. FY 2010 funds will support training of partners and providers in new reporting documents, data management and data use for program monitoring.
In FY 2010 FGH will provide support in one province (Zambezia). The target population includes general population, as well as higher risk groups including ill and hospitalized individuals.

Supervision of activities will be conducted through an integrated approach in close collaboration with DDS, DPS, and the provincial laboratory. FGH HVCT funding will be applied towards subcontracts or

grants to DPS / DDS / SDSMAS to the greatest extent possible.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 96,000 | |

**Narrative:**

FGH currently supports pediatric care and support in 12 districts in Zambézia province, including 6 peripheral health centers with a focus on provision of quality comprehensive care and support services for HIV exposed and infected children. These services consist of: EID, CTXp, management of OI and other related complications including malaria, diarrhea, growth and development monitoring, nutritional assessment, infant feeding counseling and education, palliative care, psychological, social, and spiritual and prevention interventions.

In FY 2010, FGH will create a continuum of care by strengthening referrals between PMTCT, maternal HIV care and treatment, and pediatric HIV clinics. Targeted activities will be aimed at improving identification of HIV exposed and infected children, increasing enrollment of HIV infected children into care and treatment, and improving retention of these children at all levels of the continuum. FGH is targeting 80% of HIV exposed and infected children in all its supported sites. FGH will assist the DPS with strategic plans for the expansion and implementation of CCR clinics in all sites supported by FGH where it also supports PMTCT (up to maximum 5 sites per district).

Key Activities include:

1) Strengthening linkages between PMTCT, MCH and pediatric HIV

2) Expanding PICT services to all children with signs or symptoms of HIV, including TB clinics and nutrition services, and systematic testing of children of adult patients enrolled on ART

3) Strengthening the logistic system for EID using HIV DNA PCR.

4) Supporting access to preventive interventions for malaria and diarrhea

5) Support the performance of nutritional assessments on all children in the HIV care and treatment and CCR clinics and support linkages with other partners and donors to access therapeutic food and supplementary food

6) Participate in supportive supervisions with DPS as well as targeted clinical mentoring for providers of pediatric care. FGH will support 1 provincial level in-service training of health workers on pediatric care.

7) Strengthen linkages and referral between clinical and community based services including OVC programs

8) Implement an effective M&E program by scaling up the electronic tracking system and the HIVQUAL program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | PDTX | 490,453 | |

**Narrative:**

The MOH is prioritizing the scale-up of pediatric HIV treatment services through decentralization of treatment to peripheral health centers and integration of HIV services into existing child health programs. Universal antiretroviral treatment for infected children is a top priority aiming to improve the survival and quality of life.

Based on 2009 APR data, children represent 6.8% of the patients on treatment at 18 FGH supported sites. The FY 2010 goal is 10%. Realizing such an increase will require enhancing the capacity of sites and health care providers to identify, treat and care for HIV-infected children, FGH will support the MOH to build capactity to provide and sustain high quality standards of HIV treatment services in Zambezia province, targeting 540 children receiving treatment in FY 2010.

Key activities include:

1) Increase access to care and treatment services through early identification of HIV exposure and infection, strengthen linkages and integration of HIV services within and between existing child health programs and TB, PMTCT and MCH services and increased community awareness of pediatric HIV;

2)-HCD through in-service training focused on pediatric HIV care and treatment, supportive supervision, provision of job aids and the reproduction and dissemination of the new Pediatric Treatment Guidelines developed by MOH;

3) Training on the management and logistics of laboratory commodities; 4)Training, supportive supervisions and reproduction of materials to support positive prevention activities;

5) Psychosocial support for children, adolescents and their families along with support for retention, HIV status disclosure and adherence to ART;

6) Identifying developing and helping to implement interventions to improve patient tracking and follow-up, as well as identifying treatment failures and adherence problems. The structure of these interventions will be informed by the results of the comprehensive evaluation conducted by the HIVQUAL program in FY 2010;

7) Implementing prevention activities targeting adolescents consisting of: education on risk reduction, family planning counseling, counseling and testing and promotion of youth friendly services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 75,000 | |

**Narrative:**

MOH has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY 2008, MOH developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions

included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation (M&E).

USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position. Recruitment has begun for these positions; USG will support training of these Advisors through another USG supported partner (South to South collaboration with Brazil).

The role of the M&E Provincial Advisor is to provide support in the coordination of routine activities related to monitoring and evaluation at the Provincial Directorate of Health, giving priority to endemic diseases, including HIV. This advisor will help to reinforce and support the implementation of the decentralization of HIV services including related data collection systems. S/he will provide leadership in the supervision and management of data to ensure the quality of data at the district and site level, help to strengthen the flow of data to the district, provincial, and central levels. Additionally this person will support the Provincial Directorate of Health in the analysis and dissemination of data (for example, to the site level, Ministry of Health, and partners.) This person will sit within the Provincial Department of Planning and Cooperation at the Provincial Directorate of Health.

FGH has been asked to place 1 M&E Advisor in Zambezia as part of their overall support to clinical services in these Provinces.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 843,393 | |

**Narrative:**

In FY 2010, FGH will prioritize assistance to strengthen the six building blocks of the health system in line with the priorities and goals of the GOM.
Vanderbilt will support the MOH's decentralization process by building the institutional and technical capacity of DPS (Provincial Health Directorates) and SDSMAS (District Health and Social Welfare Services) placing Provincial Technical Advisors at the Zambezi DPS to improve HIV clinical health care quality, and to strengthen drug supply at the health facilities. The implementing partner will also provide technical assistance to SDSMAS to build their capacity to plan and coordinate activities at the district level and will explore innovative funding arrangements to SDSMAS to further increase the ownership and sustainability of HIV clinical service delivery.
FGH will strengthen human resources at the provincial, district and site level by supporting pre-service training opportunities for health personnel and will also support DPS to improve retention of health

personnel through gap year funding. The implementing partner will strengthen DPS and SDSMAS capacity to provide in-service training, mentoring and supportive supervision to clinicians and administrators.
FGH will provide support for the rehabilitation of existing infrastructure to accommodate the decentralization process. Lastly, the implementing partner will provide additional support and training to provinces, districts and sites in logistics management to complement implementation of the Pharmaceutical Logistics Master Plan.
Improved district coordination, technical assistance provided by the provincial advisors, scholarships, gap year funding, mentoring, rehabilitation of infrastructure all have spillover benefits as they strengthen the broader health system beyond HIV at little or no marginal cost. As FGH will support national health systems, they will leverage the inputs from the government of Mozambique, who directly provide all services, as well as maximizing additional resources and linkages with other donors and programs (e.g. PMI and other USG programs, Global Fund, Clinton Foundation, DfID, WFP, UNICEF).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMIN | 100,000 | |

**Narrative:**

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities.. In FY 2010 FGH will support MOH efforts to expand and institutionalize infection prevention and control (IPC) programs.

FGH will assist in the mainstreaming of relevant activities into the routine functioning of health facilities where USG activities are supported. In coordination with national guidance and in collaboration with a central level technical assistance partner also supported by USG, IPC efforts will be expanded and institutionalized in the following areas:

1) Implementation of standard operating procedures regarding sharps disposal / IPC
2) Ensure that all health facility staff receive updated training in injection safety / IPC
3) Dissemination of written procedures for handling and disposal of sharps and infectious waste
4) Improved availability and use of personal protective equipment, including technical assistance at DDS/DPS level to improve management of stock levels and resupply of necessary items through existing MOH channels
5) Support for availability of PEP to health care workers
6) Appropriate data collection and reporting/record keeping, including PEP
7) Other activities include supportive supervision/empowerment of health workers with knowledge and tools to protect themselves and patients; demand creation for safe conditions in the workplace with all

health facility staff cadres; increasing IPC awareness including hand hygiene and universal precautions; and consideration of strategies aimed at both the community and HCW to reduce unnecessary injections

USG clinical services partners will pursue these activities in collaboration and coordination with a single central-level technical assistance partner, which will also specifically support the development and implementation of injection safety measures at a national policy level.

HMIN activities are linked to workplace programs supported under the HVOP budget code. Implementation and supervision of activities will be conducted through an integrated approach in close collaboration with DDS and DPS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 147,280 | |

**Narrative:**

FGH will support three distinct areas within the other sexual prevention portfolio. These activities will be carried out in coordination with support from the care and treatment portfolio and injection safety.

Key Activities:
(1) Mainstreaming of positive prevention (PP) activities:
(2) Management of sexually transmitted infections (STI): FGH will support the management of STIs at provincial, district and health facility level (18 sites in 12 districts) in order to reduce the burden of STIs as well as HIV infections attributable to STI co-infection. Additional focus will be on most-at-risk populations (MARPs). Key activities will include basic STI care; training and job aids; infrastructure support (equipment, privacy); Coordinate and support mechanisms to ensure availability of all medications necessary for following Mozambique's 2006 STI Syndromic Management Guidelines in the pharmacies; and M&E.

(3) Health care worker / workplace program (WPP): FGH will support facility-level WPP to boost awareness and understanding of HIV and AIDS related issues of the personnel of the health sector and their families.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 3,234,961 | |

**Narrative:**

Priorities in FY 2010 are coordination with MOH and scale up of PMTCT services within an integrated MCH system. FGH objectives include improved quality; access to a comprehensive package including

psychosocial support; and improved nutrition support for reduced vertical transmission. FGH activities will align with MOH through district and provincial level support, technical assistance, training, quality improvement, and monitoring and evaluation (M&E). The district-based approach and collaboration at provincial level, including subcontracts or grants from FGH to provincial and district public health departments, will increase FGH responsiveness, including support for overall systems strengthening and positioning for transition. Community platforms will be strengthened to increase demand for PMTCT services.

The major allocation of effort (at least 60%) will be towards scale up, including training, supervision, and technical assistance, in line with the goal of 80% PMTCT coverage by 2014.

Key activities:
1) Expansion: Support for sites without PMTCT services, and enhanced support for low-performing sites receiving partner or MOH support; increased community demand for services;
2) Provider-initiated counseling and testing and couples counseling;
3) ARVs for PMTCT: Focus on more effective regimens and early ART initiation;
4) Cotrimoxazole prophylaxis: Focus on improving coverage for pregnant women;
5) Early infant diagnosis;
6) Support for prevention of unintended pregnancies among HIV infected women;
7) Support groups and community involvement based on national model;
8) Information, education, communication: Dissemination of materials developed by a central / lead partner;
9) Safe infant nutrition interventions integrated into routine services, including counseling and distribution of commodities in close collaboration with central / lead nutrition technical assistance and procurement partner;
10) M&E: support for reproduction and roll out of revised registers;
11) PMTCT clinical mentoring based on national model;
12) Linkages to system strengthening, including infrastructure projects for PMTCT;
13) Mainstream infection prevention control in PMTCT settings; support workplace programs including PEP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 80,000 | |

**Narrative:**

Laboratory services are an integral service component to support optimal care and treatment to HIV patients. FGH (Vanderbilt) has standardized laboratory services in different sites throughout the Province

of Zambézia. The main activity in the area of lab strengthening has been to assess adequacy of laboratory sites and to adjust working environments to optimize laboratory services and practices within available resources. This has included laboratory renovations in some districts and placement of prefabricated containers to ensure that laboratory infrastructure was such that new equipment could be placed.

Funding in FY 2010 will support a Laboratory Technical Advisor based at the FGH Provincial Office level that be responsible for overseeing the laboratory component of the PMTCT and Care and Treatment Program within FGH supported districts and supporting FGH staff in providing supervision of laboratory services within the program. In addition, he/she will function as a counterpart for the Laboratory Technical Advisor based in the Provincial Health directorate (DPS) of Zambézia.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. He/she will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. He/she shall also respond to priorities identified by the FGH team or other direct implementers in the Province. Overall, the FGH Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the supported province.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 412,589 | |

**Narrative:**

FGH works in collaboration with the DPS and DDSs in Zambezia province to improve TB related services As a result of this partnership, there has been significant improvement in the integration of TB and HIV services at the health center level. These achievements are due to:
1) Implementation of the HIV screening tool and of HIV/TB referral forms;
2) Training of clinicians on TB/HIV co-infection and management of MDR-TB.

In 2010 FGH will continue to strengthen the identification, treatment and management of TB in adults and children and to strengthen other TB/HIV-related activities.

The priorities will be to:
1) Increase TB detection rates and TB cure rates;
2) Strengthen PICT;
3) Support Routine provision of CTX and IPT;
4) Implement infection control measures;
5) Strengthen the referral system and linkages with other services Consultation for Child at Risk (CCR), Counseling and Testing for Health (ATS), PMTCT and ART and inpatient wards;
6) Strengthen laboratory diagnostic services through training of new and existing laboratory technicians on smear microscopy techniques and establish a referral system for the regional laboratory for performing TB culture and DST.

FGH will also implement positive prevention activities in all sites by intervening in both the transmission of infection and the development of illness through formation of support groups, education, training and improving linkages/referrals to with appropriate services for care and treatment among the clients co-infected with TB/HIV in ensuring a better and prolonged life.

FGH will strengthen the TB surveillance and M&E systems in collaboration with DPS.

FGH will continue to support LEPRA to strengthen their successful community-based TB programs. These programs are intended to:
a) Increase TB case detection and cure rate by increasing TB literacy and adherence support by establishing a system of defaulter tracing carried out by private providers of health care services, community leaders, community health workers and volunteers
b) Strengthen the M&E system that ensures proper recording of the activities, reporting to the appropriate level and conducting supportive supervisions

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9818** | **Mechanism Name: APHL** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Association of Public Health Laboratories | |

| | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,723,077** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,723,077 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Instituto Nacional de Saúde | | |

## Overview Narrative

The Association of Public Health Laboratories (APHL) is a membership organization comprised of public health laboratory leaders. Its member organizations, with approximately 5,000 professionals, provide a resource of training laboratories and experienced experts to assist and support USG programs and Ministries of Health in strategic planning for national laboratory networks, quality management systems, laboratory policy and safety, training programs, planning and managing renovation projects, laboratory management information systems, procuring equipment and supplies, and providing US-based and in-country advanced mentoring and training for laboratory professionals.

APHL has been a key laboratory partner in Mozambique since the beginning of PEPFAR implementation in this country. The recent award of a new five year headquarter-managed cooperative agreement ensures the continuity of their capacity building efforts in Mozambique. The overarching goal of APHL's activities in Mozambique is to assist the MOH to create and strengthen the tiered public health laboratory network so that quality laboratory services are accessible to all Mozambicans. This goal is directly linked to the Partnership Framework which calls for USG and GOM collaboration to "Strengthen laboratory support services for HIV diagnosis and management" including early infant diagnosis. The PEPFAR II indicators for laboratory (1- Number of labs with capacity to diagnose HIV and perform HIV disease monitoring tests and 2- Number of labs with national or international accreditation) will be important measures of APHL's success in reaching these goals over the life of the agreement.

APHL's activities are not concentrated in one or more geographical areas but instead serve to strengthen the national laboratory network overall. APHL has two in-country technical advisors providing in-country coordination of the entire APHL portfolio of activities as well as on site technical assistance and training for MOH laboratory staff working at all levels of the laboratory network.

A significant portion of APHL's portfolio is aligned to health systems strengthening. In the area of quality assurance, APHL is providing support to the National Immunology and HIV Reference Laboratory to conduct and expand external quality assurance programs for CD4 testing, HIV serology, DNA PCR for early infant diagnosis, and viral load. APHL is building laboratory leadership and management skills in provincial as well as central level laboratory leaders through their Laboratory Management Course. APHL provides support for capacity building to the central level laboratory section to improve the management of functionality of the National Laboratory Section of the MOH. In an effort to systematically improve laboratory quality, Mozambique is embarking on a journey towards laboratory accreditation. As this process requires the specific expertise of a number of laboratory partners, APHL is coordinating activities of the lab coalition partners working in Mozambique and facilitating the logistics of in-country trainings. APHL's in-country staff will play a key role in site supervision and follow up to ensure laboratories being prioritized for intensive quality improvement are meeting their benchmarks and making progress as planned.

In the area of information management, APHL is leading the way to implement and operationalize electronic laboratory information systems to collect, analyze and report laboratory information for data-driven public health decision making. Paper-based LIS is also being implemented with APHL's support to all laboratories across the network that do not have eLIS systems in place. The ultimate goal of LIS is to manage laboratory results and monitor and evaluate the laboratory network. To this end, APHL is building capacity within the central level of MOH to receive and utilize these data.

Increasing the quality and quantity of laboratorians is a critical element to health systems strengthening. APHL is working with MOH to improve the infrastructure of the Health Science Training Institutes to ensure training laboratories are equipped to provide the necessary hands-on training required for appropriate pre-service education. This activity complements USG's investments in the area of pre-service curriculum strengthening and faculty development.

In the next five years, APHL will achieve cost-efficiency improvements by continual quality improvement of its in-country staff and reducing the use of consultants traveling in from the U.S. Specifically, APHL will hire and train specialized workforce positions as well as train local professionals who work in or provide services to the MOH for information technology, quality management systems and laboratory design. This on-going training and mentoring program will set specific objectives for competencies and capabilities each year for selected professionals within Mozambique. In addition, APHL will implement a revised monthly reporting system to include both productivity indicators (such as tests performed, sites provided training, instrumentation and LIS operations) as well as outcomes that measure quality and capabilities (such as successful EQA test results, certification or demonstrated competency by test in laboratory specialties).

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 33,000 |
| Human Resources for Health | 177,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9818** |
| **Mechanism Name:** | **APHL** |
| **Prime Partner Name:** | **Association of Public Health Laboratories** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 1,723,077 | |

**Narrative:**

APHL performance measures will include the number of testing laboratories supported documenting progress for critical performance measures that include SOPs completed, testing capacity as measured by numbers of tests in each category, testing quality as measured by QC and EQA monitoring, management indicators such as days equipment operational, employee attendance and days when supplies and reagents are in stock as needed. APHL performance measures will also include specific monitoring of three laboratories selected for fast-track accreditation noting milestones related to the WHO accreditation checklist and progress across the laboratory system that relate to the checklist requirements. APHL will also coordinate withUSG, MOH and laboratory partners to monitor policy and planning activities related to accreditation such as establishment of national accreditation standards and training of quality managers. These performance measures will provide accurate information for forecasting needs for laboratory support.

APHL will provide technical support for at least 25 laboratories throughout Mozambique, including the Maputo Central Referral Hospital, the National Immunology and HIV Reference Laboratory, Health Science Institute training laboratories, and clinical laboratories at the Provincial and District level.

APHL will continue to provide management training (Foundations of Laboratory Leadership and Management) for lab directors and supervisors to strengthen quality for sustainable programs. APHL will

| |
|---|
| provide QA training for all testing specialties including development of advanced teaching and practice skills and knowledge for MOH laboratory professionals.<br>APHL will develop specific performance measures that track development of capabilities in the national laboratory system that will support cost-effective sustainable laboratory infrastructure. The activities include: training of local IT support staff, mentoring of provincial quality managers, development of information systems to track laboratory testing and quality information to support MOH planning and programs, development of an EQA program for HIV RT, mentoring of laboratory staff and strengthening of laboratory pre-service training centers. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9819** | **Mechanism Name: Expanding and Increasing Access to HIV and AIDS Treatment and Care - Mozambique** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Care International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 2,956,174** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,956,174 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Associação Esperança | DDS subgrants Inhambane | |

## Overview Narrative

CARE currently supports HIV services in four districts in northern Inhambane, consisting mainly of remote rural areas with isolated population centers and poor infrastructure. Since initiation of this project in 2007, CARE has expanded support to include PMTCT services at 22 facilities and HIV counseling and testing,

care, and treatment at 4 facilities. In FY 2009, CARE provided counseling and testing to 7122 individuals and ARV's for PMTCT to 808 pregnant women, with 2379 individuals currently receiving ART.
In FY 2010, CARE will support the MOH to increase access to and uptake of high quality HIV care and treatment services by improving service coverage and quality in HIV CT services; laboratory services; PMTCT; adult and pediatric care and treatment; care and support; and the prevention, diagnosis and treatment of HIV-TB co-infection.

CARE goals and activities are aligned with the five goals of the USG-Mozambique Partnership Framework:

1) To reduce new HIV infections in Mozambique:
CARE will focus on reducing sexual transmission of HIV by improving access through increased geographic coverage and improved facility-community linkages for CT and PMTCT services.
2) To strengthen the multisectoral HIV response in Mozambique:
CARE will utilize innovative approaches to mobilize community resources to link facility- and community-based care and reduce loss to follow up, through scale up of psychosocial support groups and strengthening of working relationships with local PLHIV organizations to create demand for services.
3) To strengthen the Mozambican health system:
CARE will support the the MOH's decentralization process by building the institutional and technical capacity of DPS and SDSMAS; strengthening human resources and training at the provincial, district and site level; infrastructure rehabilitation; and training to provinces, districts and sites in logistics / commodity management. CARE will continue development of an explicit plan for handover of project activities to Mozambican authorities. In FY 2010 CARE will increase the capacity of provincial and district MOH through technical and managerial support and direct sub agreements.
4) To improve access to quality HIV treatment services for adults and children:
CARE will ensure effective linkages, referral systems and patient tracking within and between health facilities and communities. CARE will increase emphasis on child and adolescent services plus strengthening of laboratory, as well as improve linkages and integration of HIV and related primary health care services to provide a continuum of accessible services, including MCH/RH services.
5) To ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems:
CARE will increase access to a continuum of HIV care services through better community-facility linkages and support for nutritional interventions, including community links to improve nutrition through basic nutritional education and counseling and the promotion of locally appropriate, nutritious foods.

In FY 2010 CARE will mainstream prevention with positives, injection safety and biomedical waste, and health worker protection (including PEP) by integrating activities into routine clinical workflow and

providing additional training. Cross-cutting gender issues will be addressed, with specific activities designed to improve male access to HIV services and male involvement in prevention efforts, as well as couple counseling and consultations. PMTCT services in an integrated MCH context are linked to safe motherhood, family planning for prevention of unintended pregnancies among HIV positive women, and child survival activities (in close collaboration with pediatric care and treatment). In FY 2010 CARE will continue to support the MOH to strengthen the identification, treatment and management of TB in adults and children.

The project will become more cost efficient over time, by utilizing existing resources (staff, services, structures and relationships with communities), adapting promising practices and lessons learned from local, regional, and international initiatives rather than developing new interventions, and strengthening linkages with public health services and taking full advantage of the facility and community based services in the target area. In addition, eventual transition of technical and managerial responsibilities to DPS/DDS through sub agreements with reduced overheads. Linkages with other USG and international donor projects providing facility and community based care will be strengthened to leverage resources.

CARE will also support the MOH to strengthen M&E activities through support for robust systems for HIV-related programs that can be adapted for use across the health field. Activities will include support for roll out and scale up of new M&E tools, training, supportive supervision, and technical assistance at site level with a focus on improved data quality and utilization to direct programs. Next generation indicators will be used and CARE will have detailed plans to report against these indicators.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 280,000 |
| Economic Strengthening | 25,000 |
| Gender: Reducing Violence and Coercion | 75,000 |
| Human Resources for Health | 200,000 |

## Key Issues

Addressing male norms and behaviors
Malaria (PMI)
Child Survival Activities
Safe Motherhood

TB
Workplace Programs
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9819** |
| **Mechanism Name:** | **Expanding and Increasing Access to HIV and AIDS Treatment and Care - Mozambique** |
| **Prime Partner Name:** | **Care International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 203,907 | |

**Narrative:**

CARE International FY 2010 funds will be used to build the capacity of the MOH and local organizations to implement a package of comprehensive care that complements the ART treatment program and addresses issues that lie at the core of the HIV epidemic in Mozambique. The package will consist of:

1) Improved prevention, diagnosis and management of OIs. There will be a specific focus on increasing coverage of Cotrimoxazole prophylaxis for eligible patients;
2) Improved palliative care activities within the existing health structure;
3) Provision of comprehensive, high quality patient and family-centered HIV care and support services through training, mentoring, and formative supervision conducted jointly with SDSMAS and DPS;
4) Training and formative supervision will include district health staff in management and supervisory roles to enhance their skills in supervising and improving the quality of clinic-based care and support services;
5) Increased capacity within community-based organizations to provide quality patient and family centered HIV care and support services, through training and technical assistance, including the provision of job aids;
6) Improved district-level coordination and effective linkages between health facilities, community-based organizations and other existing support services.

Additionally, funds will be used to strengthen the MOH's capacity to develop the national palliative care strategic plan and its roll out. Funds will be also used to strengthen MOPCA's (Mozambican Palliative Care Association working with MOH) managerial capacity to roll out a palliative care strategic plan.

Positive prevention activities will be implemented in all sites by intervening in both the transmission of infection and the development of illness trough formation of support groups, education, training and improving linkages/referrals to with appropriate services for care and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 876,265 | |

**Narrative:**

CARE International currently supports the provision of quality ART services in northern Inhambane province in the districts of Govuro, Inhassoro, Mabote and Vilanculos.

FY 2009 APR data showed that: CARE supported a total of four (4) fixed and two mobile ART clinics sites in 4 districts; 2379 patients were currently receiving ART services; and 93% of those ever started on ART were alive and on treatment. Support to treatment services is aligned with the Mozambique treatment guidelines and the goals of the Partnership Framework.

In FY 2010, support the DDS of Vilanculos district is provided through expanding support of the ART program to one additional site in Mapinhane which has been functioning as a mobile clinic, however this site alone accounts for close to 50% of patients receiving services in Vilanculos district. With this expansion, a total of 5 supported sites in 4 districts will be reached. Site expansion plans are in accordance with the MOH's policy and plans of ART services integration. Smaller rural sites in which services are already integrated are also supported. In addition, scale up of prevention with positive activities, early treatment initiation, cotrimoxazole prophylaxis and TB screening within ART service sites will be prioritized.

Specific activities planned in FY 2010 include:
1) Finance staff positions through payment of MOH health-care providers salaries to address the gaps in human resources at existing health facilities;
2) Provide support for in-service training and mentoring of clinical staff to develop local capacity in the provision of quality ART services;
3) Provide equipment and supplies for facility operations;
4) Improve patient management, drug management and strategic information systems;
5) Reinforce patient follow-up and referral systems by implementing activities to promote adherence to ART and psychosocial support;
6) Support the establishment and improvement of referral systems and linkages between HIV prevention, care, treatment, TB/HIV, and Counseling and testing services within and between service sites;

7) Expand positive prevention programs within ART service sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 100,000 | |

**Narrative:**

CARE will align FY 2010 activities with overall counseling and testing goals and strategies, with a focus on increased uptake of CT and improved post-test counseling. The majority of effort within the CT portfolio will be allocated in this area, representing approximately 60% of effort. In FY 2010 CARE will provide support in one province (Inhambane). The target population includes general population, as well as higher risk groups including ill and hospitalized individuals.

Activities will include training in risk reduction counseling and tailored post-test counseling; scale up of couples CT; strengthening linkages with community-based activities; and expansion of provider-initiated CT (PICT).

Increased uptake is linked to strengthening human resources dedicated to CT activities; a sustainable strategy to minimize HR constraints for CT will be developed. Training of lay counselors and CBO's will be developed in FY 2010 to help strengthen linkages between health facilities and the community.

Quality assurance (QA) will also be a key area. QA systems and standard operating procedures to ensure biosafety will be developed, in close collaboration with lab. FY 2010 CT funds will leverage biomedical transmission/injection and blood safety funds to ensure that systems are improved for appropriate disposal of biowaste generated through the CT program.

Referrals and linkages between CT and other health and HIV services, including community-based prevention, care and treatment activities and gender based violence interventions will also be improved in FY 2010.

Support to strengthen M&E systems will also be provided. FY 2010 funds will support training of partners and providers in new reporting documents, data management and data use for program monitoring.

Supervision of activities will be conducted through an integrated approach in close collaboration with DDS, DPS, and the provincial laboratory. FY 2010 funding provided to CARE will be applied towards subcontracts or grants to DPS / DDS / SDSMAS to the greatest extent possible.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | PDCS | 64,000 | |

**Narrative:**

CARE currently supports pediatric care and support in 4 districts in Inhambane province, including two satellite sites and focus on the provision of quality comprehensive care and support services for HIV exposed and infected children. These services consist of: early infant diagnosis (EID), cotrimoxazole prophylaxis, management of opportunistic infections and other related complications including malaria and diarrhea, growth and development monitoring, nutritional assessment, infant feeding counseling and education, palliative care, psychological, social, and spiritual and prevention interventions. In FY 2010 the focus will be on strengthening the health system, improve identification of HIV-exposed and infected children; increase enrollment of HIV-exposed and infected children into care and treatment services and improve retention of children in care and treatment services. All activities are aligned with the national priorities and the Partnership Framework.

Specific interventions will include:
1) Strengthening linkages between PMTCT, MCH, pediatric HIV;
2) Expanding PICT services to all children with signs or symptoms of HIV in out-patient and in-patient venues, including TB clinics and nutrition services and systematic testing of children of adult patients enrolled on ART;
3) Strengthening the logistic system for early infant diagnosis using HIV DNA PCR, use of cell phone connected printers for PCR DNA results and refresher training of health providers;
4) Supporting access to preventive interventions for malaria and diarrhea assuring logistic, storage and distribution of the basic care package (certeza for water purification, IEC materials and soap) and access to ITNs for all children < 5 years through PMI program;
5) Nutritional assessment and linkages with other partners and donors (UNICEF and WFP) to access therapeutic and supplementary food;
6) Supportive supervisions, in-service trainings of health workers on pediatric care;
7) Strengthen linkages and referral between clinical and community based services including OVC programs;
8) Implement an effective monitoring and evaluation program by scaling up the electronic tracking system and the continuous quality improvement programs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 273,298 | |

**Narrative:**

Universal antiretroviral treatment for infected children is a top priority of the MOH aiming to improve the survival and quality of life of these children and their families. Currently, children represent 5.6% of the

total number of patients on treatment in the four CARE supported sites in Inhambane province (this includes 2 satellite sites), based on APR data 09. The goal is having 10% individuals receiving treatment being children. Refresher trainings, mentoring and supportive supervisions will be coordinated with the provincial and district directorates and enhance the capacity of sites and health care providers to identify, treat, and care for HIV-infected children. For all HIV infected children receiving antiretroviral treatment, cotrimoxazole prophylaxis will be part of the care services provided.

The main activities will include:

1) Access to care and treatment services, through early identification of HIV exposure and infection status, strong linkages and integration of HIV services within the existing child health programs, TB, PMTCT, MCH and increased community awareness of pediatric HIV;
2) Human capacity development through in-service training on pediatric HIV care and treatment, supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines developed by MOH; Training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications; Training, supportive supervisions and reproduction of materials to support prevention with positives activities;
3) Linkages to psychosocial support programs for children, adolescents and their families along with support for retention, HIV status disclosure and adherence to ART;
4) Linkages with prevention targeting adolescents consisting of: education on risk reduction, family planning counseling, counseling and testing and promotion of youth friendly services;
5) Identifying developing and implementing interventions to improve patient tracking system, follow-up, identify and address treatment failures and adherence issues; implement the a continuous quality improvement program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 453,899 | |

**Narrative:**

In FY 2010, assistance to strengthen the six building blocks of the health system will be prioritized in line with the priorities and goals of the GOM

CARE will support the MOH's decentralization process by building the institutional and technical capacity of SDSMAS (District Health and Social Welfare Services). CARE will also provide technical assistance to SDSMAS to build their capacity to plan and coordinate activities at the district level. CARE will explore innovative funding arrangements to SDSMAS to further increase the ownership and sustainability of HIV clinical service delivery.

CARE will strengthen human resources at the district and site level by supporting DPS to improve retention of health personnel through gap year funding. CARE will strengthen SDSMAS capacity to provide in-service training, mentoring and supportive supervision to clinicians and administrators.

CARE will provide support for the rehabilitation of existing infrastructure to accommodate the decentralization process of HIV services. Lastly, CARE will provide additional technical support and training to districts and sites in logistics management to complement implementation of the Pharmaceutical Logistics Master Plan.

Improved district coordination, technical assistance provided by the logistician advisor, gap year funding, mentoring, rehabilitation of infrastructure all have spillover benefits as they strengthen the broader health system beyond HIV at little or no marginal cost. As CARE will support national health systems, they will leverage the inputs from the GOM, who directly provide all services, as well as maximizing additional resources and linkages with other donors and programs (e.g. PMI and other USG programs, Global Fund, Clinton Foundation, DFID, WFP, UNICEF).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMIN | 50,000 | |

**Narrative:**

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities in Mozambique. In FY 2010 CARE will support MOH efforts to expand and institutionalize infection prevention and control (IPC) programs.

CARE will mainstream relevant activities into the routine functioning of health facilities where USG activities are supported. In coordination with national guidance and in collaboration with a central level technical assistance partner also supported by the USG, IPC efforts will be expanded and institutionalized in the following areas:

1) Implementation of standard operating procedures regarding sharps disposal / IPC;
2) Ensure that all health facility staff receive updated training in injection safety / IPC;
3) Dissemination of written procedures for handling and disposal of sharps and infectious waste;
4) Improved availability and use of personal protective equipment, including technical assistance at DDS / DPS level to improve management of stock levels and resupply of necessary items through existing MOH channels;
5) Support for availability of PEP to health care workers;

6) Appropriate data collection and reporting / record keeping, including PEP;

Other activities include supportive supervision / empowerment of health workers with knowledge and tools to protect themselves and patients; demand creation for safe conditions in the workplace with all health facility staff cadres; increasing IPC awareness including hand hygiene and universal precautions; and consideration of strategies aimed at both the community and HCW to reduce unnecessary injections

USG clinical services partners will pursue these activities in collaboration and coordination with a single central-level technical assistance partner, which will also specifically support the development and implementation of injection safety measures at a national policy level.

Injection safety activities are linked to workplace programs supported under the sexual prevention budget code. Implementation and supervision of activities will be conducted through an integrated approach in close collaboration with DDS and DPS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 65,760 | |

**Narrative:**

CARE will support three distinct areas within the other sexual prevention portfolio. These activities will be carried out in coordination with support from the care and treatment portfolio and injection safety.

1) Mainstreaming of prevention with positives (PwP) activities: The PwP programs will be expanded within ART service sites through training of health providers and counselors; supportive supervision; monitoring the implementation of PwP activities; and strengthening community linkages through organizing and empowerment of support groups and PLHIV organizations. PwP will be integrated into existing HIV program activities, including facility-based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.), and community-based settings (community HIV counseling and testing, peer support programs, etc). CARE has identified a focal person for PP activities to coordinate and ensure successful implementation of PwP activities.

2) Management of sexually transmitted infections (STI): CARE will support the management of STIs at provincial, district and health facility level in Inhambane to reduce the burden of STIs as well as HIV infections attributable to STI co-infection. Additional focus will be on most-at-risk populations (MARPs), with focus on mobile populations and commercial sex workers. Key activities will include basic STI care; training and job aids; infrastructure support (equipment, privacy); Coordinate and support mechanisms to ensure availability of all medications necessary for following Mozambique's 2006 STI Syndromic

Management Guidelines in the pharmacies; and M&E.

3) Health care worker / workplace program (WPP): Facility-level WPP will be supported to boost awareness and understanding of HIV related issues of the personnel of the health sector and their families. CARE will support the MOH to implement national WPP package, including the following elements:
a. Prevention: BCC, condom availability, CT access, PMTCT, stigma and discrimination;
b. Health care and support: access to counseling and testing, care and treatment, psychosocial support, and home based care;
c. Human resource management including HIV policy.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 659,045 | |

**Narrative:**

Priorities in FY 2010 are coordination with MOH and scale up of PMTCT services within an integrated MCH system. Objectives include improved quality; access to a comprehensive package including psychosocial support; and improved nutrition support for reduced vertical transmission. Activities will align with MOH through district, and provincial level support, technical assistance, training, quality improvement, and M&E. The district-based approach and collaboration at provincial level, including subcontracts or grants from CARE to provincial and district public health departments, will increase responsiveness, including support for overall systems strengthening and positioning for transition. Community platforms will be strengthened to increase demand for PMTCT services.

The major allocation of effort (at least 60%) will be towards scale up, including training, supervision, and technical assistance, in line with the goal of 80% PMTCT coverage by 2013.

Key activities for FY 2010 include:
1) Expansion: Support for sites without PMTCT services, and enhanced support for low-performing sites receiving partner or MOH support; increased community demand for services;
2) Provider-initiated counseling and testing and couples counseling;
3) Linkages to treatment programs for ARVs for PMTCT: Focus on more effective regimens and ART initiation;
4) Cotrimoxazole prophylaxis: Focus on improving coverage for pregnant women;
5) Linkages to pediatric care and treatment programs for early infant diagnosis;
6) Support for prevention of unintended pregnancies among HIV-infected women;
7) Support groups and community involvement based on national model;

8) Information, education, communication: Dissemination of materials developed by a central / lead partner;
9) Safe infant nutrition interventions integrated into routine services, including counseling and distribution of commodities in close collaboration with central / lead nutrition technical assistance and procurement partner;
10) M&E: support for reproduction and roll out of revised registers;
11) PMTCT clinical mentoring based on national model;
12) Linkages to system strengthening, including infrastructure projects for PMTCT;
13) Mainstream infection prevention control in PMTCT settings; support workplace programs including PEP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 80,000 | |

**Narrative:**

CARE has standardized laboratory services in ART care and treatment sites in which they work and strengthening lab services is a key to their ability to provide quality HIV care and treatment services. In FY 2010, CARE will contract a Lab Technical Advisor that will be based at the CARE program office. The Lab Technical Advisor will be responsible for overseeing the lab component of the Partner's Program within the Partner-supported districts. In addition, s/he will function as a counterpart for the Lab Technical Advisor based in DPS in Inhambane.

The Clinical Partner Lab Advisor will liaise and coordinate activities related to lab services with other USG and non-USG funded partners assisting the MOH in lab capacity building. The Lab Advisor will identify weaknesses in lab processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. S/he will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the lab advisor shall be integrated with on-going or new MOH national and provincial lab activities and policies and will improve lab services as a crucial component of quality care at CARE-supported sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 130,000 | |

**Narrative:**

CARE has been working in Inhambane province in collaboration with the DPS and DDS directorate to

improve TB-related services. As a result of this partnership, there has been significant improvement in the integration of TB and HIV services at the health center level. These achievements are due to:

1) Implementation of the HIV screening tool and of HIV/TB referral forms;
2) Training of clinicians on TB/HIV co-infection and management of MDR-TB;
3) Hiring and training of TB lay persons that provide CT services for TB clients that are yet to know their HIV status at the TB clinics.

In FY 2010 activities will continue to strengthen the identification, treatment and management of TB in adults and children as well as continue to strengthen TB/HIV activities.

The priorities will be:
1) To increase TB detection rates and TB cure rates;
2) To strengthening of PICT;
3) Routine provision of CTX and IPT;
4) Implement infection control measures;
5) Strengthen the referral system and linkages with other services (CCR, CTH, PMTCT and ART and , inpatient wards);
6) Strengthen laboratory diagnostic services through training of new and existing laboratory technicians on smear microscopy techniques and establish a referral system for the regional laboratory for performing TB culture and DST.

CARE will also support the GOM to implement prevention with positives activities in all sites by intervening in both the transmission of infection and the development of illness trough formation of support groups, education, training and improving linkages/referrals to with appropriate services for care and treatment among the clients co-infected with TB/HIV in ensuring a better and prolonged life.

CARE will strengthen the surveillance and M&E systems in collaboration with DPS.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9823** | **Mechanism Name: Track 1 ARV** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and | Procurement Type: Cooperative Agreement |

| | |
|---|---|
| Prevention | |
| Prime Partner Name: Columbia University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 4,500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Central GHCS (State) | 4,500,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The International Center for AIDS Care and Treatment Programs of Columbia University, Mailman School of Public supports HIV services in Maputo city, Gaza, Inhambane, Nampula and Zambezia provinces. Columbia is the lead USG clinical partner in Maputo city, Inhambane, and Nampula province. By FY2009 , Columbia had expanded support to 87 ANC sites providing PMTCT services to 6,596 pregnant women; 25 HIV counseling and testing (CT) that tested 15,904; and 49 care and treatment service sites that provided ART for 73992 ever on treatment.

Columbia's approach to program implementation, in line with the GOM, is informed by the following key principles and goals:
1) Increase communities' access to quality HIV prevention, care and treatment services, by improving service provision for: CT, laboratory services, PMTCT, adult and pediatric care and treatment, management of HIV-TB co-infection;
2) Improve facility and community linkages and integration of HIV and primary health services to provide a continuum of services, including maternal and child health and reproductive health services.
3) Support sustainable Mozambican systems through emphasis on strengthening government and community capacity to deliver and manage services at provincial and district level, and development of a handover plan of project activities to Mozambican authorities. These activities include: human resource and MOH capacity strengthening; physical infrastructure development; provision of technical assistance in program management and implementation; and commodity logistics management.
4) Support clinical services, logistics, M&E and laboratory technical advisors in each province where Columbia is lead partner.
5) Assist the MOH in the development of robust M&E systems for HIV-programs that can be adapted for use across the health field.

These program goals contribute to the following Partnership Framework (PF) goals:
Goal 1: By reducing sexual transmission of HIV and improving access through increased geographic coverage and improved facility-community linkages for HIV services
Goal 2: By utilizing innovative approaches to community mobilization and linking facility and community based care to reduce loss to follow up
Goal 3: By increasing Provincial and District MOH capacity through technical and managerial support and sub agreements; supporting 'Gap Funding', training and supervision; renovating health facilities; strengthening commodity procurement systems; and improving HIV services integration with other health services
Goal 4: By ensuring effective facility and community linkages, referral systems and patient tracking at ART and non–ART service sites; increasing emphasis on integrated child and adolescent services; strengthening of lab support
Goal 5: By increasing access to a continuum of HIV care services through nutritional interventions and better community-facility linkages

Columbia priority assistance is to strengthen local health systems in line with GOM and the PF priorities: support MOH's decentralization process by building DPS and SDSMAS capacity; strengthen human resources at the provincial, district and site level; infrastructure rehabilitation; improved logistics management in provinces, districts and sites; and mobilization of community resources to foster linkages with health facilities and create demand for services.

Cross cutting issues addressed in program implementation include:
1) Linking clinical services with community services to improve nutrition through nutritional education, counseling and promotion of locally appropriate, nutritious foods.
2) Development of a gender strategy for each province, including activities designed to improve male access to HIV services e.g couple counseling and consultations; and activities to reduce violence against women.
3) Child Survival Activities: early infant diagnosis, infant feeding counseling, Cotrimoxazol prophylaxis, mothers groups for nutritional education.
???Safe motherhood: CT within Family Planning, family planning in MCH and PMTCT programs; supporting maternities for improved care, safe deliveries, and promoting appropriate breast feeding practices
???Malaria (PMI): collaborate with MoH and Malaria Consortium for the distribution of ITNs
6) End of program evaluation: analysis of routine data and formal evaluation of program performance using standard performance indicators

Cost efficiencies will be improved by utilizing existing resources (staff, services, structures and relationships with communities), adapting promising practices from local, regional, and international initiatives, and strengthening linkages with public health services and maximizing on facility and community based services in target areas. In addition, transition of technical and managerial responsibilities to DPS/DDS through 6 sub agreements as part of the will over time reduce overheads. Columbia will leverage resources through linking with other USG and international donor projects.

Columbia will strengthen monitoring and evaluation activities through support for robust systems for HIV related programs that can be adapted for use across the health field. Activities will include support for roll out and scale up of new M&E tools, training, supervision, and technical assistance with a focus on data quality and utilization. Next generation PEPFAR indicators will be used for program monitoring and Columbia will have detailed plans to report against these indicators.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9823** |
| **Mechanism Name:** | **Track 1 ARV** |
| **Prime Partner Name:** | **Columbia University** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | HTXS | 4,500,000 | |

**Narrative:**

ICAP currently supports the scale up and provision of quality ART services in Maputo City, and Gaza, Inhambane, Zambezia, and Nampula provinces.
As of the end of September 2009 (APR 2009), ICAP is supporting a total of 49 sites in 28 districts; 73,992 patients ever treated of whom 51,622 (70%) were currently on ART (excluded is data from 6 sites that were transitioned to other partner support between January and June 2009 and one site that did not report in APR09 – 24 de Julho Health Center).
ICAP's program is aligned with the Mozambique treatment guidelines, the Partnership Framework goals and with the Track 1 transition process.

In FY 2010, support will be expanded to 17 sites; including 5 additional sites in 6 priority districts in Inhambane (5) and Nampula (1) provinces to reach a total of 66 supported sites in 34 districts. The target is to provide ART to 59,078 patients by September 2010. Expansion plans are in accordance with the government's ART services decentralization and integration plans; a process initiated in January 2009 within the major urban treatment facilities including 6 newly Columbia supported sites for FY 2010. ICAP has been providing technical support for this activity to enable large urban sites to down-refer stable patients and ensure that patients are retained in care and treatment. Support will also be provided to enable urban Health Centers to absorb the referred patients and initiate ART for new patients.

Support to the DPS and Ministry of Defense through the 6 existing sub agreements will be increased to include provincial level monitoring and supervision of the HIV program.
Scale up of prevention with positive activities, early treatment initiation, cotrimoxazole prophylaxis and TB screening within ART service sites will be prioritized.

Specific activities planned in FY 2010 include:
1) Finance MOH staff positions;
2) Train and mentor MOH staff;
3) Provide equipment and supplies for facility operations;
4) Improve patient management, drug management and strategic information systems;
5) Reinforce patient follow-up and referral systems;
6) Strengthen linkages with CT sites, TB clinics, PMTCT centers and PLHIVservices;
7)Expand prevention with positives programs within ART service sites;
8) Implement and monitor the Track 1.0 transition process;
9) Mainstream infection prevention control; support workplace programs including PEP.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 9825 | Mechanism Name: Track 1 ARV Moz Supplement |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Columbia University | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 27,201,286 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 27,201,286 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Arquiplan | DPS GAZA | DPS Maputo |
| DPS Nampula | Ministry of National Defense | Pathfinder International |

## Overview Narrative

The International Center for AIDS Care and Treatment Programs of Columbia University, Mailman School of Public supports HIV services in Maputo city, Gaza, Inhambane, Nampula and Zambezia provinces. Columbia is the lead USG clinical partner in Maputo city, Inhambane, and Nampula province. By FY2009 , Columbia had expanded support to 87 ANC sites providing PMTCT services to 6,596 pregnant women; 25 HIV counseling and testing (CT) that tested 15,904; and 49 care and treatment service sites that provided ART for 73992 ever on treatment.

Columbia's approach to program implementation, in line with the GOM, is informed by the following key principles and goals:

1) Increase communities' access to quality HIV prevention, care and treatment services, by improving service provision for: CT, laboratory services, PMTCT, adult and pediatric care and treatment, management of HIV-TB co-infection;

2) Improve facility and community linkages and integration of HIV and primary health services to provide a continuum of services, including maternal and child health and reproductive health services.

3) Support sustainable Mozambican systems through emphasis on strengthening government and community capacity to deliver and manage services at provincial and district level, and development of a handover plan of project activities to Mozambican authorities. These activities include: human resource and MOH capacity strengthening; physical infrastructure development; provision of technical assistance in program management and implementation; and commodity logistics management.
4) Support clinical services, logistics, M&E and laboratory technical advisors in each province where Columbia is lead partner.
5) Assist the MOH in the development of robust M&E systems for HIV-programs that can be adapted for use across the health field.

These program goals contribute to the following Partnership Framework (PF) goals:
Goal 1: By reducing sexual transmission of HIV and improving access through increased geographic coverage and improved facility-community linkages for HIV services
Goal 2: By utilizing innovative approaches to community mobilization and linking facility and community based care to reduce loss to follow up
Goal 3: By increasing Provincial and District MOH capacity through technical and managerial support and sub agreements; supporting 'Gap Funding', training and supervision; renovating health facilities; strengthening commodity procurement systems; and improving HIV services integration with other health services
Goal 4: By ensuring effective facility and community linkages, referral systems and patient tracking at ART and non–ART service sites; increasing emphasis on integrated child and adolescent services; strengthening of lab support
Goal 5: By increasing access to a continuum of HIV care services through nutritional interventions and better community-facility linkages

Columbia priority assistance is to strengthen local health systems in line with GOM and the PF priorities: support MOH's decentralization process by building DPS and SDSMAS capacity; strengthen human resources at the provincial, district and site level; infrastructure rehabilitation; improved logistics management in provinces, districts and sites; and mobilization of community resources to foster linkages with health facilities and create demand for services.

Cross cutting issues addressed in program implementation include:
1) Linking clinical services with community services to improve nutrition through nutritional education, counseling and promotion of locally appropriate, nutritious foods.
2) Development of a gender strategy for each province, including activities designed to improve male access to HIV services e.g couple counseling and consultations; and activities to reduce violence against women.

3) Child Survival Activities: early infant diagnosis, infant feeding counseling, Cotrimoxazol prophylaxis, mothers groups for nutritional education.
???Safe motherhood: CT within Family Planning, family planning in MCH and PMTCT programs; supporting maternities for improved care, safe deliveries, and promoting appropriate breast feeding practices
???Malaria (PMI): collaborate with MoH and Malaria Consortium for the distribution of ITNs
6) End of program evaluation: analysis of routine data and formal evaluation of program performance using standard performance indicators

Cost efficiencies will be improved by utilizing existing resources (staff, services, structures and relationships with communities), adapting promising practices from local, regional, and international initiatives, and strengthening linkages with public health services and maximizing on facility and community based services in target areas. In addition, transition of technical and managerial responsibilities to DPS/DDS through 6 sub agreements as part of the will over time reduce overheads. Columbia will leverage resources through linking with other USG and international donor projects.

Columbia will strengthen monitoring and evaluation activities through support for robust systems for HIV related programs that can be adapted for use across the health field. Activities will include support for roll out and scale up of new M&E tools, training, supervision, and technical assistance with a focus on data quality and utilization. Next generation PEPFAR indicators will be used for program monitoring and Columbia will have detailed plans to report against these indicators.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 1,240,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 180,000 |
| Human Resources for Health | 11,283,299 |

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)

Child Survival Activities
Military Population
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9825** |
| **Mechanism Name:** | **Track 1 ARV Moz Supplement** |
| **Prime Partner Name:** | **Columbia University** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 728,816 | |

**Narrative:**

FY 2010 funds will be used to build the capacity of the MOH and local organizations to implement a package of comprehensive care that complements the ART treatment program and addresses issues that lie at the core of the HIV epidemic in Mozambique.
One main strategy ICAP promotes, in coordination with MOH, is the Peer Educator Program. In order to improve, promote and retain membership of Peer Educators, will implement positive HIV positive prevention activities will be and the development of illness support groups and "positHIVe teas"
The package will consist of:

1) Improved prevention, diagnosis and management of OIs. There will be a specific focus on increasing coverage of cotrimoxazole prophylaxis for eligible patients;
2) Improved palliative care activities within the existing health structure;
3) Provision of comprehensive, high quality patient and family centered HIV care and support services through training, mentoring, and formative supervision conducted jointly with SDSMAS and DPS;
4) Training and formative supervision will include district health staff in management and supervisory roles to enhance their skills in supervising and improving the quality of clinic-based care and support services;
5) Increased capacity within community-based organizations to provide quality patient and family centered HIV care and support services, through training and technical assistance, including the provision of job aids;
6) Improved district-level coordination and effective linkages between health facilities, community-based

organizations and other existing support services.

Additionally, funds will be used to strengthen the MOH's capacity to develop the national palliative care strategic plan and its roll out. Funds will be also used to strengthen MOPCA's (Mozambican Palliative Care Association working with MOH) managerial capacity to roll out a palliative care strategic plan. In 2009, ICAP received funds to implement the cervical cancer "see and treat" strategy in two sites. In FY 2010 this strategy will be expanded to 3 additional sites in Zambezia province.

HIV prevention with positives activities will be implemented in all sites by intervening in both the transmission of infection and the development of illness through formation of support groups, education, training and improving linkages and referrals to appropriate services for care and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 9,146,069 | |

**Narrative:**

ICAP currently supports the scale up and provision of quality ART services in Maputo City, and Gaza, Inhambane, Zambezia, and Nampula provinces.
As of the end of September 2009 (APR 2009), ICAP is supporting a total of 49 sites in 28 districts; 73,992 patients ever treated of whom 51,622 (70%) were currently on ART (excluded is data from 6 sites that were transitioned to other partner support between January and June 2009 and one site that did not report in APR09 – 24 de Julho Health Center).
ICAP's program is aligned with the Mozambique treatment guidelines, the Partnership Framework goals and with the Track 1 transition process.

In FY 2010, support will be expanded to 17 sites; including 5 additional sites in 6 priority districts in Inhambane (5) and Nampula (1) provinces to reach a total of 66 supported sites in 34 districts. The target is to provide ART to 59,078 patients by September 2010. Expansion plans are in accordance with the government's ART services decentralization and integration plans; a process initiated in January 2009 within the major urban treatment facilities including 6 newly Columbia supported sites for FY 2010. ICAP has been providing technical support for this activity to enable large urban sites to down-refer stable patients and ensure that patients are retained in care and treatment. Support will also be provided to enable urban Health Centers to absorb the referred patients and initiate ART for new patients.

Support to the DPS and Ministry of Defense through the 6 existing sub agreements will be increased to include provincial level monitoring and supervision of the HIV program.
Scale up of prevention with positive activities, early treatment initiation, cotrimoxazole prophylaxis and TB

screening within ART service sites will be prioritized.

Specific activities planned in FY 2010 include:
1) Finance MOH staff positions;
2) Train and mentor MOH staff;
3) Provide equipment and supplies for facility operations;
4) Improve patient management, drug management and strategic information systems;
5) Reinforce patient follow-up and referral systems;
6) Strengthen linkages with CT sites, TB clinics, PMTCT centers and PLHIV services;
7)Expand prevention with positives programs within ART service sites;
8) Implement and monitor the Track 1.0 transition process;
9) Mainstream infection prevention control; support workplace programs including PEP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 1,475,340 | |

**Narrative:**

ICAP will align FY 2010 activities with overall USG counseling and testing (CT) goals and strategies, with a focus on increased uptake CT and improved post-test counseling. The majority of effort within ICAP CT portfolio will be allocated in this area, representing approximately 60% of effort. In FY 2010 ICAP will provide support in 5 provinces (Maputo City, Gaza, Inhambane, Nampula, Zambezia. The target population includes general population, as well as higher risk groups including ill and hospitalized individuals.
Activities will include training in risk reduction counseling and tailored post-test counseling; scale up of couples CT; strengthening linkages with community-based activities; and expansion of provider-initiated CT (PICT).

Increased uptake is linked to strengthening HR dedicated to CT activities; ICAP will also develop a sustainable strategy to minimize HR constraints for CT. Training of lay counselors and CBO's will be developed in FY 2010 to help strengthen linkages between health facilities and the community.

Quality assurance (QA) will also be a key area for ICAP. QA systems and standard operating procedures to ensure bio-safety will be developed, in close collaboration with lab. FY 2010 CT funds will leverage biomedical transmission/injection and blood safety funds to ensure that systems are improved for appropriate disposal of bio-waste generated through the ICAP CT program.

Referrals and linkages between CT and other health and HIV services, including community-based

prevention, care and treatment activities and gender based violence interventions will also be improved in FY 2010.
ICAP will continue to support strengthening of M&E systems. FY 2010 funds will support training of partners and providers in new reporting documents, data management and data use for program monitoring.
Supervision of activities will be conducted through an integrated approach in close collaboration with DDS, DPS, and the provincial laboratory. ICAP CT funding will be applied towards subcontracts or grants to DPS / DDS / SDSMAS to the greatest extent possible.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 608,532 | |

**Narrative:**

ICAP will continue to support 49 MOH sites to provide quality comprehensive care and support services for HIV exposed and infected children. These services consist of: early infant diagnosis, cotrimoxazole prophylaxis, management of opportunistic infections and other common childhood diseases including malaria, diarrhea, growth and development monitoring, nutritional assessment, infant feeding counseling and education, palliative care, psychological, social, and prevention interventions. In FY 2010, ICAP intends to increase its support to 17 sites in 5 provinces. ICAP is targeting 70% HIV exposed and/or infected children in follow-up, in the 66 sites. In FY 2010, ICAP will aim to improve identification of HIV-exposed and infected children; to increase enrollment of HIV-exposed and infected children into care and treatment services and to improve retention of children in care and treatment services. All activities are aligned with the national priorities and the Partnership Framework.

Specific interventions will include:
1) Strengthening linkages between PMTCT, MCH, pediatric HIV and integration with MCH programs;
2) Expanding PICT services to all children with clinical manifestations of HIV in out and in-patient venues, TB clinics and nutrition services; and systematic testing of children of adult patients enrolled on ART;
3) Strengthening the logistic system for early infant diagnosis using HIV DNA PCR, use of cell phone connected printers for PCR DNA results and refresher training of health providers;
4) Supporting access to preventive interventions for malaria and diarrhea assuring logistic, storage and distribution of the basic care package (water purification, IEC materials and soap) and access to ITNs for all children < 5 years;
5) Nutritional assessment and linkages with other partners and donors to access therapeutic and supplementary food;
6) Supportive supervisions, in-service trainings of health workers on pediatric care;
7) Strengthen linkages and referral between clinical and community based service and with OVC

programs;
8) Implement an effective monitoring and evaluation program; scale up the electronic tracking system and the HIV QUAL program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 3,132,142 | |

**Narrative:**

The MOH is prioritizing the scale-up of pediatric HIV treatment services through decentralization of treatment to peripheral health centers and integration of HIV services into existing child health programs.

Universal antiretroviral treatment for infected children is a top priority aiming to improve the survival and quality of life of these children and their families. As of the end of September 2009 (APR 2009), children represent 9% of the patients on treatment at 49 ICAP-supported sites.. This will increase to 10% in FY 2010. Realizing such an increase will require enhancing the capacity of sites and health care providers to identify, treat and care for HIV-infected children. For all HIV infected children receiving antiretroviral treatment, cotrimoxazole prophylaxis will be prioritized.

ICAP will suport the MOH to build capactity to provide and sustain high quality standards of HIV treatment services in 5 provinces, targeting 7,230 children receiving treatment.
The main activities will include:
1) Access to care and treatment services, through early identification of HIV exposure and infection status, strong linkages and integration of HIV services within the existing child health programs, TB, PMTCT, MCH and increased community awareness of pediatric HIV;
2)Human capacity development through in-service training on pediatric HIV care and treatment, supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines deveoped by MOH;
3) Training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications;
4) Training, supportive supervisions and reproduction of materials to support prevention with positives activities;
5) Linkages to programs providing psychosocial support for children, adolescents and their families along with support for retention, HIV status disclosure and adherence to ART;
6) Linkages to prevention activities targeting adolescents consisting of: education on risk reduction, family planning counseling, counseling and testing and promotion of youth friendly services;
7) Identifying developing and implementing interventions to improve patient tracking system, follow-up,

identify and address treatment failures and adherence issues. Support the implementation of Pediatric HIVQUAL program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 575,000 | |

**Narrative:**

This budget code includes two main activities, both of which are continuing activities from FY 2009:
1)Support for M&E Advisors in the three provinces in which ICAP is the lead clinical partner: Maputo Cidade, Inhambane, Nampula. The role of the M&E Provincial Advisor is to provide support in the coordination of routine activities related to monitoring and evaluation at the Provincial Directorate of Health, giving priority to endemic diseases, including HIV. This advisor will help to reinforce and support the implementation of the decentralization of HIV services including related data collection systems. S/he will provide leadership in the supervision and management of data to ensure the quality of data at the district and site level, help to strengthen the flow of data to the district, provincial, and central levels.

2)Support for two technical advisors to be placed at the national level to strengthen health information systems, seconded to MOH Department of Health Information (DIS) and to its implementation partner, M-OASIS, based at the University of Eduardo Mondlane

Since 2007, USG has funded a technical advisor seconded to the MOH's DIS to assist with strategic planning and implementation of key activities in the DIS annual workplan. A key focus of this technical advisor is capacity building and systems strengthening within the DIS. The advisor will actively participate in the training of Mozambican counterparts, at all levels of the national health system and will assist with the integration of National Health Information System with other diverse vertical programs.

Starting in 2010, a second technical advisor position will be placed to strengthen the capacity of the implementation arm of health information systems, the M-OASIS project, based at the University of Eduardo Mondlane. This advisor will help to ensure strong linkages, coordination, and capacity building in informatics projects to support MOH's National Health Information Systems Strategy.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 2,683,407 | |

**Narrative:**

In FY 2010, ICAP will prioritize assistance to strengthen the six building blocks of the health system in line with the priorities and goals of the GOM.

ICAP will support the MOH's decentralization process by building the institutional and technical capacity of DPS and SDSMAS placing Provincial Technical Advisors at the Nampula DPS and Maputo City Health Directorate to improve HIV clinical health care quality, and to strengthen drug supply at the health facilities. ICAP will also provide technical assistance to SDSMAS to build their capacity to plan and coordinate activities at the district level and will explore innovative funding arrangements to SDSMAS to further increase the ownership and sustainability of HIV clinical service delivery.

ICAP will strengthen human resources at the provincial (Maputo City, Inhambane and Nampula) district and site level by supporting pre-service training opportunities for health personnel and will also support DPS to improve retention of health personnel through gap year funding. The implementing partner will strengthen DPS and SDSMAS capacity to provide in-service training, mentoring and supportive supervision to clinicians and administrators.

ICAP will provide support for the rehabilitation of existing infrastructure to accommodate the decentralization process. Lastly, the implementing partner will provide additional support and training to provinces, districts and sites in logistics management to complement implementation of the Pharmaceutical Logistics Master Plan.

Improved district coordination, technical assistance provided by the provincial advisors, scholarships, gap year funding, mentoring, rehabilitation of infrastructure all have spillover benefits as they strengthen the broader health system beyond HIV at little or no marginal cost. As ICAP will support national health systems, they will leverage the inputs from the GOM, who directly provide all services, as well as maximizing additional resources and linkages with other donors and programs (e.g. PMI and other USG programs, Global Fund, Clinton Foundation, DFID, WFP, UNICEF).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMIN | 100,000 | |

**Narrative:**

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities.. In FY 2010 ICAP will support MOH efforts to expand and institutionalize infection prevention and control (IPC) programs.

ICAP will mainstream relevant activities into the routine functioning of health facilities where USG activities are supported. In coordination with national guidance and in collaboration with a central level technical assistance partner also supported by USG , IPC efforts will be expanded and institutionalized in the following areas:

1) Implementation of standard operating procedures regarding sharps disposal / IPC;
2) Ensure that all health facility staff receive updated training in injection safety / IPC;
3) Dissemination of written procedures for handling and disposal of sharps and infectious waste;
4) Improved availability and use of personal protective equipment, including technical assistance at DDS / DPS level to improve management of stock levels and resupply of necessary items through existing MOH channels;
5) Support for availability of PEP to health care workers;
6) Appropriate data collection and reporting / record keeping, including PEP;
Other activities include supportive supervision / empowerment of health workers with knowledge and tools to protect themselves and patients; demand creation for safe conditions in the workplace with all health facility staff cadres; increasing IPC awareness including hand hygiene and universal precautions; and consideration of strategies aimed at both the community and HCW to reduce unnecessary injections.

USG clinical services partners will pursue these activities in collaboration and coordination with a single central-level technical assistance partner, which will also specifically support the development and implementation of injection safety measures at a national policy level.

HMIN activities are linked to workplace programs supported under the HVOP budget code. Implementation and supervision of activities will be conducted through an integrated approach in close collaboration with DDS and DPS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 246,480 | |

**Narrative:**

ICAP will support three distinct areas within the sexual transmission (other prevention) portfolio. Activities will be carried out in coordination with support from the care and treatment portfolio and injection safety.

1) Mainstreaming of prevention with positives (PwP) activities: PwP programs will be expanded within ART service sites through training of health providers and counselors; supportive supervision; monitoring the implementation of PwP activities; and strengthening community linkages through organizing and empowerment of support groups and PLHIV organizations. PwP will be integrated into existing HIV program activities, including facility based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.), and community based settings (community HIV counseling and testing, peer support programs, etc). ICAP has identified a focal person for PwP activities to coordinate and ensure successful implementation of PwP activities.

2) Management of sexually transmitted infections (STI): ICAP will support the management of STIs at provincial, district and health facility level in order to reduce the burden of STIs as well as HIV infections attributable to STI co-infection. Key activities will include basic STI care; training and job aids; infrastructure support (equipment, privacy); Coordinate and support mechanisms to ensure availability of all medications necessary for following Mozambique's 2006 STI Syndromic Management Guidelines in the pharmacies; and M&E.

3) Health care worker / workplace program (WPP): ICAP will support facility level PP will be supported to boost awareness and understanding of HIV related issues of the personnel of the health sector and their families. ICAP will implement national WPP package, including the following elements:
a. Prevention: BCC, condom availability, CT access, PMTCT, reduction of stigma and discrimination;
b. Health care and support: access to confidential counseling and testing, care and treatment, psychosocial support, and home based care;
c. Impact mitigation including benefit scheme;
d. Human resource management including HIV policy.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 7,763,500 | |

**Narrative:**

Priorities in FY 2010 are coordination with MOH and scale up of PMTCT services within an integrated MCH system. Columbia objectives include improved quality; access to a comprehensive package including psychosocial support; and improved nutrition support for reduced vertical transmission. Columbia activities will align with MOH through district, and provincial level support, technical assistance, training, quality improvement, and M&E. The district based approach and collaboration at provincial level, including subcontracts or grants from Columbia to provincial and district public health departments, will increase Columbia responsiveness, including support for overall systems strengthening and positioning for transition. Community platforms will be strengthened to increase demand for PMTCT services.

The major allocation of effort (at least 60%) will be towards scale up, including training, supervision, and technical assistance, in line with the goal of 80% PMTCT coverage by 2014.

Key activities:
1)Expansion: Support for sites without PMTCT services, and enhanced support for low performing sites receiving partner or MOH support; increased community demand for services;2)Provider-initiated counseling and testing and couples counseling;

3)ARVs for PMTCT: Focus on more effective regimens and ART initiation;
4)Cotrimoxazole prophylaxis: Focus on improving coverage for pregnant women;
5)Early infant diagnosis;
6)Support for prevention of unintended pregnancies among HIV-infected women;
7)Support groups and community involvement based on national model;
8)Information, education, communication: Dissemination of materials developed by a central / lead partner;
9)Safe infant nutrition interventions integrated into routine services, including counseling and distribution of commodities in close collaboration with central / lead nutrition technical assistance and procurement partner;
10)M&E: support for reproduction and roll out of revised registers;
11)PMTCT clinical mentoring based on national model;12)Linkages to system strengthening, including technical assistance to central level and infrastructure projects for PMTCT;
13)Mainstream infection prevention control in PMTCT settings; support workplace programs including PEP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 142,000 | |

**Narrative:**

Clinical partners have standardized laboratory services in ART care and treatment sites throughout the provinces in which we work and strengthening lab services is a key to their ability to provide quality HIV care and treatment services.

With FY 2010 funds, ICAP will hire a Laboratory Advisor for their program and support salary and benefits for a Lab Technical Advisor to the DPS in one of the provinces where they are the lead partner.

The Lab Technical Advisor based at the ICAP program will be responsible for overseeing the lab component of the partner's program within the partner-supported districts in Maputo, Gaza, Inhambane, Nampula and Zambezia province. In addition, s/he will function as a counterpart for the Lab Technical Advisor based in DPS of each province.

The ICAP Lab Advisor will liaise and coordinate activities related to lab services with other USG and non-USG funded partners assisting the MOH in lab capacity building, such as Clinton Foundation, SCMS, and APHL. The Lab Technical Advisor will identify weaknesses in lab processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. S/he will give specific attention to realities and problems emanating

from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the lab advisor shall be integrated with on-going or new MOH national and provincial lab activities and policies and will improve lab services as a crucial component of quality care at USG supported sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 600,000 | |

**Narrative:**

ICAP will continue to provide a package of TB/HIV-integrated activities at USG-supported facilities following WHO recommended and MOH recommended TB/HIV collaborative activities. ICAP will support the MOH's implementation of the "Three I's": intensified case finding (ICF), isoniazid prophylaxis (IPT), and infection control (IC). Training, mentoring and technical assistance (TA) will be offered to expand IPT implementation meanwhile strategies will be identified to track patients to improve adherence and follow-up. In addition, ICAP will continue to promote the engagement and commitment of Provincial Health Directorates (DPS) in order to strengthen the implementation of TB/HIV activities in the provinces and promote and support integrated TB/HIV districts supervision. Provincial meetings on TB/HIV with a special focus on the "Three I's" will continue to be proposed, organized and supported by USG in coordination with the DPS. Moreover ICAP will continue to give TA to the National TB Control Program to review current Mozambican guidelines on IPT and TB screening participation in the National TB/HIV Working Group and other coordination meetings, review of guidelines and manuals, and development of tools. Finally ICAP will continue to address the need for implementation of administrative, environmental and personal measures in both HIV and TB facility and will support training of staff in TB infection control.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9852** | **Mechanism Name: EGPAF - Rapid Expansion of ART for HIV Infected Persons in Selected Countries for PEPFAR (TRACK 1)** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation | |

| | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 19,506,549** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 19,506,549 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Akuvumbana | Associacao Ntwanano | Baylor University |
| DDS subgrants Cabo Delgado | DDS subgrants Gaza | DDS subgrants Maputo Province |
| DPS Cabo Delgado | DPS GAZA | DPS Maputo |
| DPS Nampula | Kindlimuka | Organization for the Children of Monapo |
| Pfukane | World Relief | |

## Overview Narrative

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) currently supports HIV services in Maputo, Cabo Delgado, Gaza, and Nampula provinces being the lead USG clinical partner in 3 provinces (Maputo, Cabo Delgado, and Gaza). Since initiation of this project in 2004, EGPAF has expanded support to 107 PMTCT; 61 HIV counseling and testing; and 38 care and treatment service sites. In FY 2009, EGPAF supported counseling and testing for 6,254 individuals and ARV's for PMTCT to 2,709 pregnant women, with approximately 17,500 individuals currently receiving ART.

EGPAF's approach to program implementation, in line with the GOM, is grounded on the following key principles and goals:
1) Increase communities' access to quality HIV prevention, care and treatment services, by improving service provision for: HIV counseling and testing (CT), laboratory services, PMTCT, adult care and treatment, pediatric care and treatment, prevention, diagnosis and treatment of HIV-TB co-infection;
2) Improve linkages and integration of HIV and primary health services to provide a continuum of services, including maternal and child health and reproductive health services, within and between facilities; and community-based services;
3) Support stronger and sustainable Mozambican systems through emphasis on strengthening government and community capacity to deliver and manage services at the provincial and district level with an explicit plan to handover project activities to Mozambican authorities. These activities include: human resource capacity strengthening; physical infrastructure development; developing MOH capacity

and provision of technical assistance in program management and implementation as well as commodity logistics management at the provincial, district and health center level. This is an important component of EGPAF's Track1 transition strategy;
4) Support clinical services, logistics, M&E and laboratory technical advisors in each province where EGPAF is lead partner;
5) Assist the MOH in the development of robust M&E systems for HIV-programs that can be adapted for use across the health field.

These program goals contribute to the following Partnership Framework (PF) goals:
Goal 1: By reducing sexual transmission of HIV and improving access through increased geographic coverage and improved facility-community linkages for CT and PMTCT services;
Goal 2: By utilizing innovative approaches to community mobilization and linking facility and community based care to reduce loss to follow up;
Goal 3: By increasing Provincial and District MoH capacity through technical and managerial support and sub agreements; supporting 'Gap Funding', training and supervision; renovating health facilities; strenghtening commodity procurement systems; and improving HIV services integration with other health services;
Goal 4: By ensuring effective linkages, referral systems and patient tracking within and between health facilities and communities including non–ART service sites; increasing emphasis on integrated child and adolescent services; strengthening of lab support;
Goal 5: By increasing access to a continuum of HIV care services through nutritional interventions and better community-facility linkages.

EGPAF priority assistance is to strengthen local health systems in line with Government of Mozambique and the PF priorities: support MOH's decentralization process by building DPS and SDSMAS capacity; strengthen human resources and training at the provincial, district and site level; infrastructure rehabilitation; training to provinces, districts and sites in logistics management; and mobilisation of community resources to foster linkages with health facilities and create demand for services.

Cross cutting issues addressed in program implementation include:
1) Linking clinical services with commuity services to improve nutrition through basic nutritional education and counseling and promotion of locally appropriate, nutritious foods.
2) Development of a gender strategy for each province, including activities designed to improve male access to HIV services ; couple counselling and consultations; and activities to reduce violence against women.

Cost efficiencies will be improved by utilizing existing resources (staff, services, structures and

relationships with communities), adapting promising practices and lessons learned from local, regional, and international initiatives, and strengthening linkages with public health services and taking advantage of the facility- and community-based services in target areas. In addition, eventual transition of technical and managerial responsibilities to DPS/DDS through 47 sub agreements (4 to DPS, 36 to DDS and 7 autonomous hospitals) and as part of the Track 1 transition process with reduced overheads. EGPAF will link with other USG and international donor projects providing facility- and community- based care to leverage resources.

EGPAF will also strengthen monitoring and evaluation (M&E) activities through support for robust systems for HIV-related programs that can be adapted for use across the health field. Activities will include support for roll out and scale up of new M&E tools, training, supportive supervision, and technical assistance at site level with a focus on improved data quality and utilization to direct programs. Next generation PEPFAR output indicators will be used for PMTCT, ARV treatment, CT, HIV/TB and CARE will have detailed plans to report against these indicators.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 1,021,772 |
| Human Resources for Health | 800,000 |

## Key Issues

Workplace Programs

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9852** |
| **Mechanism Name:** | **EGPAF - Rapid Expansion of ART for HIV Infected Persons in Selected Countries for PEPFAR (TRACK 1)** |
| **Prime Partner Name:** | **Elizabeth Glaser Pediatric AIDS Foundation** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 769,725 | |
| **Narrative:** | | | |

FY 2010 funds will be used to build the capacity of the MOH and local organizations to implement a package of comprehensive care that complements the ART treatment program and addresses issues that lie at the core of the HIV epidemic in Mozambique. The package will consist of:

1)Improved prevention, diagnosis and management of OIs. There will be a specific focus on increasing coverage of cotrimoxazole prophylaxis for eligible patients;
2)Improved palliative care activities within the existing health structure;
3)Provision of comprehensive, high quality patient and family-centered HIV care and support services through training, mentoring, and formative supervision conducted jointly with SDSMAS and DPS;
4)Training and formative supervision will include district health staff in management and supervisory roles to enhance their skills in supervising and improving the quality of clinic-based care and support services;
5)Increased capacity within community-based organizations to provide quality patient and family centered HIV care and support services, through training and technical assistance, including the provision of job aids;
6)Improved district-level coordination and effective linkages between health facilities, community-based organizations and other existing support services.

Additionally, funds will be used to strengthen the MoH's capacity to develop the national palliative care strategic plan and its roll out. Funds will be also used to strengthen MOPCA's (Mozambican Palliative Care Association working with MoH) managerial capacity to roll out a palliative care strategic plan. In 2009 EGPAF received funds to implement the cervical cancer "see and treat" strategy in two sites. In FY2010 this strategy will be expanded to 3 additional sites in Zambezia province.

HIV prevention with positives activities will be implemented in all sites by intervening in both the transmission of infection and the development of illness trough formation of support groups, education, training and improving linkages and referrals toappropriate services for care and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 5,937,926 | |

**Narrative:**

EGPAF currently supports the provision of quality ART services in Maputo, Gaza, Nampula and Cabo Delgado provinces.As of the end of September 2009 (APR 2009), EGPAF is supporting 37 sites (plus 5 satellites) in 34 districts; 17,437 patients received ART services (current); 51% of patients ever started on treatment were still alive (70% using cohort data from 1327 patients).
EGPAF's support to treatment services is aligned with the Mozambique treatment guidelines, the Partnership Framework and Track 1.0 transition process.

In FY 2010, support will be expanded to 4 additional sites (plus 20 satellites) to reach a total of 41 supported ART sites (plus 40 satellites) in 36 districts. The target is to provide ART to 32,105 adults by September 2010. Site expansion plans are in accordance with the Ministry of Health's policies and priorities.
Existing sub agreements with 4 Provincial and 36 District Health Directorates (DDS), 1 provincial hospital and 9 rural or general hospitals will continue. Additionally a sub agreement will be signed with the Provincial Police Directorate for services in a Police Health Center in Maputo province. Sub-agreements support training, supervision; program monitoring; quality improvements and commodities procurements. Scale up of positive prevention activities, early treatment initiation, cotrimoxazole prophylaxis and TB screening within all ART supported service sites will be prioritized.

Specific FY 2010 planned activities include:
1)Payment of MOH health-care provider's salaries to address human resources gaps at existing health facilities
2)Support in-service training and mentoring of clinical staff to develop capacity in provision of quality ART services
3)Procurement of health center commodities
4)Improve patient management, drug management and strategic information systems
5)Reinforce patient follow-up and referral systems by implementing activities to promote adherence to ART and psychosocial support
6)Establishment and improvement of referral systems and linkages between HIV prevention, care, treatment, TB/HIV, and Counseling and testing services within and between service sites
7)Expand positive prevention programs within ART sites
8)Implement and monitor the Track 1.0 transition process.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 460,240 | |

**Narrative:**

EGPAF will align FY 2010 activities with overall USG counseling and testing (CT) goals and strategies, with a focus on increased uptake and improved post-test counseling. The majority of effort within EGPAF CT portfolio will be allocated in this area, representing approximately 60% of effort. In FY 2010, EGPAF will provide support in 4 provinces (Maputo, Gaza, Nampula, Cabo Delgado). The target population includes general population, as well as higher risk groups including ill and hospitalized individuals.

Activities will include training in risk reduction counseling and tailored post-test counseling; scale up of couples CT; strengthening linkages with community-based activities; and expansion of provider-initiated

CT (PICT).

Increased uptake is linked to strengthening HR dedicated to CT activities; EGPAF will also develop a sustainable strategy to minimize HR constraints for CT. Training of lay counselors and CBO's will be developed in FY 2010 to help strengthen linkages between health facilities and the community.

Quality assurance (QA) will also be a key area for EGPAF. QA systems and standard operating procedures to ensure biosafety will be developed, in close collaboration with lab. FY 2010 CT funds will leverage biomedical transmission/injection and blood safety funds to ensure that systems are improved for appropriate disposal of biowaste generated through the EGPAF CT program.

Referrals and linkages between CT and other health and HIV services, including community-based prevention, care and treatment activities and gender based violence interventions will also be improved in FY 2010.
EGPAF will continue to support strengthening of M&E systems. FY 2010 funds will support training of partners and providers in new reporting documents, data management and data use for program monitoring.
Supervision of activities will be conducted through an integrated approach in close collaboration with DDS, DPS, and the provincial laboratory. EGPAF CT funding will be applied towards subcontracts or grants to DPS / DDS / SDSMAS to the greatest extent possible.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDCS | 245,001 | |

**Narrative:**

EGPAF will continue to support the MOH in 38 sites in 4 provinces and focus on provision of quality comprehensive care and support services for HIV exposed and infected children. These services consist of: cotrimoxazole prophylaxis, management of opportunistic infections and other related complications including malaria and diarrhea, growth and development monitoring, nutritional assessment, infant feeding counseling and education, palliative care, psychological, social, and prevention interventions. In FY10, EGPAF will prioritize health system strengthening to improve identification of HIV-exposed and infected children; increase enrollment of HIV-exposed and infected children into care and treatment services and improve retention of children in care and treatment and will increase its support to 4 sites in 4 provinces. All activities are aligned with the national priorities and the partnership framework.
Specific interventions will include:
1-Strengthening linkages between PMTCT, MCH and pediatric HIV
2-Expanding PICT services to all children with signs or symptoms of HIV in out-patient and in-patient

venues, including TB clinics and nutrition services and systematic testing of children of adult patients enrolled on ART
3-Strengthening the logistic system for early infant diagnosis using HIV DNA PCR primarily through use of cell phone connected printers for DNA PCR results reporting. EGPAF will also conduct refresher training of health providers for EID and DBS sample collection
4-Supporting access to preventive interventions for malaria and diarrhea, ensuring logistic, storage and distribution of the basic care package (certeza for water purification, IEC materials and soap) and access to ITNs for all children < 5 years through the PMI program
5-Nutritional assessment and linkages with other partners and donors (UNICEF and WFP) to access therapeutic and supplementary food
6-Supportive supervisions, in-service trainings of health workers on pediatric care
7-Strengthen linkages and referral between clinical and community based services including OVC programs
8-Implement an effective monitoring and evaluation program by scaling up the electronic tracking system and the HIV–QUAL program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 1,260,775 | |

**Narrative:**

The MOH is prioritizing the scale-up of pediatric HIV treatment services through decentralization of treatment to peripheral health centers and integration of HIV services into existing child health programmes.
Universal antiretroviral treatment for infected children is a top priority aiming to improve the survival and quality of life of these children and their families.
As of the end of September 2009 (APR 2009), children represent 7.9% of the total number of patients on treatment at 38 EGPAF-supported sites. This will increase to 10% in FY10. Realizing such an increase will require enhancing the capacity of sites and health care providers to identify, treat and care for HIV-infected children. For all HIV infected children receiving antiretroviral treatment, cotrimoxazole prophylaxis will be prioritized.
EGPAF will suport the MOH to build capactity to provide and sustain high quality standards of HIV treatment services in 4 provinces, targeting 2,788 children receiving treatment.
The main activities will include:
1) Access to care and treatment services, through early identification of HIV exposure and infection status, strong linkages and integration of HIV services within the existing child health programs, TB, PMTCT, MCH and increased community awareness of pediatric HIV
2) Human capacity development through in-service training on pediatric HIV care and treatment,

supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines deveoped by MISAU
3) Training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications
4)Training, supportive supervisions and reproduction of materials to support positive prevention activities
Other interventions will focus on:
5) Linkages to programs providing psychosocial support for children, adolescents and their families along with support for retention, HIV status disclosure and adherence to ART
6)Identifying developing and implementing interventions to improve patient tracking system, follow-up, identify and address treatment failures and adherence issues. Implement the HIV-QUAL program
7) Linkages to prevention activities targeting adolescents consisting of: education on risk reduction, family planning counseling, counseling and testing and promotion of youth friendly services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 225,000 | |

**Narrative:**

The Ministry of Health has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY 2008, the MOH developed a standard set of technical advisor positions to be placed at the provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation (M&E).

USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position. Recruitment has begun for these positions; USG will support training of these Advisors through another USG supported partner (South to South collaboration with Brazil).

The role of the M&E Provincial Advisor is to provide support in the coordination of routine activities related to monitoring and evaluation at the Provincial Directorate of Health, giving priority to endemic diseases, including HIV. This advisor will help to reinforce and support the implementation of the decentralization of HIV services including related data collection systems. S/he will provide leadership in the supervision and management of data to ensure the quality of data at the district and site level, help to strengthen the flow of data to the district, provincial, and central levels. Additionally this person will support the Provincial Directorate of Health in the analysis and dissemination of data (for example, to the

site level, Ministry of Health, and partners.) This person will sit within the Provincial Department of Planning and Cooperation at the Provincial Directorate of Health.

EGPAF has been asked to place three M&E Advisor in Maputo Province, Gaza, and Cabo Delgado as part of their overall support to clinical services in these provinces.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 2,056,902 | |

**Narrative:**

In FY 2010, EGPAF will prioritize assistance to strengthen the six building blocks of the health system in line with the priorities and goals of the GOM.

EGPAF will support the MOH's decentralization process by building the institutional and technical capacity of DPS and SDSMAS placing Provincial Technical Advisors at the Cabo Delgado, Gaza and Maputo DPS to improve HIV clinical health care quality, and to strengthen drug supply at the health facilities. EPAF will also provide technical assistance to SDSMAS to build their capacity to plan and coordinate activities at the district level and will explore innovative funding arrangements to SDSMAS to further increase the ownership and sustainability of HIV clinical service delivery.

EGPAF will strengthen human resources at the provincial, district and site level by supporting pre-service training opportunities for health personnel and will also support DPS to improve retention of health personnel through gap year funding. The implementing partner will strengthen DPS and SDSMAS capacity to provide in-service training, mentoring and supportive supervision to clinicians and administrators.

EGPAF will provide support for the rehabilitation of existing infrastructure to accommodate the decentralization process. Lastly, the implementing partner will provide additional support and training to provinces, districts and sites in logistics management to complement implementation of the Pharmaceutical Logistics Master Plan.

Improved district coordination, technical assistance provided by the provincial advisors, scholarships, gap year funding, mentoring, rehabilitation of infrastructure all have spillover benefits as they strengthen the broader health system beyond HIV/AIDS at little or no marginal cost. As EGPAF will support national health systems, they will leverage the inputs from the government of Mozambique, who directly provide all services, as well as maximizing additional resources and linkages with other donors and programs (e.g. PMI and other USG programs, Global Fund, Clinton Foundation, DFID, WFP, UNICEF).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMIN | 100,000 | |

**Narrative:**

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities. In FY 2010 EGPAF will support MOH efforts to expand and institutionalize infection prevention and control (IPC) programs.

EGPAF will mainstream relevant activities into the routine functioning of health facilities where USG activities are supported. In coordination with national guidance and in collaboration with a central level technical assistance partner also supported by USG, IPC efforts will be expanded and institutionalized in the following areas:

1) Implementation of standard operating procedures regarding sharps disposal / IPC;
2) Ensure that all health facility staff receive updated training in injection safety / IPC;
3) Dissemination of written procedures for handling and disposal of sharps and infectious waste;
4)Improved availability and use of personal protective equipment, including technical; assistance at DDS / DPS level to improve management of stock levels and resupply of necessary items through existing MOH channels;
5) Support for availability of PEP to health care workers;
6) Appropriate data collection and reporting / record keeping, including PEP;
7) Other activities include supportive supervision / empowerment of health workers with knowledge and tools to protect themselves and patients; demand creation for safe conditions in the workplace with all health facility staff cadres; increasing IPC awareness including hand hygiene and universal precautions; and consideration of strategies aimed at both the community and HCW to reduce unnecessary injections.

USG clinical services partners will pursue these activities in collaboration and coordination with a single central-level technical assistance partner, which will also specifically support the development and implementation of injection safety measures at a national policy level.

HMIN activities are linked to workplace programs supported under the HVOP budget code. Implementation and supervision of activities will be conducted through an integrated approach in close collaboration with DDS and DPS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 226,480 | |

**Narrative:**

EGPAF will support two distinct areas within the sexual transmission (other prevention) portfolio. Activities will be carried out in coordination with support from the care and treatment portfolio and injection safety.

(1) Management of sexually transmitted infections (STI): EGPAF will support the management of STIs at provincial, district and health facility level in order to reduce the burden of STIs as well as HIV infections attributable to STI co-infection. Additional focus will be on most-at-risk populations (MARPs) as determined by local demographics. Key activities will include basic STI care; training and job aids; infrastructure support (equipment, privacy); Coordinate and support mechanisms to ensure availability of all medications necessary for following Mozambique's 2006 STI Syndromic Management Guidelines in the pharmacies; and M&E.

(2) Health care worker / workplace program (WPP): EGPAF will support facility-level WPP to boost awareness and understanding of HIV related issues of the personnel of the health sector and their families. EGPAF will implement national WPP package, including the following elements:
a. Prevention: BCC, condom availability, VCT access, PMTCT, reduction of stigma and discrimination;
b. Health care and support: access to confidential counseling and testing, care and treatment, psychosocial support, and home based care;
c. Impact mitigation including benefit scheme;
d. Human resource management including HIV policy.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 7,544,500 | |

**Narrative:**

Priorities in FY 2010 are coordination with MOH and scale up of PMTCT services within an integrated MCH system. EGPAF objectives include improved quality; access to a comprehensive package including psychosocial support; and improved nutrition support for reduced vertical transmission. EGPAF activities will align with MOH through district-, and provincial-level support, technical assistance, training, quality improvement, and monitoring and evaluation (M&E). The district-based approach and collaboration at provincial level, including subcontracts or grants from EGPAF to provincial and district public health departments, will increase EGPAF responsiveness, including support for overall systems strengthening and positioning for transition. Community platforms will be strengthened to increase demand for PMTCT services.

The major allocation of effort (at least 60%) will be towards scale up, including training, supervision, and

technical assistance, in line with the goal of 80% PMTCT coverage by 2014.

Key activities:
1)Expansion: Support for sites without PMTCT services, and enhanced support for low-performing sites receiving partner or MOH support; increased community demand for services
2)Provider-initiated counseling and testing and couples counseling
3)ARVs for PMTCT: Focus on more effective regimens and ART initiation
4)Cotrimoxazole prophylaxis: Focus on improving coverage for pregnant women
5) Early infant diagnosis
6)Support for prevention of unintended pregnancies among HIV-infected women
7)Support groups and community involvement based on national model
8)Information, education, communication: Dissemination of materials developed by a central / lead partner
9)Safe infant nutrition interventions integrated into routine services, including counseling and distribution of commodities in close collaboration with central / lead nutrition technical assistance and procurement partner
10)M&E: support for reproduction and roll out of revised registers
11)PMTCT clinical mentoring based on national model
11)Linkages to system strengthening, including infrastructure projects for PMTCT
12) Mainstream infection prevention control in PMTCT settings; support workplace programs including PEP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 80,000 | |

**Narrative:**

Laboratory services are an integral service component to support optimal care and treatment to HIV patients. EGPAF has standardized laboratory services in different sites throughout three provinces. The main activity has been to assess adequacy of laboratory sites and adjusting working environment to optimize laboratory services and practices in some key districts within available resources. This has included laboratory renovations in some districts to ensure that laboratory infrastructure was such that new equipment, provided by APHL, could be placed.

Funds in FY 2010 will support the hiring of a laboratory Technical Advisor based at the EGPAF National Office level. He/she will be responsible for overseeing the laboratory component of the PMTCT and Care and Treatment Program within the EGPAF supported districts and for providing supervision of laboratory services within the program. In addition, (s)he will function as a counterpart for the three Laboratory

Technical Advisors based at the DPS's of EGPAF lead provinces.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with other USG and non-USG funded partners assisting the MOH in lab capacity building, such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. He will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. He shall also respond to priorities identified by EGPAF teams or other direct implementers in the province in the lead provinces, specifically regarding the EGPAF-FURJ laboratory mentoring program in the Province. Overall, the EGPAF Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the provinces supported by EGPAF.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 600,000 | |

**Narrative:**

EGPAF has been working in Maputo, Gaza, Nampula and Cabo Delgado provinces in collaboration with the DPS and DDS directorate to improve TB-related services. As a result of this partnership, there has been significant improvement in the integration of TB and HIV services at the health center level. These achievements are due to:

1) Implementation of the HIV screening tool and of HIV/TB referral forms;
2) Training of clinicians on TB/HIV co-infection and management of MDR-TB;
3) Hiring and training of TB lay persons that provide VCT services for TB clients that are yet to know their HIV status at the TB clinics.

In 2010 EGPAF will continue to strengthen the identification, treatment and management of TB in adults and children as well as continue to strengthen TB/HIV activities.

The priorities will be:
1) To increase TB detection rates and TB cure rates;
2) To strengthening of PICT;
3) Routine provision of CTX and IPT;

| |
|---|
| 4) Implement infection control measures;<br>5) Strengthen the referral system and linkages with other services Consultation for Child at Risk (CCR), Counseling and Testing for Health (ATS), Prevention from Mother to Child to Child Transmission (PMTCT) and Ant-Retroviral Therapy (ART) and , inpatient wards);<br>6) Strengthen laboratory diagnostic services through training of new and existing laboratory technicians on smear microscopy techniques and establish a referral system for the regional laboratory for performing TB culture and DST.<br><br>EGPAF will also implement positive prevention activities in all sites by intervening in both the transmission of infection and the development of illness trough formation of support groups, education, training and improving linkages/referrals to with appropriate services for care and treatment among the clients co-infected with TB/HIV in ensuring a better and prolonged life.<br><br>EGPAF will strengthen the TB surveillance and M&E systems in collaboration with DPS. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9856** | **Mechanism Name: MISAU BS** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health, Mozambique | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 694,589** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 694,589 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Transfusion medicine is an essential part of patient care. In order to create an effective blood transfusion service with national coverage, the MOH's National Blood Transfusion Program's (NBTP) main objectives are to:

1) Establish an autonomous nationally-coordinated National Blood Transfusion Service and approve a national blood transfusion policy;
2) Operationalize the National Reference Blood Bank in Maputo;
3) Set up a blood collection scheme based only from voluntary non-remunerated blood donors from low-risk population;
4) Strengthen operational capacity and quality of the blood bank network and improve the capacity for infectious disease screening, Immunohematology testing and blood components production;
5) Reduce unnecessary use of blood by fostering appropriate clinical use of blood and its products.

The creation of a National Blood Service and the approval of a national blood transfusion policy are planned to enforce better resource coordination, proper supervision and management, improved decision making and ultimately a safe and adequate blood supply. As stated in the Partnership Framework objective 1.5, the GOM and USG intend to ensure access to safe blood and its products thereby reduce new HIV infections in Mozambique. Capacity building efforts in FY 2010 will address strategies to increase the number of blood units collected to move closer towards the recommended 10 unit per 1000 population. Blood safety activities planned for 2010 will address HIV prevention through reduced transmission of HIV and other infectious diseases by transfusion and HIV prevention through donor education. In FY 2010, strengthening the laboratory component of blood safety will be balanced with strengthening donor recruitment, donor education and hiring at least one donor mobilization officer for each provincial blood bank. For example, collaboration with the Ministry of Education to create donor sites inside secondary schools is planned. Public-private partnerships will be explored and strengthened including between MOH and Mozambique Red Cross Society to increase donor mobilization across the country and between MOH and Mozambique cellular companies to provide material and incentives for donors.

To assess progress of MOH blood safety activities, a performance monitoring plan will be generated. Indicators and targets for each activity will be established by NBTP in consultation with their Technical Assistance provider. Qualitative and quantitative indicators are going to be measured, including: establishment of a national blood transfusion policy and guidelines for blood transfusion, successful training roll-outs, implementation of Knowledge, Attitudes and Practices Study to inform donor recruitment strategy, increase in % of non-remunerated donors, increase in number of units collected per year, and reduced % of non-transfusable units due to infectious agent or inadequate storage and handling. Implementation of an electronic blood bank information system is planned for the Maputo Central Hospital

blood bank and will improve NBTS's capacity to monitor and evaluate their program.

In 2010, the NBTP expects to reach the following targets:

1)Blood transfusion policy and legislation approved by government
2)Blood donation increased to 140,000 units per year
3)Increase the percentage of volunteer non remunerated blood donor from 60% to 80%
4)Reduce percentage of blood reactive to HIV and HBV antigens from 6% to 4%
5)Train at least 15% of health workers involved in transfusion in appropriate use of blood

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 160,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9856** |
| **Mechanism Name:** | **MISAU BS** |
| **Prime Partner Name:** | **Ministry of Health, Mozambique** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMBL | 694,589 | |

**Narrative:**

To provide safe blood whenever it is needed, wherever it is needed, through creating a strong, efficient, and self-sustaining national blood transfusion service is National Blood Transfusion Program's (NBTP) main goal. Therefore, in trying to provide safe blood for the entire population, NBTP is offering transfusion services in 140 sites in all 11 provinces of the country. The blood is collected mainly from volunteer non-remunerated donors (60%), including, school students and members of religious congregations. Blood units collected away from blood banks facilities are transported by isothermal boxes containing temperature shell. Despite efforts done, the current blood supply (86,323 units) does not yet meet clinical demand (~ 216.000/units). To address this, a Knowledge, Attitudes, and Practices

| |
|---|
| Study is planned to inform a national strategy for donor recruitment.<br><br>Blood units are routinely screened for HIV, HBV and Syphilis and the introduction of HCV test is planned for 2010. Aware of the importance of waste management, NBTS with assistance of American Association of Blood Banks developed a biohazard guideline related to blood bank that is aligned to hospital guidelines for waste management where the blood banks reside.<br>The collaboration with other HIV services is currently happening. For example, training on HIV and Syphilis counseling, quality management, commodity supply chain and pre-service education strengthening are planned in collaboration with other partners and the relevant MOH programs.<br><br>To ensure sustainability of a safe and adequate blood supply, the NBTS is: 1) making efforts to move towards 100% volunteer non-remunerated blood donors; 2) developing national trainers to support the roll-out of infectious disease testing and donor recruitment training in all provinces; and most importantly, 3) advocating to create an autonomous nationally-coordinated National Blood Service (NBS) with corresponding blood transfusion legal framework and policy. Through Partnership Framework, support for establishment of a NBTS is planned. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 9857** | **Mechanism Name: MISAU - Implementation of Integrated HIV/AIDS Treatment, Care and Prevention Programs in the Republic of Mozambique** |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Health, Mozambique | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 4,929,115** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Central GHCS (State) | 300,000 |

| | |
|---|---|
| GHCS (State) | 4,629,115 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The GOM has assigned overall responsibility to the MOH to provide all clinical and medical services for the prevention, care and treatment of HIV and other opportunistic infections. However, physical infrastructure and human resources are severely constrained in the country. In spite of these limitations, the national response to the HIV epidemic has been substantial in recent years and treatment services are now available in every district in the country. Nevertheless, support is still required to maintain these achievements and expand HIV-related services and program quality.

While donor support through USG and other agencies provides resources to many partners in Mozambique, the MOH has a unique responsibility for providing basic clinical services for its entire population. Direct support to the public health sector helps to strengthen health systems and promote sustainability. This cooperative agreement offers a framework to provide comprehensive support to the scale-up of HIV prevention, care and treatment services. The scope of this collaboration is thus national in scale.

The goals of the HIV response in Mozambique are to increase HIV prevention; improve service quality (i.e. counseling and testing, diagnostics, staging of disease, etc) to then support further expansion; promote all aspects of counseling and testing (community and PICT); engage Health Care Workers (HCWs) by supporting their educational development through a variety of pre- and in-service trainings, encouraging counseling and testing, and providing adequate services; and by further integrating health services to provide a more holistic approach to health. Through these identified priorities, the MOH intends to reach 189,717 patients by the end of 2010.

The purpose of this program is to progressively build an indigenous, sustainable approach to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV prevention, care and treatment interventions, and improve linkages and coordination between the national (central) and provincial response to HIV counseling and testing, HIV treatment and care services targeting rural and other underserved populations, and addressing (developing and strengthening) the shortage of human resources.

The USG, through this cooperative agreement, will continue to support the MOH in the areas of PMTCT, other prevention (STIs), Injection Safety, Adult Care and Support, Adult Treatment, TB/HIV and other opportunistic infections, Counseling and Testing, Pediatric Treatment, Laboratory Services, Strategic Information, and Health System Strengthening.

The activities included in this CoAg will directly contribute to the five goals of the Partnership Framework:
Goal 1: Reduce new HIV infections in Mozambique by getting to know the HIV status and expanding access to confidential HIV counseling and testing;
Goal 2: Strengthen the multisectorial HIV response in Mozambique;
Goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care and treatment goals;
Goal 4: Improve access to quality HIV treatment services for adults and children;
Goal 5: Ensure care and support for pregnant women, adults, and children infected or affected by HIV in communities and health and social welfare systems.

This activity also addresses wrap around issues such as gender and workplace interventions. As examples, a gender strategy was approved by the Minister, focal points in every directorate were identified and a IEC component is being implemented. Additionally, the USG supported MOH to perform a study on behavior, attitudes and knowledge among health workers regarding prevention, care and HIV treatment that was recently disseminated to provincial health directorates. One of the key finding in the study was stigma and discrimination as key barriers for both health service delivery by health providers and to seek health care by community members and health providers themselves.
MOH in conjunction with USG and other donors have created a working group (including participation of MOH:HR, Medical Assistance Directorates, and other donors such as CDC and GTZ. GTZ hired a national coordinator for the Workplace program (WPP) based at the HR Directorate to coordinate activities in this area. A working plan was developed and approved by the MOH. Activities planned address stigma and discrimination, and is looking at gaps regarding to knowledge of HIV related information and bio safety including PEP.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 400,000 |

## Key Issues

Increasing women's legal rights and protection
TB
Workplace Programs

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9857** |
| **Mechanism Name:** | **MISAU - Implementation of Integrated HIV/AIDS Treatment, Care and Prevention Programs in the Republic of Mozambique** |
| **Prime Partner Name:** | **Ministry of Health, Mozambique** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 465,000 | |

**Narrative:**

The MOH will continue to work towards development of policies and defining standards of training curricula in order to build the capacity to implement a comprehensive care package which includes prevention and improvement of diagnosis and management of OI screening and treatment of STIs and other HIV related activities.

At central level the MOH, with technical assistance from USG, will continue working towards identification of a suitable organization to strengthen the Mozambican Organization for Palliative Care Association (MOPCA) capacity to implement the palliative care strategy. Also, the MOH in collaboration with USG partners will conduct training, mentoring and supervision at central and provincial levels.

In 2008 USG supported the MOH in Collaboration with MMAS and ANEMO (National Nurses Association) to develop guidelines/tools for HBC activities, such as: operational, supervision and M&E forms, Entry and exit criteria to HBC services, "Where There is no Doctor Manual", revised HBC Manual, and standardized training materials. In FY 2010, the USG will continue supporting the integration of affectivity approach in training of the HBC activist, distribution and supervising the used of these tools.

In 2008 the MOH, in collaboration with the USG, FHI and ANEMO, conducted a HBC quality survey, which shows that HBC programs caregivers are poorly educated women (80%), three fourths of them do not have any income and two-thirds suffered a reduction in household income due to chronic illness. Their main barriers to adherence to ART were found to be: lack of food, motivation, transport, and medicines side effects. Thus, USG will continue to support the MOH in policy revision to improve access quality services as defined by the MOH.

The USG will continue supporting the traditional Medicine Program, after being shifted from National Institute of Health and now become Institute of Traditional Medicine.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | HTXS | 420,000 | |

**Narrative:**

The National Directorate of Medical Assistance (DNAM) in the MOH continues to be responsible for monitoring implementation of the HIV treatment program. By August 2009 there were 215 treatment sites providing ART to 157,190 HIV infected adults. During FY 2010, funding provided to the MOH will continue to assist and support the MOH in providing quality ART services via the development of strong systems to ensure the availability of necessary supplies, materials, and human resources for the adult ART program. In addition, as part of the Track1.0 transition activity, funds will be earmarked for 4 to 5 provinces to directly implement HIV treatment related activities. A rapid assessment will be conducted to determine which provinces are best suited to begin receiving direct funds.

Central level activities that will be financed with these funds include: Development of tools and guidelines for continuation of ART service integration and decentralization; supervision visits to provincial sites for: ART service delivery, integration and decentralization process, and implementation of the HIVQUAL program; supervision of clinical mentoring activities to assure quality of ART services; dissemination of materials and guidelines for doctors, nurses and physician assistants related to adult service provision; dissemination of ART reports, M&E forms and site supervision tools; training of health workers, provincial and district program managers in the use of M&E forms and supervision tools and ART; participation in exchange visits and conferences for key staff in the DNAM, for clinical fellowship activities, ART program management and quality assurance of clinical and treatment programs.

At provincial level, funds will be used to support the following: in-service training; routine supervision; procurement of fuel, supplies and vehicles maintenance; reproduction and distribution of training materials, monitoring tools, job aides and clinical guidelines; program M&E activities; hiring of staff; minor infrastructure repairs at clinical sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 43,000 | |

**Narrative:**

Since March 2005, the national CT expansion strategy has undergone some major changes which aside from greater emphasis on expansion of Provider Initiated CT (PICT) in clinical settings, introduced the "Counseling and Testing in Health" (CTH) approach extensively promoted by the Minister of Health as a way to implement health promotion and prevention activities aiming at enhancing the number of people that access health and HIV services. This health and HIV promotion package proposes continuation and expansion of HIV counseling and testing as well as the inclusion of TB, STIs, and hypertension screening

and referrals where necessary, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation – especially in relation to early pregnancy diagnosis and institutional delivery. The same comprehensive approach was adopted in Community-based CT and has been widely promoted and expanded.

FY 2010 funds are planned to support the continuation supervision visits to monitor progress on activities related to the expansion of PICT in clinical settings, community-based CT and the CTH. Special attention will be given to the minimum standards for CT in all modalities and strengthening of activities related to quality of testing and counseling procedures.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 120,000 | |

**Narrative:**

MOH is committed to implementing the revised national ART pediatric guidelines, continue to scale-up care and treatment services, and decentralize these services to peripheral health centers, in an effort to improve accessibility and equitability of HIV service delivery, whether at provincial or district level.

Based on MOH August 2009 data, the number of children receiving antiretroviral treatment is still low, 12,204 (7, 2%) of the 169,339 individuals receiving treatment in the country.

The decentralization of HIV care and treatment services will be based on the development of a clear plan for decentralization and integration of HIV services and preservation of specialized centers for complicated cases of HIV. The successful implementation of these activities will be complemented by training of different cadres of health workers, reproduction of materials like guidelines, training manuals and job aids.

The national pediatric technical working group will define the profile of the health facility staff team that will receive and guide the referred HIV infected patients within the exiting patient flow of the health facility to reduce lost of patients.

The MOH will also carry out provincial supportive supervisions to monitor the effectiveness of the HIV program as well as the decentralization process to offer the necessary support. The national pediatric technical working group will define indicators and develop national monitoring and evaluation tools to support these activities. All these will be aimed at improving and maintaining the service quality, ensuring equitable service delivery and retention of patients in care and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Other | HVSI | 300,000 | |

**Narrative:**

This existing activity reflects a general strategy designed to build and strengthen MOH capacity in strategic information. The MOH has specifically requested USG assistance with surveillance, M&E, information systems, and human capacity development.

Activities will be funded through a combination of Partnership Framework FY 2009 funds (as part of the overarching strategy of strengthening capacity and systems in the MOH in strategic information) as well as FY 2010 funds.

Planned activities will be implemented through several departments within the MOH including the Department of Health Information (DIS), the National Institute for Health (INS) and the National Directorate for Medical Assistance (DNAM); each of these have distinct responsibilities for different strategic information activities.

Areas of emphasis include:

1) Support to the Department of Health Information
a. Information systems and standards development
b. Strengthen mortality surveillance systems
c. Support standards development by supporting the National Standard Commission and its related activities.
d. Help formalize, disseminate, and implement MOH "infrastructure architecture" by providing hardware, equipment, and TA support
e. Revision of the national data aggregation system (Modulo Basico) and evolution in a national data repository for all the information produced at the local level
f. Implementation of the Health Information System for the Hospitals with aggregated data using CID-10 reduced list of morbidity and mortality
g. Strengthening Human Resources in Information Systems

2) Support to the National Institutes of Health include training and technical support for antenatal care sentinel surveillance

3) Support to the National Directorate for Medical Assistance includes the implementation of ARV Drug Resistance Monitoring

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Other | OHSS | 839,717 | |

**Narrative:**

The USG supports MOH priorities in accordance with the Human Resource Development Plan. This is done in coordination with other USG implementing partners and other donors. The implementing partners will directly contribute to the human resource for health, information system and health service delivery and will ensure that health workers acquire competencies needed to provide high-quality services upon graduation from pre-service institutions.

In 2010, MOH in collaboration with the USG will contribute to the implementation of the quality assurance program for pre-service institutions that will strengthen training capacity of pre-service level. Emphasis will be given to an incentive system for recognition of the best teachers; training faculty from pre-service institutions to increase knowledge and skills in new interventions of the health programs including HIV, STI, Malaria, TB and pedagogic issues and scholarships to get superior level and Master degree for teachers. This will increase faculty motivation and retention at the pre-service institutions.

MOH will continue to support salaries for hired staff who supports the implementation of the information and monitoring system for in-service training as well as pre-service information system while their integration to the national health services takes place. Supervision visits to pre-service institutions and provincial level, and office supplies are supported.

Funds are available for the implementation of the Mozambique Field Epidemiology and Laboratory Training Program (M-FELTP) with major emphasis on trainings, technical assistance and logistic support

Additionally, MOH will focus on the HIV prevention for health care workers activities including faculty and students at the pre-service institutions at the central, provincial and district level. Emphasis is given to trainings, developing and reproduction of training materials for health care workers, IEC materials, supervision and promotion of events for sensitization of HIV prevention, etc.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMIN | 1,315,298 | |

**Narrative:**

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities in Mozambique. The National Directorate of Medical Assistance (DNAM) of the MOH closely linked to the National Nursing Department has been implementing a nationwide Infection Prevention and Control (IPC) program that coordinate,

implement and supervise the prevention of medical transmission activities in the country.

USG resources have been utilized to implement the IPC program and will continue to support the MOH staff to roll out training to health workers of health units where there is no partner. This enhances the MOH staff's capacity to utilize training materials developed with assistance from USG supported partners, and to implement activities on their own, strengthening their confidence and implementation experience in the absence of outside support, which in turn will contribute to long-term sustainability and continuation of the program activities.

In FY 2010 the goal is to continue to strengthen the role of the MOH IPC program, in particular the nursing department, in the expansion and institutionalization of the IPC efforts in health facilities throughout the country.

Key activities include 1) training, including provincial level, for health workers and ancillary staff, reproduction and dissemination of materials, including job aids; 2) supportive supervision and monitoring; 3) procurement and distribution of selected personal protective equipment (PPE); e.g. respirators, non-sterile exam gloves, face shields, surgical masks, eye protection, aprons, etc.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 300,000 | |

**Narrative:**

MOH will support three distinct areas within the sexual prevention (other prevention) portfolio support.

FY 2010 funds for the STI program will continue supporting the program goal to reduce the prevalence and incidence of HIV and STIs in the general population as well as PLHIV through improved counseling activities, management of STIs, and monitoring and evaluation of STI prevention and control. Funds will support training; IEC materials; integration of the STI activities in the different services and increase their link to other relevant areas; and supervision visits for provincial and district staff involved in the implementation of the STI program.

FY 2010 funds will continue support for the Mental Health Department to improve alcohol and substance abuse interventions, as well as dissemination of M&E tools and database for monitoring admissions related to alcohol and drug use. Funds will be used for training; community interventions; IEC materials; collection of surveillance data on alcohol and other drugs; and publication of Surveillance Bulletin on alcohol and other drugs. Options for improved substance abuse substitution therapy will be explored.

In coordination with the USG and other donors (notably GTZ), MOH is developing a comprehensive workplace program (WPP) approach for health personal at all levels. Activities will build on available data from a previously completed situational analysis and the BANK study that examined Behaviors, Attitudes, Norms, and Knowledge among health workers. Activities will include development/adaptation of teaching material and IEC material; identification of focal persons at all levels; training; and planning workshops with stakeholders to generate agreement on standardized approach of the WPP. WPP content will include:
1) Prevention (BCC, condom availability, CT access);
2) Health care and support including access confidential counseling and testing, care and treatment, psychosocial support, and home based care;
3) Impact mitigation including benefit scheme (support to orphans, widows/widowers);
4) Human resource management including HIV policy.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 366,100 | |

**Narrative:**

The USG has supported the development of national PMTCT program guidelines and training materials, as well as the geographic expansion of PMTCT services beginning in 2003. In 2005-2006 MOH reorganized to include PMTCT within the reproductive health section of the community health department. USG continues to support central-level PMTCT efforts within this framework.

Priorities in FY 2010 focus on scale up of PMTCT services within an integrated MCH system. Objectives include improved quality; access to a comprehensive package including psychosocial support; and improved nutrition support for reduced vertical transmission, including emphasis on safe infant nutrition and exclusive breast feeding.

The GOM/MOH will be supported by USG implementing partners through a district-based approach and collaboration at provincial level, including subcontracts or grants from partners to provincial and district public health departments. This will increase partner responsiveness, including support for overall systems strengthening and positioning for transition, in line with the goal of 80% PMTCT coverage by 2013.

MOH will receive direct support from USG in FY 2010. Key activities will include:
1) Integrated MCH / PMTCT training, including support for the revision, finalization, and dissemination of training materials;
2) PMTCT supportive supervision, including team visits from central level to PMTCT sites, support for

provincial supervisory teams. Central-to-provincial support for PMTCT will be coordinated through the MOH reproductive health department;
3) With coordination at DPS level, support for PMTCT service provision at selected sites that are not currently supported by a USG implementing partner; supplies, travel, specimen transport, and other needs such as renovation projects and durable goods such as refrigerators;
4) Community PMTCT activities will also be supported, including finalization of support group materials and policy at national level, with subsequent dissemination and rollout;
5) PMTCT clinical mentoring materials will be finalized and disseminated.

USG funding for these activivities will complement funding for PMTCT program expansion and training support provided by other agencies such as WHO, UNICEF, and the Global Fund.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 600,000 | |

**Narrative:**

In an effort to build local capacity for MOH to utilize donor funds and manage their laboratory network, USG funding is provided to MOH through a cooperative agreement.

Funding will be utilized to expand and improve laboratory services in Mozambique. The priority for 2010 is quality improvement through implementation of a National Quality Assurance (QA) Program. To accomplish this, MOH has named a QA Officer to oversee QA implementation with the goal of leading the Central and Provincial Hospital Laboratories to ISO accreditation.

USG funds will be used to implement and manage the National Laboratory QA Program and will support site supervision and training visits by the QA officer and his provincial counterparts (present in all provinces). The team will conduct assessments of the quality systems and make recommendations for corrective action where required to ensure compliance to quality standards developed for the Lab Network. Funds will be allocated to production of materials required by the QA Program.

FY 2010 funds will purchase commodities and reagents required for laboratory operations (hematology, biochemistry and microbiology) to ensure uninterrupted testing in the network.

Funding will also support activities that are managed by the National Insitute of Health (INS) Department of Immunology. These activities include: quality assurance programs for CD4 and HIV Rapid Testing, HIV DNA PCR for infant diagnosis of HIV, HIV DNA and viral load testing and monitoring genotypic resistance to ARV drugs.

Funding will be directed to training and supervision for the CD4 network, the purchase and distribution of proficiency testing panels for CD4 and HIV rapid test EQA programs.

MOH wishes to initiate routine viral load testing in selected patient groups. Three laboratories will offer this service in 2010, and the INS will provide EQA and technical assistance to the testing process.

As the number of patients under treatment increases, it has become crucial that resistance to ARV drugs be monitored. In 2009 capacity building for resistance testing was initiated at the Department of Immunology. In 2010, the lab capacity will continue to be developed and testing for selected surveys will commence at INS.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 160,000 | |

**Narrative:**

In joint collaboration with partners. the MOH will strengthen the implementation of the TB/HIV collaborative. . The MOH priorities for 2010 are:

1) Increase TB case detection and cure rate:

a. TheAmerican International Health Alliance (AIHA) and Mozambican Red Cross will increase education campaigns on TB and HIV/TB literacy, empower patients and affected communities to seek timely diagnosis and treatment;

b. Engage TB patients to implement preventive measure to reduce TB transmission in their community

c. Develop and implement a two way referral system between community and health facilities;

d. Formalize the Mozambican STOP TB Partnership.

2) Strengthen lab diagnostic services by:

a. training nurses in smear prep at health posts with no laboratory for referral;

b. supporting lab partners in training of trainers TB Smear microscopy;

c. training in proficiency panel preparation, TB culture training;

d. implementing rapid rifampicin resistance testing;

e. TB bio-safety training and mentorship program.

3) Strengthen TB/HIV collaborative interventions, expand PICT to all TB patients, promote HIV testing to all suspect TB positive patients and to contacts of known TB patients:

a. train and retrain TB nurses working at the TB sites;

b. revise the recording and reporting on contact tracing.

4) Implement the 3 "Is": Intensified case finding , Isoniazid preventive treatment (IPT) and Infection control

a. increase the number of HIV patients screened for TB and the provision of IPT to those without TB active disease by training, revising recording and reporting;

b. train health workers on Infection Control in sites not covered by partners;

c. conduct joint supervision with HIV and Infection Control Program.

5) Conduct training and refresher training for clinicians and nurses on management of TB including MDR-XDR/TB, training on the use of the MDR-TB reporting forms and linkages with ART services using the adults and new pediatric guidelines.

6) Other activities include: adapt and disseminate educational materials on TB in prisons; strengthen procurement and supply of TB medicines and other commodities; and improve communication between Nampula, Beira and Maputo laboratories and the TB National Reference laboratory by setting phone/fax and internet lines.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9858** | **Mechanism Name: MMAS - Rapid Strengthening and Expansion of Integrated Social Services for People Infected and Affected by HIV/AIDS in the Republic of Mozambique** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Ministry of Women and Social Action, Mozambique | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 250,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 250,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The purpose of this program is to progressively build an indigenous, sustainable response to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV prevention and care interventions, and improve linkages to HIV counseling and testing and HIV treatment services targeting rural and other underserved populations. This program will support HIV prevention, care and treatment activities, and the training and capacity building of staff in the Ministry of Women and Social Welfare (MMAS).

The main two objectives of this implementing mechanism are to: 1) support families and communities as they cope with HIV; and 2) expand and focus social support programs to orphans and other vulnerable groups.

The GOM has identified the lack of human resources as one of the weakest links in the health care system in the country. In line with the Partnership Framework, the USG will directly support MMAS to build the capacity of their current human resources through this Cooperative Agreement aiming to improve access to prevention, care, and treatment of adults and children. The USG's partnership with MMAS also serves as a mechanism for supporting pre- and in-service training of their staff to ensure that families affected or infected by HIV in communities are receiving care and support services.

Currently, services are being implemented by MMAS in three target provinces and have reached approximately 3,000 vulnerable households and 385 OVC. During the next five years, the target will be to reach 15,000 vulnerable households and 15,750 OVC. Additionally, an estimated 300 social workers and 750 community level volunteers will be trained country wide through pre- and in-service training activities.

MMAS is also responsible to support the development of national policies and guidelines that describe an integrated model of care and support for HIV affected families, with special focus on specific needs of OVC. In collaboration with the MOH and civil society partners has developed guiding tools in the areas of community care and social action to help implement, monitor and evaluate community activities (including family and OVC needs). The next phase includes the reproduction and distribution of these tools to community volunteers, community leaders and district level health and social action workers.

This program has contributed to strengthening the capacity of MMAS to implement its sectoral plan to combat HIV (2006-09) and the National Action Plan for Orphans and Vulnerable Children. Specifically,

programmed activities within the Framework of the PEPFAR strategy are defined as follows:
1) Contribute to the development of national policies and guidelines that describe an integrated model of care and support for HIV affected families, with special focus on specific needs of OVC;
2) Improve integrated referral systems for HIV affected families and OVC through better coordination between the Health, Social Welfare and Education sectors;
3) Strengthen community capacity to care for and provide social support to PLHIV in the home through the establishment of a network of trainers and community volunteers, and support care and psycho-social support to OVC in the family context.

These and other activities will continue in years to come as way of guarantee the sustainability of the program. The USG will be supporting the revision of future plans and their linkages to the Mozambique PEN III strategic document.

As a way of increasing sustainability and responding to some direct family/community needs, the program has been addressing cross-cutting issues, such as food and nutrition and economic strengthening within the target communities. The issue of food and nutrition is being addressed by promoting activities, such as school gardens, community gardens and improved linkages between communities and specific food and nutrition programs. Additionally, supported communities have participated with MMAS in identifying potential small scale income generating activities through community trainings in areas such as agriculture and livestock ; Carpenter, sewing, and less labor intensive construction) and offering capacity building activities in different technical/trade fields. These income generating activities are targeted at vulnerable populations, particularly youth and aim at increasing access to adolescents (particularly girls) to income and more productive resources.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Increasing women's access to income and productive resources
Child Survival Activities
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9858** |
| **Mechanism Name:** | **MMAS - Rapid Strengthening and Expansion of Integrated Social Services for People Infected and Affected by HIV/AIDS in the Republic of Mozambique** |
| **Prime Partner Name:** | **Ministry of Women and Social Action, Mozambique** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 250,000 | |

**Narrative:**

MMAS is building in indigenous and sustainable response to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV prevention and care interventions, and improved linkages to HIV counseling and testing and HIV treatment services targeting rural and other underserved populations.

MMAS will continue to implement an integrated plan to combat HIV and the National Action Plan for Orphans and Vulnerable Children. This program will also implement activities within the PEPFAR framework that will expand and direct social support programs to orphans and other vulnerable groups. Additionally, MMAS will adopt a new family-centered approach to care and support focusing on the entire family and not exclusively the child, and focuses on all vulnerable children rather than exclusivelyl orphans.
MMAS, in collaboration with the USG, will continue to address the Quality Standards for Care of Children. The program will continue working with the communities to identify activities that increase access to an integrated package of care and support to be implemented at the community level taking into account the needs of children.

This program focuses in three provinces (Sofala, Tete and Zambezia).

Specific activities will focus on:
1) Capacity building and training of community volunteers, community leaders, district level health and social action workers, and new cadres of social workers (pre-service at Health training institutions in collaboration with MOH);
2) Reproduction and distribution of psychosocial support materials;
3) Increase linkages between community and other government and civil society organizations present in the communities.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 9889** | **Mechanism Name: Vulnerable Girls Initiative Local** |
| Funding Agency: U.S. Agency for International Development | Procurement Type: Grant |
| Prime Partner Name: Johns Hopkins University Center for Communication Programs | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 150,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 150,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The USG Gender Initiative on Girls' Vulnerability to HIV aims to understand the causes of and mitigate the effects of HIV vulnerability among girls and young women in Mozambique, Malawi and Botswana. Girls and young women in Mozambique are 3 to 4 times more likely to contract HIV than males their age. The multifaceted and complex factors that fuel the epidemic among adolescent girls in sub-Saharan Africa include economic vulnerability; lack of social cohesion; pervasive gender inequalities, including fewer legal rights; the social acceptability—even expectation—of multiple concurrent sexual partnerships; and the tacit acceptance of cross-generational sex between older men and younger women. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs.

Through comprehensive programming, the Initiative seeks to address the structural, social and individual risk factors of adolescent girls. The USG Gender Initiative on Girls' Vulnerability to HIV was developed as part of a set of USG special gender initiatives. The Initiative targets communities in 4 districts in each of the two provinces, Zambezia and Nampula through two partner NGOs, World Vision and SNV, and the local CBOs with whom they work. Beneficiaries include in-school youth, out-of-school girls, community members, school administrators and teachers. The program aims to prevent HIV infection among 10- to

17-year-old girls by developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection. The feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings will be assessed.

A multi-component approach with a focus on the most vulnerable girls was undertaken to address the antecedents of risk. A literature review was conducted that looked at vulnerable girls and HIV in southern Africa as was a rapid analysis of economic empowerment opportunities for older girls and women in the two provinces. Consultative meetings have been held and consensus building continues with stakeholders, NGO partners, district authorities and local leaders in both provinces. Formative research was conducted including focus group discussions with youth, adults and other key community members. The research clearly pointed to awareness among research participants that the current behavior of adolescent girls is markedly different from adolescent girls of a previous generation. These new behaviors are evident in two of the main proximal factors to girls' vulnerability to HIV: early sexual debut and transactional/intergenerational sex. The research also contributed to the creation of a vulnerability index for girls as well as an ideation index regarding individuals' perceptions of girls' vulnerability and a community support index. These indices will be used to survey the causes and community response to girls' vulnerability.

Program tools have been developed including a guide on mobilizing communities around girls' vulnerability to HIV; an adult-child communication guide; a life-skills manual for in-school youth, to complement the Ministry of Education and Culture's materials; and a life skills manual for out-of-school girls, as well as accompanying teacher-training materials. A radio design workshop was held with VGI staff, NGO partner representatives and radio producers from 2 radio stations (Catholic and Muslim) that broadcast in both provinces to develop programming to stimulate a collective response to address girls' vulnerability to HIV. The VGI has brought members of the community together, regardless of their religious affiliation, to work collectively and respond to this issue.

Data collectors from the local Ernst and Young office received an intensive, two-week training; data collection is underway for the process evaluation. This training also serves as institutional capacity building as the pool of qualified, experienced Mozambican data collectors is limited. Community mobilization activities are in progress; the teacher training and implementation of the life skills program will begin in early 2010.

This program links with the Partnership Framework through its overarching goal of the reduction of new HIV infections in Mozambique as well as the engagement of partners at the district and provincial level and increases participation of civil society. VGI has engaged members at all levels of the community

(district education staff, school staff, religious leader, parents, etc.) to work together to address girls' vulnerabilities to HIV.

VGI has cross-cutting linkages with gender, including mitigation of gender-based violence. Specifically, this program seeks to address the key issues of increasing gender equity in HIV activities and addressing male norms and behaviors through community mobilization efforts and with young boys as they participate in the in-school life skills interventions. The life-skills program for out-of-school girls is aimed toward increasing older girls' access to income and productive resources.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **9889** | | |
| **Mechanism Name:** | **Vulnerable Girls Initiative Local** | | |
| **Prime Partner Name:** | **Johns Hopkins University Center for Communication Programs** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVAB | 150,000 | |
| **Narrative:** | | | |
| New activities FY 2010 include analysis and dissemination of results from both the process monitoring and evaluation as well as survey results from the vulnerable girls' index, the ideation index and the community support index. Deliverables include the survey indices as well as training materials. Researchers from JHU intend to present preliminary results back to the communities as well as regionally with VGI staff and participants to compare and contrast the results from Botswana, Malawi and | | | |

| |
|---|
| Mozambique. In addition, meetings will be held in Maputo and the two provinces with representatives from USG, GOM and non-governmental organizations to share findings and programmatic successes and obstacles to inform future interventions aimed at vulnerable girls in Mozambique. As such, these activities correspond to the Key Issue of End-of-Program Evaluation. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9897** | **Mechanism Name: TBD PPP** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In FY 2010, USG will accelerate its engagement in public-private partnerships (PPPs) to help ensure sustainability of programs, facilitate scale-up of interventions, and leverage significant additional resources. These collaborative endeavors will help create linkages and strengthen systems within the private-sector for HIV prevention and mitigation, and can mobilize additional sources of financial and technical support (e.g. funding, technical assistance, products/services, supply chains) to complement USG-supported HIV initiatives.

In FY 2010, USG will mainstream innovative private sector partnerships into its HIV prevention and care programs. Future PPPs will focus on HIV prevention along the Beira, Tete and Nampula corridors (potential partners: National Road Association, transportation companies, large employers along corridors); improved livelihoods and nutritional status for families affected by HIV (potential partners:

agroprocessing & tourism industries); and the strengthening of government and/or civil society institutional capacity (potential partners: banking industry, other companies with expertise in key admin/finance areas).

This activity will support the Partnership Framework Goals by providing cross-cutting support to all prevention, care, treatment, and system strengthening goals and by directly contributing to Goal 2 (Strengthening the Multisectoral HIV response) by:
1) Utilizing innovative approaches to mobilize additional resources from the private sector for public health services (Obj 2.2);
2) Engaging private sector partners to increase national coordination of prevention interventions (Obj 2.3);
3) Strengthening the organizational and technical capacity of civil society

The scope of these partnerships is national. Prevention interventions with the private sector will primarily target mobile populations and communities living along the major transportation corridors. Livelihood and economic strengthening activities will target older OVC, PLHIV and their families, and caregiver groups. Government agencies (e.g. CMAM), academic institutions and civil society organizations all have the potential to benefit from system strengthening activities with the private-sector.

These initiatives will contribute to health system strengthening by mobilizing additional resources and by providing direct technical assistance in the area of institutional capacity building.

This activity will impact various cross-cutting themes. These partnerships will improve human resources for health by strengthening the capacity and quality of training facilities (e.g. medical schools, polytechnic institutions) through technical assistance provided by private-sector partners. These partnerships will further economic strengthening by improving the livelihoods of families affected by HIV by targetting primarily women for training and income-generating activities linked with the private sector. Lastly, this activity will increase access to nutritional commodities for PLHIV by establishing innovative partnerships with food processing companies to produce nutritionally fortified products (e.g. Multimistura)

These partnerships will promote cost efficiency by mobilizing significant private-sector resources for HIV service delivery. As part of the requirements for a PPP, the private-sector resource partner will provide at least a one-to-one match of USG resources through its in-kind and/or cash contribution. This partnership will be sure to capitalize on their unique strategic advantages, including staff, services, structures and unique, enduring relationships with communities. HIV service delivery will also be mainstreamed into their core business to ensure sustainability and facilitate scale-up of the joint interventions.

Monitoring & evaluation plans will vary depending on the nature of the partnership. Next Generation

Indicators will be used to monitor progress and track contribution to USG goals. The USG will also track the private sector contribution of all PPPs.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |
| Food and Nutrition: Commodities | Redacted |
| Human Resources for Health | Redacted |

## Key Issues

Increasing women's access to income and productive resources
Mobile Population
Workplace Programs

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **9897** | | |
| **Mechanism Name:** | **TBD PPP** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | Redacted | Redacted |

**Narrative:**

In addition to implementing the PPPs designed in FY 2009 (please refer to other TBD PPP narratives), this activity will enable USG to forge innovative private sector partnerships to support prevention, care, treatment and system strengthening goals.

The limited, disjointed private sector involvement in health/HIV service delivery results in an overdependence on donor funding and serves as a major system barrier to the development of effective, sustainable interventions that reach certain key target groups. This activity will address this barrier by engaging a wide variety of private-sector partners to strengthen health systems. These partnerships will capitalize on the core competencies of these partners to leverage a new, unique set of to the PEPFAR program while simultaneously improving the core business of the partner. These resources include

funding, access to hard-to-reach target groups (e.g. transporters, migrant workers, sex workers) and expertise in key areas (e.g. financial management, marketing, supply chain management).

This activity will have significant spillover effects as these partnerships will forge innovative relationships between the private-sector, local government and civil society. Likewise, the win-win nature of these partnerships will build the capacity of the private-sector to use their core business to benefit society as a whole, while simultaneously advancing their core business.

This activity will leverage significant private sector resources. For each activity, there will be at least a 1:1 match of USG resources. USG is also coordinating its PPPs with other donors working with the private sector (e.g. UNICEF, IOM, ILO, WFP).

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9898** | **Mechanism Name: Health Systems 20/20** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Abt Associates | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,899,336** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,899,336 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Abt Associates will continue work under the Health Systems (HS) 20/20 project to build the capacity of the MOH, NAC, and MMAS. The goal of the project is to strengthen the health system.

Since July 2009, HS 20/20 has provided a Global Fund Coordination Technical Advisor at the Global

Fund Unit of the MOH's Planning and Cooperation Department at the central level to build capacity in coordination and management of Global Fund (GF). This advisor will continue to build MOH's capacity to manage, monitor, and report on Global Fund grants. Particular focus is placed on MOH's internal organizational structure and ability to establish financial monitoring and tracking systems, operating policies and procedures, and human resource needs to manage GF reporting. Managing and improving disbursement requests, progress reports, future applications and grant implementation are critical to ensuring the continuation of GF resources. Geographic focus is MOH central level. This advisor coordinates with the USG team on Global Fund issues and allows the USG to have an insider's perspective of the situation at the MOH. She will coordinate closely with the new USG Global Fund Liaison.

There has also been a HS 20/20 Financial Management Technical Advisor at MOH's Administration and Finance Department (DAF) at the central level since September 2009. This advisor will continue to address challenges related to various aspects of financial reporting and organizational capacity. This will be done through development of increased measures and controls on budget execution and coordination between DAF and other MOH departments. Other areas of focus will be on organizational structure, internal procedures, network structure, staff capacity and communication. The support is intended to improve financial management in general, including of Global Fund.

Financial management TA to NAC will continue, working directly with Financial Management Unit and other management staff at the central level as well as with provincial nuclei of NAC. HS 20/20 will simplify and improve tools used by financial staff, develop relevant financial management procedures, and build capacity for central and provincial staff.

Institutional Development support to NAC will continue in early FY 2010 but will not require FY 2010 funds. NAC was created by a ministerial decree in 2000, which did not provide it with the institutional framework that exists for other Mozambican government institutions. Due to this, NAC' staff have not had access to employment security, accumulation of seniority, retirement, etc. For the past year, HS 20/20 has been working with NAC and the Ministry of Civil Service to provide NAC with a recognized legal status within the framework of government institutions. This work has been completed and is awaiting official approval by NAC, Ministry of Civil Service, and will then be sent to the Council of Ministers; this is expected to be completed by early 2010.

HS 20/20 will provide institutional development support MMAS at the central level to address human resources constraints and strengthen institutional capacity to fill current and future HR gaps. Activities include: developing standard scopes of practice, roles and responsibilities for social worker cadres; identify needs for pre-service and in-service training for social workers; review available training materials;

map local institutions that offer social work programs or have the potential to collaborate in training; provide a strategy report summarizing options to build the pool of qualified social workers and trainers; select strategy and pilot. This activity has a cross-cutting Human Resource for Health (HRH) focus because it addresses the need to strengthen social worker cadres.

Although no further funding in FY 2010 is required for National Health Accounts (NHA), the report will be finalized in late 2009. Dissemination meetings will be held to share the findings with government, donors and other stakeholders.

This project contributes to Partnership Framework Goal 2, Objectives 2.2, as it will build NAC's financial capacity to use state and donor funds effectively; and Goal 3, Objectives 3.1, 3.2, as the project will strengthen MMAS' ability to design and roll out a plan for training social workers, improve MOH's capacity to manage Global Fund and improve financial management.

HS 20/20 is a project that contributes to the overall health system, as it addresses underlying weaknesses in the health system. The support given to government institutions strengthens several areas and the links between them, such as health finance and governance.

HS 20/20 will increase cost-efficiency by relying more on its resident technical advisors rather than travel from headquarter staff. The technical advisors also coordinate regularly to ensure synergies among their work, such as the two advisors at MOH.

HS 20/20's monitoring and evaluation (M&E) plan includes work plans and progress reports to USG, and regular meetings with USG Global Fund task force and other meetings.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 300,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9898** |
| **Mechanism Name:** | **Health Systems 20/20** |
| **Prime Partner Name:** | **Abt Associates** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 300,000 | |

**Narrative:**

With the support of an Institutional Capacity Coordinator the MMAS will address human resource constraints and strengthen institutional capacity to fill the current and future anticipated gaps in qualified social workers. Addressing the HR and capacity issues will ultimately increase access to quality care and support for children and other vulnerable populations infected or affected by HIV. Activities include: consensus-building among stakeholders, organizing development of standard competencies for social action workers (SAW), early childhood educators and trainers, assessing current training materials, articulating different options for training reform, and initiating as appropriate creation and adaptation of materials. Long-term goals include development of revised training strategies for SAW, early childhood educators and trainers and strengthening the capacity of MMAS to strategically design, implement, monitor and disseminate results of activities. Once there is consensus on standardized competencies and scopes of practice for SAW, the project will identify and follow up with Mozambican institutions as appropriate for collaboration in ongoing training activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 1,599,336 | |

**Narrative:**

This activity will include the Global Fund Coordination TA to MOH's Global Fund Unit, Financial Management TA to MOH's Finance Department, Financial Management TA to NAC, and institutional support to MMAS. The system barrier addressed is weak institutional capacity to plan, budget, manage and coordinate. This activity will continue the long term TA that has already begun within MOH and NAC, and put TA in place for the MMAS activity. The TA work with GOM counterparts, with the aim to gradually transfer skills and ensure that robust systems are in place.

There are linkages across the areas of Service Delivery, Information Systems, Human Resources, Health Finance, Procurement Systems, and Governance. For example, the Global Fund TA works with the different disease programs at MOH, the Planning Department, Finance Department, and Central Medical Stores to ensure that Global Fund activities are better coordinated, implemented, monitored, and reported. There is also intentional spillover in several of the activities; for example the Financial Management TA at MOH is not only for Global Fund, but to improve financial management in general.

| |
|---|
| Support to MMAS will ensure that social worker cadres are better defined, with benefits to the whole health system.<br><br>This activity (technical assistance in management systems) is not captured by new generation indicators. USG is working with the partner to develop work plans and appropriate indicators. After the preliminary work on social worker cadre and curricula development is completed, e.g. in FY 2011, relevant indicators for the MMAS activity may be number of health care workers being supported in a pre-service training institution and number of community health and para-social workers who successfully completed a pre-service training program. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 9900** | **Mechanism Name: Capable Partners Program (CAP) II** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Academy for Educational Development | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 12,668,677** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 12,668,677 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Association for Child Development and Education of Girls | Association of Mozambican Miners | Christian Council of Mozambique |
| Get Jobs | Hope for African Children Initiative | Islamic Council of Mozambique |
| Mozambican Association for Girls Promotion | Mozambican Association Woman and Education | Mozambican Nurses Association |
| Mozambique Network of AIDS | National Forum of Community | National Network Against Drugs |

| | | |
|---|---|---|
| Service Organizations | Radios | |
| National Organization of Professors | Youth to Combat AIDS and Drugs - AJULSID | |

## Overview Narrative

The goal of the Academy for Educational Development's (AED) Capable Partners Program (CAP) is to strengthen the technical and institutional capacity of Mozambican organizations to deliver HIV prevention, care and treatment activities, thereby moving towards "Mozambicanization" of the response to HIV. In July 2009, USG signed a new cooperative agreement with AED for CAP II, which expands upon the first three years of CAP and establishes an Umbrella Grants Mechanism (UGM) component to increase the number of Mozambican sub-partners in USG's portfolio and build their capacity to become prime partners.

CAP will work with organizations with varying capacity building needs, grouping them into two tracks:
1) Organizations with some experience managing projects and funds and interested in growing. These organizations require intensive capacity building to become sustainable. Grants will be up to $150,000. AED will reach out to other USG-supported local organizations, e.g. Quick Impact Program grantees, with capacity-building and networking to enable them to graduate into the CAP program.
2) Organizations with more experience managing larger sums of funds, more established financial systems, and/or more effective programs. They do not require the same intensive capacity building as the first group, but still need support to become prime partners of major donors. Some will be groomed to become umbrella grant organizations, with grants up to $1,000,000; they will be supported to master sub-grant management and capacity-building of sub-partners.

CAP relates to Partnership Framework (PF) Objective 1.1, as it strengthens civil society's capacity to implement prevention; Objectives 2.3 and 2.4, as it builds the capacity of sub-partners such as MONASO, a local network of AIDS organizations, in coordination, financial and program management; Objective 3.1, as sub-partner ANEMO increases human resources for health by training home based care workers; Objectives 5.1, 5.3, 5.4, as it strengthens sub-partners' capacity to support community-facility linkages, use advocacy skills and provide services to people living with HIV (PLHIV) and orphans and vulnerable children (OVC). CAP addresses the overall PF goal of sustainability by investing in the human capital of its own staff, building the capacity of Mozambican professionals and organizations; working with promising local organizations to take over CAP's role in capacity-building and grant-making; and helping organizations become more financially and institutionally sustainable.

AED has sub-partners in Maputo, Sofala, Zambezia, Nampula provinces. It has opened small offices in Sofala, Nampula, and Zambezia, and will open one in Manica. This allows CAP to provide regular service

to a growing number of partners without added travel costs, contributing to cost-efficiency. New organizations joining CAP require intensive capacity building at the start. Over time, their efficiency improves and their capacity building needs become less intensive, reducing the demand on CAP's staff. This will result in improved cost effectiveness over time.

To avoid duplicating costs of developing educational materials for prevention activities, CAP collaborates with other USG partners to make professional tools and training available to partners.

Program beneficiaries include CAP partner organizations (staff and members of local organizations) and people served by partners.

AED's key contribution to health systems strengthening is strengthening the role of civil society and communities in the health system. Overall the capacity of civil society organizations will be increased to contribute to the health system and be valued partners that offer their services, experience and ideas. These activities cut across the health system building blocks, but are especially relevant to leadership/governance.

Human resources for health is a cross-cutting area that builds the capacity of community health workers, e.g. OVC and home based care service providers.

The results of the project will be:
1. Increased capacity of Mozambican organizations to develop and manage effective programs that improve the quality and coverage of HIV prevention, treatment and care services
2. Sub-partners expand HIV prevention behaviors among most-at-risk groups
3. Sub-partners increase the numbers of youth, young adults and adults in sexual relationships avoiding high risk behaviors that make them vulnerable to HIV infection
4. Sub-partners increase the number of OVC receiving quality, comprehensive care in their respective target areas
5. Sub-partners increase the quality and coverage of home-based health care to PLHIV and their families
6. Increased coverage of quality treatment and follow-up services for PLHIV

CAP's monitoring and evaluation (M&E) system includes relevant next generation indicators and other indicators reported to USG. It measures the quality of interventions implemented by both CAP and its sub-partners. Results are reported semi-annually and annually. CAP works with sub-partners to develop M&E plans specific to their activities, and builds their capacity to monitor, evaluate, and adjust their interventions. A mix of data collection tools capture quantitative and qualitative data: routine monitoring processes, baseline and follow-up surveys, participant surveys, focus groups, the Participatory

Organizational Analysis Process, community mapping, observation and story collection.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 350,000 |

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing women's access to income and productive resources
Mobile Population

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9900** |
| **Mechanism Name:** | **Capable Partners Program (CAP) II** |
| **Prime Partner Name:** | **Academy for Educational Development** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 730,000 | |

**Narrative:**

AED will continue sub-granting to the National Nursing Association, ANEMO, and building its organizational capacity. ANEMO will continue training of home based care (HBC) trainers mainly in the southern and central regions (the majority of PLHIV are in these regions) on the four priority services identified by the MOH (psychosocial support, nutrition counseling, positive living, treatment adherence) and on building referral systems between health facilities, families of PLHIV, care and support services, OVC, and HIV prevention activities.

ANEMO will provide accreditation for HBC trainers who have been trained but not accredited, and in-service training for accredited HBC trainers to include: care of skin conditions, pain management, HIV prevention, psychosocial support, nutrition counseling, positive living, treatment adherence and stigma. ANEMO will direct community based organizations (CBO) and nongovernmental organizations (NGO) to clinics in their catchment area to improve the continuum of care.

The activity targets staff of CBOs and NGOs who manage HBC programs. As the national association mandated by MOH to provide HBC training of trainers, ANEMO supports USG and non-USG-supported organizations wanting to train staff as HBC trainers.

To address client retention and referrals, ANEMO trains in the use of HBC evaluation/intake form to establish the level of care needed and received. This is used to develop personal care plans for each client and helps ensure consistent services and improve follow-up and adherence. ANEMO Master Trainers encourage trainers to review care plans with HBC workers every 4-6 months.

ANEMO facilitates linkages between the clinic and the NGO/CBO by mentoring trainers. ANEMO Master trainers promote functional bi-directional referrals between community and clinic but ANEMO does not provide HBC services directly.

The activity will improve the monitoring, supervision and quality of HBC training and services provided. A study will be conducted at the start of the sub-award to ascertain the level of care currently provided, and a mid-term and final evaluation will determine impact and quality. ANEMO coordinates with MOH to monitor and improve quality of care provided by local organizations.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 3,332,514 | |

**Narrative:**

This activity will increase the number of orphans and vulnerable children (OVC) receiving quality care. It will focus on the priority actions of (1) household strengthening and (2) improving the quality of service delivery. AED will provide grants and capacity building to local organizations implementing OVC activities. These sub-partners will employ strategies including coordinated community efforts to support OVC such as mobilizing community leadership and engaging with the National Social Work Institute, Ministry of Youth, and OVC in identifying priority households to receive services; providing job skills and access to school materials and uniforms; and improved use of the child status index to monitor the situation of each child;  promoting a family-centered approach; and training OVC service providers and leaders in interventions to reduce sexual exploitation of OVC.

A key strategy will be expanding a program for OVC economic empowerment and employability, Programa Para o Futuro (PPF). PPF helps older OVC gain a complex mix of skills, knowledge, attitudes and behaviors to adopt safe behaviors, improve their health and create quality livelihoods. PPF will be implemented by sub-partner Association for Community Development (ADC), and will be able to be

replicated by other local NGOs. PPF's target population is older OVC, 60% of whom will be female.

Target population will be local organizations serving OVC, and the OVC served. OVC reached will include children from ages of 0-17 of both genders but with a focus on the girl child. Geographic focus will be national but with a focus in Nampula, and Sofala for PPF.

CAP partners will address one or more of the seven OVC service areas: food/nutrition, education, health, psychosocial support, economic strengthening, and protection.

A challenge, not unique to CAP, is defining and measuring quality. Successes include working with Rede Came to train local organizations in OVC advocacy, child rights, and prevention of and responding to sexual exploitation of OVC. The PPF pilot has already started in Beira, and ADC has been one of CAP's strongest partners. Partner organizations in Nampula have established links with various community actors to improve coordination of OVC work.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 4,000,000 | |

**Narrative:**

The AED will provide institutional strengthening and grant support to local organizations to become leading organizations in civil society and to develop and manage effective HIV programs. The CAP's systematic approach to working with these organizations has proven effective; as they mature in their project and basic financial management abilities, their attention is shifting to organizational issues such as fundraising, policy setting, advocacy, networking, external relations, and leadership and governance.

Activities will focus on identifying and assessing new partner organizations; conducting participatory organizational assessments with each partner; providing tailored, intensive institutional capacity-building for implementation of activities and long-term sustainability of the program; creating fora for leveraging new knowledge and expertise among partners; increasing capacity of local professionals to respond to organizational development needs of local organizations.

This activity addresses the system barrier of a weak civil society, which contributes to weak participation in the health system. Civil society organizations will be strengthened to play a leading role in the HIV response – as service providers and advocates – thus strengthening the health system. These community-based organizations are well-placed to design relevant HIV activities and ensure that the voices of people living with and affected by HIV are heard.

This activity links to the capacity-building that AED will provide in the areas of prevention, care and treatment. Sub-partners will receive a mix of technical and organizational capacity-building to meet their identified needs. There is also an intentional spill-over effect since partners will not only have increased capacity to carry out HIV work but to be strong civil society actors in general, thus impacting other areas of health and policy-making.

The relevant human resources for health indicator is the number of community health and social workers who successfully completed a pre-service training program, as CAP partners will train various types of community workers, such as home-based care workers and peer educators.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 3,006,000 | |

**Narrative:**

Academy for Educational Development (AED) provides grants and capacity building to local organizations to design, implement and adapt evidence-based and audience appropriate HIV prevention programs in Sofala, Maputo, Nampula and Zambezia Provinces. The sub-partners target youth aged 15-35, with communication and negotiation skills within couples, young men and women, girls at risk of sexual exploitation in schools, teachers and school management, to discurouage "grades for sex" and families. Interventions use evidence-based methodology (e.g. from Engender Health/Promundo, Africa Transformation) including facilitated small group discussions, peer education, theater, videos, etc. Interventions target gender norms, the institutions that influence social norms (schools, churches, community leaders), in reducing multiple concurrent partnerships, cross-generational and transactional sex. The target groups are equipped with the understanding, skills and motivation to recognize and avoid high risk behaviors that make them vulnerable to HIV infection. AED mentors local organizations to ensure that community outreach and interpersonal communication interventions, such as drama discussion groups and counseling, are engaging and effective.

All interventions are designed based on a communications strategy informed by formative research with target populations. All messages are monitored for appropriateness with periodic testing. AED conducts monthly monitoring/coaching visits at the start of any new intervention for 3-6 months and quarterly thereafter. AED will provide support to sub-partners in monitoring the effectiveness of the communications strategy and in improving their skills in interpersonal communications. AED also conducts baseline, midterm and end of project surveys.

AED promotes linkages with and referrals to counseling and testing facilities. Faciltiators will be provided with training on stigma and discrimination. In many cases, partners are integrating HIV prevention with

populations with whom they already have a relationship – farmer associations, churches, associations of professors and educators. Vulnerable children are also being educated about reducing sexual exploitation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 1,600,163 | |

**Narrative:**

AED supports local organizations to expand HIV prevention programs for MARP mostly in Maputo and Zambezia provinces. Sub-grants enable organizations to use innovative approaches to engage the harder to reach populations and strengthen links to other preventive activities. AED will strengthen the capacity of local organizations to develop and implement evidence-based, audience-appropriate packages of minimum services for MARPs, e.g. adult miners, truck drivers, sex workers, military and drug addicts, all primarily over 15 years old. AED partners also work with adults who engage in multiple concurrent partnerships or transactional sex, with interventions focused on small group discussions.

AED will support local partners to ensure that community outreach and interpersonal communication interventions, e.g. discussion groups and peer education, are engaging and effective. Counseling for improved condom education and consistent use, especially by individuals and couples at increased risk of HIV, will be strengthened. Interventions for MARPs include peer education and small facilitated discussion groups with a minimum of 4 sessions. Discussion topics are locally adapted and tailored to the population. For drug addicts and sex workers, the organizations offer complementary activities (e.g. vocational training, therapeutic activities). For miners, interventions take place on the long bus trip from the border to home. The package of interventions also includes activities that reach those who influence the target group: families (in the case of miners and drug users), clients (sex workers) to educate them about risks and how to support positive behaviors. Interventions include linkages to other services, e.g. CT, referral for STIs, condom use education, and social rehabilitation.

All interventions are designed informed by formative research with the target populations. Messages are monitored for appropriateness with periodic testing. AED conducts monthly monitoring/coaching visits at the start of any new intervention for 3-6 months, and quarterly thereafter. AED will support monitoring the effectiveness of the communications strategy and improving skills in interpersonal communications.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 9938 | Mechanism Name: Safe Water and Malaria Project (PSI LLIN) |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Population Services International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 1,956,343 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,956,343 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The project goal is to reduce morbidity and mortality caused by malaria and waterborne diseases amongst vulnerable groups affected by HIV by increasing the use of long-lasting insecticide treated nets (LLIN) and safe water systems (SWS). With extensive experience in HIV malaria and diarrheal disease prevention and nationwide logistics system, Population Services International (PSI) will provide the commodities packaged in a Basic Care Kit that is part of the basic care package provided by HIV treatment and care partners. USG clinical partners implement in all provinces in Mozambique. Specific provinces for distribution will be determined by the partner in consultation with the DPS; the DPS will select provinces to prioritize. The Kit will be available to all PEPFAR implementing partners providing services to the targeted vulnerable groups: OVC, pregnant women, and PLHIV. Under this activity PSI will support the delivery of the Kit to community and clinical partners and provide training in information, education and communication (IEC) to partners distributing the Kit, so that the Kit is distributed to the target population in conjunction with appropriate health messages.

The Kit includes the following health items: 1) 10 generic condoms 2) 3 bottles of Certeza brand water purifier. 3) 3 bars of hand soap. The Kit also includes a durable illustrative booklet addressing the following topics: i) use of LLIN for malaria prevention; ii) use of SWS for diarrhea prevention; iii) proper hygiene; iv) HIV counseling and testing; v) tuberculosis (TB) treatment and prevention; vi) nutrition; vii) Cotrimoxazole prophylaxis; viii) pain & symptom management; ix) male circumcision; x) multiple concurrent partnerships; xi) family planning, and; xii) positive prevention. Key messages for the Kit have been selected in collaboration with the MOH. Beneficiaries will receive SWS for a 12-month period. The

inclusion of soap in the Kit provides an increased emphasis on safe hygiene practices. Although soap is only included in the initial Kit, community-based Home Visitors will have many opportunities to monitor and reinforce safe hygiene practices in the home. Pending approval from the MOH, Kits targeting OVC households will include Sprinkles which is a simple, cost-effective way to prevent iron deficiency anaemia in children, which affects 75% of children under 5 in Mozambique.

PSI's current international nongovernmental organization (INGO) partners will continue to receive training on correct usage of LLIN and SWS. The last page of the durable booklet provided in the Kit will remain in the home of the beneficiary. The last pages of the booklet allows for the Home Visitor to note the date and topic that was discussed during a particular visit, which will provide useful information about the quality of messaging of Home Visitors during supervisions.

PSI will use Tracking Surveys (TRaC) which routinely collect data from cross sections of at risk populations to identify current knowledge beliefs, product ownership and use rates. This information is used to develop a consumer profile which then informs the design and evaluation of communication campaigns aimed at decreasing barriers to use of health promotion products such as LLIN, soap and SWS.

The Kit is one part of the Basic Care Package of services provided by PEPFAR clinical partners. The Basic Care Package also includes information on family planning, STI/OI treatment, CTXp, IPT, CD4, counseling and testing, TB screening, syphilis rapid tests, and effective two-way, referrals between different level facilities. In FY 2010 clinical partners will provide support to non-ART sites to increase coverage of clinical and preventive services. Distribution of refill commodities for the Kits will be piloted at non-ART sites to facilitate access to the Kit for beneficiaries.

LLIN are no longer included in the Kit. Through the Presidential Malaria Initiative PSI will support targeted distribution of LLIN to pregnant women through public health facilities and universal coverage campaigns. PSI also supports the distribution of SWS for cholera prevention through the public sector, facilitating coordination of activities with the USG.
PSI will also continue to provide technical assistance to the MOH in the production of IEC materials for PMTCT and MCH programs.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Water | 800,000 |

## Key Issues

Malaria (PMI)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **9938** |
| **Mechanism Name:** | **Safe Water and Malaria Project (PSI LLIN)** |
| **Prime Partner Name:** | **Population Services International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 1,356,343 | |

**Narrative:**

Kits targeting PLHIV who have registered at a USG-supported health facility will be distributed according to geographic priorities defined by the Provincial Directorate of Health. The Kit includes the following health items: 1) 10 generic condoms 2) 3 bottles of Certeza brand water purifier. 3) 3 bars of hand soap.

Kits will continue to be delivered by USG-supported facility-based partners with delivery of key health messages on safe water, hygiene and malaria prevention provided while patients wait to receive services. Specific topics addressed in kit through a durable illustrative booklet include: i) use of LLIN for malaria prevention; ii) use of SWS for diarrhea prevention; iii) proper hygiene; iv) HIV counseling and testing; v) tuberculosis (TB) treatment and prevention; vi) nutrition; vii) cotrimoxazole prophylaxis; viii) pain & symptom management; ix) male circumcision; x) multiple concurrent partnerships; xi) family planning, and; xii) positive prevention. Key messages for the Kit have been selected in collaboration with the Ministry of Health.

Patients receiving anti-retrovirals should be linked to a partner providing community based care and support. During each Home Visit, a volunteer will review one of the 12 key health messages in the durable pamphlet provided at the first visit. As appropriate, the home visitor volunteer will counsel and refer PLHIV for family planning, OI/STI treatment, testing and other essential health and social services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 600,000 | |

**Narrative:**

Kits targeting caregivers of households with orphans and vulnerable children (OVC) under the age of five

| |
|---|
| will be distributed through USG community-based implementing partners according to geographic priorities defined by the Provincial Directorate of Health. The Kit includes the following health items: 1) 10 generic condoms 2) 3 bottles of Certeza brand water purifier. 3) 3 bars of hand soap. The Kit also includes a durable illustrative booklet addressing the following topics: i) use of LLIN for malaria prevention; ii) use of SWS for diarrhea prevention; iii) proper hygiene; iv) HIV counseling and testing; v) tuberculosis (TB) treatment and prevention; vi) nutrition; vii) Cotrimoxazole prophylaxis; viii) pain & symptom management; ix) male circumcision; x) multiple concurrent partnerships; xi) family planning, and; xii) positive prevention. . Key messages for the Kit have been selected in collaboration with the Ministry of Health.<br><br>During each home visit, volunteers will review one of the 12 key health messages included in the pamphlet which is provided at the first home visit. As appropriate, the home visitor volunteer will counsel and refer the orphan or vulnerable child for family planning, opportunistic infections/sexually transmitted infections (OI/STI treatment, testing and other essential health and social services.<br><br>A new component of this activity is Sprinkles, a sachet containing a blend of micronutrients for the prevention and treatment of iron deficiency anemia, which affects 75% of children under five in Mozambique. The packet can be sprinkled onto foods prepared in the home. The distribution channel for Sprinkles will be determined in collaboration with the MOH and delivered by community care partners who are the primary channel for distribution of these Kits. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10135** | **Mechanism Name: Clinical Services System Strenghtening in Sofala, Manica and Tete (CHSS SMT)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |

| | |
|---|---|
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of the clinical services project is to improve HIV clinical services in Manica, Niassa, Sofala and Tete provinces within a strengthened, comprehensive primary health care and community care system.

The main objectives are: (1)To increase access, quality and use of HIV care and treatment services to rural communities by intervention in seven areas: HIV CT, laboratory services, PMTCT, adult care and treatment, pediatric care and treatment, palliative care, and the prevention, diagnosis and treatment of HIV-TB co-infection; (2) To provide a continuum of accessible HIV and related primary health care services including MCH and RH services (including support at clinics which do not provide ART or PTV) and to improve linkages and referrals within and between facilities and communities; (3)To support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to handover project activities to Mozambican authorities; (4)To assist the MOH in the development of robust systems of monitoring and evaluation for HIV-related programs that can be adapted for use across the health field.

This project will directly contribute to the following goals of the Partnership Framework: Goal 1 by reducing sexual transmission of HIV (Obj. 1.1) and by improving access through increased geographic coverage and improved facility-community linkages for CT and PMTCT services (Obj 1.2 & 1.3); Goal 2 by utilizing innovative approaches to mobilize community resources to link facility and community based care and reduce loss to follow up (Obj 2.4); Goal 3 by increasing capacity of provincial and district MOH through technical and managerial support and sub agreements, supporting 'Gap Funding', training and supervision for MOH staff; renovating health facilities, strenghtening commodity procurement and forcasting systems; and improving integration of HIV services with other health services; Goal 4 by ensuring effective linkages, referral systems and patient tracking within and between health facilities and communities including health facilities not directly providing ART or PTV (Obj 4.1, 4.2), increasing emphasis on integrated child and adolescent services plus strengthening of lab diagnosis and logisitics (Obj 4.5, 4.6); Goal 5 by increasing access to a continuum of HIV care services through better community-facility linkages (Obj 5.1), increased suport for sites providing non ARV HIV services and support for nutritional interventions (Obj 5.2).

The clinical services project  will target 4 provinces with a total population of 6,065,121. HIV prevlance in

Manica, Tete and Sofala is 18% to 23% vs 16% nationally. Tete has a very mature epidemic and the existing infrastructure is unable to accommodate the numbers of patients requiring care and treatment. Niassa is a particularly underserved province with vastly inadequate infrastructure. Clinical programmes will target adult, pregnant women and children  and will include specific activities designed to address gender and age inequalities in access.

Clinical partners will prioritize assistance to strengthen the local health systems in line with the priorities of the GOM and the PF through: support to the MOH decentralization process by building the institutional and technical capacity of Provincial Health Directorates (DPS) and District Health and Social Welfare Services (SDSMAS); strengthened human resources and training at the provincial, district and site level; rehabilitation of existing infrastructure; training to provinces, districts and sites in logistics management; and mobilisation of community resources to foster linkages with health facilities and create demand for services.

The clinical services agreement will address cross cutting issues as follows:clinical services will link with community services to improve nutrition through basic nutritional education and counseling and the promotion of locally appropriate, nutritious foods; implementer(s) will develop a gender strategy for each province, including specific activities designed to improve male access to HIV services (e.g. ANC, CT, treatment, CCR), couple counselling and consultations and activities to reduce violence against women.

Cost efficiency strategies will include: utilisation of exisiting resources including staff, services, structures and relationships with communities; adaption of promising practices and lessons learned from other initiatives in Mozambique and internationally, rather than "reinventing the wheel"; strengthening of linkages with public health services and taking full advantage of the facility- and community-based services in the target area; links with USG and other donor projects providing clinical and community based care; the transistion of technical and managerial responsibilities to DPS/DDS through sub agreements with reduced overheads; improved data quality and use to direct programme improvements.

Next generation indicators will be used for PMTCT, ARV treatment, CT, HIV/TB and partners will have detailed plans to report against these indicators. The clinical services project will provide support at the DPS and DDS and service delivery levels capacity building in collection, quality, interpretation and use of data to improve service delivery and outcomes.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | Redacted |

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |
| Human Resources for Health | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10135** |
| **Mechanism Name:** | **Clinical Services System Strenghtening in Sofala, Manica and Tete (CHSS SMT)** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | Redacted | Redacted |

**Narrative:**

The clinical service project will support 64 ART sites (23 Sofala, 13 Manica, 23 Tete, 5 Niassa) and increase support to selected non ART sites providing HIV services. This strategy will increase coverage of non ART clinical and preventative services and commodity distribution to the target population, especially in rural areas.
There are 5 main areas of intervention:
1) Mainstreaming of PwP activities including expansion of PwP programs within ART and non ART service sites and community based settings, through training of health providers and counselors; supportive supervision and monitoring; strengthening community linkages through organizing and empowerment of support groups and PLHIV organizations; and designation of a PwP focal person for each province;
2) Management of sexually transmitted infections at ART and non ART sites with a focus on MARPs;

3) Implementation of the national Health Care Worker / Workplace Program including access to: BCC, condoms, CT, PMTCT, reduction of stigma and discrimination; CT; care and treatment; psychosocial support; HBC; benefit schemes; and HR management;
4) Strengthening of HIV clinical services at ART and non ART sites: support for improved access to and quality of services for family planning, STIs, palliative care, OIs, CT, CXTp, preventative treatment for malaria, TB treatment and laboratory testing for CD4, hepatitis B and syphilis; improved linkages and referral pathways within and between facilities and communities, supported by a focal person for linkages and follow up in facilities and sub-agreements with DPS/DDS;
5) Distribution of the 'Basic Care Kit' (condoms, 'certeza', soap, IEC materials) promoted through ART and non ART facilities as well as in community settings.

Partners will use existing resources to accommodate the increased supervision and monitoring needs of these activities, Training in all areas will utilize materials developed in collaboration with the MOH. The extension of additional support, monitoring, evaluation and supervision to non ART sites will initially be conducted as a pilot to identify best practice which can be extended to additional sites.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | Redacted | Redacted |

**Narrative:**

In FY 2009, USG partners supported 62 sites in 37 districts; 51,070 patients received ART services; the retention rate at 12 months of treatment initiation was 75% in Sofala, Manica and Tete and 92% in Niassa. The project will support 64 ART sites (23 Sofala, 13 Manica, 23 Tete, 5 Niassa) and increase linkages to selected non ART sites providing HIV services. In collaboration with DPS/DDS a pyramid approach is being developed which enables major urban sites to down refer stable patients to smaller peripheral units. Complicated patients can be referred up to larger centers, thus promoting a patient journey that ensures retention in comprehensive care and treatment. To achieve this support, capacity building will be done at ART sites to absorb the referred patients and initiate new patients on ART, improve service delivery and integration of non ARV sites, emphasize the referral pathways and linkages within and between facilities and communities and support infrastructure improvement.

Specific training and support includes in-service training and mentoring of clinical, M&E, pharmacy and administrative staff, joint site visits with DPS/DDS staff and subagreements with DPS/DDS and CBOs to develop the capacity to transition activities to local partners.

Clinical outcomes and drug management are tracked by routine M&E which aligns with national reporting systems. Partners participate in the HIVQUAL program and staff are trained in the utilization of

supervision and mentoring visits to reinforce the use and adherence to national treatment guidelines and the use of routine data for service improvement.

Adherence activities include: identification of facility and community counterparts working together to actively follow up ART patients; paper and computer based records; sub agreements with community partners and PLHIV to train peer educators and develop innovative community interventions to track patients and promote adherence; PP initiatives with PLHIV and DPS/DDS using existing nationally approved materials. Linkages with existing home based care support will also be strengthened to track defaulters, ensure their return to care and treatment, document transfers, deaths, or losses to follow up.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | Redacted | Redacted |

**Narrative:**

The clinical services project will scale up services across the 4 provinces focusing on increased uptake of CT and improved post-test counseling for pregnant women, children, discordant couples, hospitalized patients and most at risk populations (MARP). Services will be integrated with facility level (clinics providing ARV and those not providing ARV) and community level services including HBC, TB screening, ART, family planning, cotrimoxazole (CTX) prophylaxis etc. Sub-agreements with DDS/ DPS and CBOs will be used to strengthen referral pathways and linkages between and within service areas.

Activities to scale up CT will include: sub-agreements with DPS/DDS to train lay counselors in risk reduction counseling and post-test counseling; couples counseling; improvement of links to community prevention activities, including positive prevention for discordant couples and stigma prevention; PICT will be expanded to all sites where HIV care and treatment is being implemented regardless of signs or symptoms; exploration of opportunities for home based testing and innovative ways to increase uptake of MARP through tailored services and approaches; interventions to increase male access to CT and reduce gender based violence; interventions to ensure that positive and negative tested persons are retained in the continuum of care through effective linkages and referrals pathways; and uptake will be increased by working with PLHIV and in collaboration with local leaders to ensure coordination and mobilization of the population for CT services.

Performance assessment will be supported by training providers in new reporting documents, data management and data use for program monitoring. Quality assurance (QA) systems and standard operating procedures to ensure biosafety will be developed, in close collaboration with labs. Supervision of activities will be in close collaboration with DDS/DPS, and the provincial laboratory.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | PDCS | Redacted | Redacted |

**Narrative:**

The clinical services project will support the MOH in 64 ART sites in 4 provinces to provide quality comprehensive care and support services for 80% of HIV exposed and infected children at these sites. To improve access and continuity of care the project will integrate with non ART sites providing HIV and MCH. Services consist of CXTp, management of opportunistic infections and other related complications including malaria, diarrhea, growth and development monitoring, nutritional assessment, infant feeding counseling and education, palliative care, psychological, social, spiritual and prevention interventions. In FY 2010, the clinical services project will prioritize health system strengthening to improve identification and referral of HIV exposed and infected children; increase enrollment of HIV exposed and infected children into care and treatment services and improve retention of children in care and treatment. All activities are aligned with the national priorities and the partnership framework.

Specific interventions will include:
1) Strengthening linkages between PMTCT, MCH and pediatric HIV;
2) Expanding PICT services to all children with signs or symptoms of HIV in out-patient and in-patient venues, including MCH clinics, TB clinics and nutrition services, plus systematic testing of children of adults enrolled on ART;
3) Strengthening the logistic system for early infant diagnosis using HIV DNA PCR. Partners will conduct refresher training of health providers for EID and DBS sample collection;
4) Supporting access to preventive interventions for malaria and diarrhea, ensuring logistic, storage and distribution of the Basic Care Kit (certeza, IEC materials and soap) and access to LLIN for all children < 5 years through the PMI program;
5) Nutritional assessment and linkages with other partners and donors (UNICEF and WFP) to access therapeutic and supplementary food;
6) Supportive supervisions, in-service trainings of health workers on pediatric care;
7) Strengthen linkages and referral between clinical and community based services including OVC programs;
8) Implement an effective monitoring and evaluation program by scaling up the electronic tracking system and the HIVQUAL program.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | Redacted | Redacted |

**Narrative:**

The MOH is prioritizing the scale-up of pediatric HIV treatment services through decentralization of

treatment to peripheral health centers and integration of HIV services into existing child health programs. The project will suport the MOH to build capactity to sustain high standards of HIV treatment services in 4 provinces, targeting 4,235 children. Currently, children represent 2.4% of the total number of patients on treatment at supported sites and the aim is that will increase to 10% in FY 2010. This will require enhanced capacity of sites and health care providers to identify, treat and care for HIV-infected children. For all HIV infected children receiving ART, cotrimoxazole prophylaxis will be prioritized.

The main activities will include:
1) Improving access to care and treatment services, through early identification of HIV exposure and infection status, strong linkages of HIV services within the existing child health programs (including TB, PMTCT, MCH) and increased community awareness of pediatric HIV. Enrollment of HIV exposed and infected children into care will be increased through a functional referral system of care and treatment services for HIV-infected children and their families within and between health facilities (including those providing non ART HIV services) and communities using PMTCT, MCH flow charts and referral forms;
2) Human capacity development through: in-service training on pediatric HIV care and treatment, supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines developed by MOH; training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications; training, supportive supervisions and reproduction of materials to support positive prevention activities;
3) Interventions to improve patient tracking systems to follow-up ART patients and to identify and address treatment failures and adherence issues;
4) Implementation of the HIVQUAL program;
5) Improvement of linkages to care, support and prevention services such as psychosocial support for children, adolescents and their families, support for retention, HIV status disclosure.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | Redacted | Redacted |

**Narrative:**

Effective Monitoring and Evaluation (M&E) systems are critical components to accurate and timely program evaluation and monitoring. Clinical partners are continuing to provide monitoring and evaluation support at national and provincial level GOM MOH national and provincial level staff and at clinical sites. The primary activities here are the development and implementation of effective patient tracking and monitoring and evaluation systems at all levels to improve program monitoring and improved client outcomes.

Funds in FY 2010 will support the hiring of a M&E Technical Advisor by clinical partners in Sofala,

Manica, Tete and Niassa provinces to support M&E capacity building and technical assistance at the provincial-level MOH office. The M&E Technical Advisor will be responsible for overseeing the M&E component of all MOH related activities in the respective province. These activities may include such things as providing M&E training and capacity building to other provincial level, district level and facility based staff, assist USG clinical partners in provinces in the standardized implementation of patient tracking and M&E systems and data collection and reporting from facility-based and CBO to national level.

The M&E Technical Advisors will liaise and coordinate activities with USG clinical partners, CBOs, National level MOH staff and other key GOM Ministries and stakeholders. The M&E Technical Advisor will identify weaknesses in the existing provincial M&E systems, such as data collection, reporting and quality and gaps in information systems and data use and propose strategies and approaches to bridging these gaps. The M&E Technical Advisors will be responsible for ensuring that these needs are communicated at both the national-level and at the provincial-level, and where possible, assist in developing systems of collaboration.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

In FY 2010, clinical partners will prioritize assistance to strengthen the six building blocks of the health system in line with the priorities and goals of the GOM.

Clinical partners will support the MOH's decentralization process by building the institutional and technical capacity of DPS and SDSMAS. Lead clinical partners will place Provincial Technical Advisors in each DPS to improve HIV clinical health care quality, and to strengthen drug supply at the health facilities. Partners will also provide technical assistance to SDSMAS to build their capacity to plan and coordinate activities at the district level. Partners will explore innovative funding arrangements to SDSMAS to further increase the ownership and sustainability of HIV clinical service delivery.

Clinical partners will strengthen human resources at the provincial, district and site level by supporting pre-service training opportunities for health personnel. Partners will also support DPS to improve retention of health personnel through gap year funding. Partners will strengthen DPS and SDSMAS capacity to provide in-service training, mentoring and supportive supervision to clinicians and administrators.

Clinical partners will provide support for the rehabilitation of existing infrastructure to accommodate the

decentralization process. Lastly, partners will provide additional support and training to provinces, districts and sites in logistics management to complement implementation of the Pharmaceutical Logistics Master Plan.

Improved district coordination, technical assistance provided by the provincial advisors, scholarships, gap year funding, mentoring, rehabilitation of infrastructure all have spillover benefits as they strengthen the broader health system beyond HIV at little or no marginal cost. As the clinical partners will support national health systems, they will leverage the inputs from the GOM, who directly provide all services, as well as maximizing additional resources and linkages with other donors and programs (e.g. PMI and other USG programs, the Global Fund, Clinton Foundation, DFID, WFP, UNICEF).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

TBD Clinical Health System Strengthening Partners will support three distinct areas within the other prevention portfolio. Activities will be carried out in coordination with support from the care and treatment portfolio and injection safety.

(1) Mainstreaming of prevention with positive (PwP) activities: TBD partner will expand PwP programs within ART service sites through training of health providers and counselors; supportive supervision; monitoring the implementation of PwP activities; and strengthening community linkages through organizing and empowerment of support groups and PLHIV organizations. PwP will be integrated into existing HIV program activities, including facility-based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.), and community-based settings (community HIV counseling and testing, peer support programs, etc). TBD Partner is recommended to identify a focal person for PwP activities to coordinate and ensure successful implementation of PwP activities.

(2) Management of sexually transmitted infections (STI): TBD clinical partner will support the management of STIs at provincial, district and health facility level in order to reduce the burden of STIs as well as HIV infections attributable to STI co-infection. Additional focus will be on most-at-risk populations (MARPs). Key activities will include basic STI care; training and job aids; infrastructure support (equipment, privacy); Coordinate and support mechanisms to ensure availability of all medications necessary for following Mozambique's 2006 STI Syndromic Management Guidelines in the pharmacies; and M&E.

(3) Health care worker / workplace program (WPP): TBD partner will support facility-level WPP to boost

awareness and understanding of HIV and AIDS related issues of the personnel of the health sector and their families. In coordination with other partners, TBD partner will implement national WPP package, including the following elements:
> Prevention: BCC, condom availability, VCT access, PMTCT, stigma and discrimination
> Health care and support: access to confidential counseling and testing, care and treatment, psychosocial support, and home based care
> Impact mitigation including benefit scheme
> Human resource management including HIV/AIDS policy

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | Redacted | Redacted |

**Narrative:**

Priorities in FY 2010 are coordination with the MOH and scale up of PMTCT services within an integrated MCH system. Objectives include improved quality; access to a comprehensive package including psychosocial support; and improved nutrition support for reduced vertical transmission. Activities will align with the MOH through district and provincial level support, TA, training, quality improvement, and monitoring and evaluation. The district-based approach, collaboration at provincial level (including subcontracts or grants to provincial and district public health departments) and scale up to ANC facilities will increase responsiveness, including support for overall systems strengthening and positioning for transition. Community platforms will be strengthened to increase demand for PMTCT services.

The major allocation of effort (at least 60%) will be towards scale up, including training, supervision, and technical assistance, in line with the goal of 80% PMTCT coverage by 2013.

Key activities that support integration of MCH/RH, PMTCT scale up and cross cutting activities include:expanded support for sites without PMTCT services, and enhanced support for low-performing sites; activities to increase community demand for services; expanded PICT and couples counseling; ARV for PMTCT focussing on more effective regimens and ART initiation; cotrimoxazole prophylaxis focussing on improved coverage for pregnant women; linkages with pediatric care and treatment programs for EID; support for prevention of unintended pregnancies among HIV-infected women; support for PLHIV and community involvement; dissemination of nationally approved IEC materials developed by a lead partner; safe infant nutrition interventions integrated into routine services, including counseling and distribution of commodities in collaboration with a procurement partner; support for reproduction and roll out of revised registers; PMTCT clinical mentoring based on the national model; linkages to system strengthening, including infrastructure projects; mainstreaming infection prevention control in PMTCT settings; support for workplace programs including PEP; and increased support for delivery.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | Redacted | Redacted |

**Narrative:**

Laboratory services are an integral component to support optimal care and treatment to HIV patients. Clinical partners provide standardized laboratory services in different sites throughout four provinces. The main activity has been to assess adequacy of laboratory sites and adjusting working environment to optimize laboratory services and practices in some key districts within available resources. This has included laboratory renovations in some districts to ensure that laboratory infrastructure was such that new equipment could be placed.

Funds in FY 2010 will support the hiring of a Laboratory Technical Advisor for each partner based at the national office level. He/she will be responsible for overseeing the laboratory component of the PMTCT and Care and Treatment Program within the USG supported districts and for providing supervision of laboratory services within the program. In addition, s/he will function as a counterpart for the three Laboratory Technical Advisors based at the DPS's of the four provinces.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, Supply Chain Management Systems (SCMS), and Association of Public Health Laboratories (APHL). The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. S/he will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. He shall also respond to priorities identified by partner teams or other direct implementers in the province in the lead provinces. Overall, the Clinical Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the provinces supported by the USG.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | Redacted | Redacted |

**Narrative:**

The TB/HIV programmatic strategies are in line with the STOP TB global strategy and the MOH and USG priorities. The clinical services project will work in collaboration with the DPS and DDS directorates.

Partners have achieved improvement in the integration of TB and HIV services through use of the HIV screening tool and the HIV/TB referral forms, training clinicians on HIV/TB co-infection and management of MDR-TB, and training of TB lay persons to provide HIV CT services for TB clients.

In 2010, partners will continue providing interventions targeting the general population and high risk group such as miners, prisoners, refugees and internal displaced population. Priorities include: increased access to testing; PICT in HIV/TB settings; TB case management and treatment; strengthened linkages with Community Based DOTS, home based care and public private partnerships; implementation of the "3 Is"(intensified case finding, Isoniazid prophylaxis, Infection Control); adherence support and defaulter tracing; strengthening laboratory diagnostic services; provision of CTX and IPT; implementation of national infection control guidelines; strengthening of the referral system and linkages with other services (CTH, PMTCT, AR); provision of ART; management of MDR- XDR/TB; and strengthening of procurement and supply of TB medicines and other commodities.

Positive prevention activities will occur in all sites by intervening, in both the transmission of infection and the development of illness, to form support groups, provide education and training and improve linkages and referrals to appropriate services for care and treatment among clients co-infected with HIV/TB

Ensuring quality services and strengthened surveillance and M&Esystems will be achieved by improving documentation of TB status and treatment regimen of HIV+ patients in HIV care and treatment programs; evaluating the implementation of the TB symptoms screening tool in HIV care settings; providing TA and clinical mentoring to ensure appropriate follow-up for all HIV+ patients who are eligible for INH prophylaxis; and implementing the National Infection Control plans at selected facilities.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10182** | **Mechanism Name: Community Clinical Health Services Strengthening (COMCHSS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall goal of this activity is to strengthen the community-based response to the HIV epidemic in Mozambique through using an integrated approach that includes: 1) Providing community-based HIV services, including TB detection and effective referrals to facility-based health and social sector services (maternal/child health (MCH), reproductive health (RH), TB and HIV testing and treatment; 2) Improving and expanding access to economic strengthening activities for affected families; and 3) Enhancing the public sector's capacity to provide an integrated continuum of care and support for affected households and individuals. It is expected that local organizations, through intensive capacity-building and mentoring, will be equipped to effectively respond to the needs of PLHIV and OVC with local solutions and resources to improve their quality of life.
Objective 1: Increased provision of quality, comprehensive community-based care and support services to PLHIV and their families.
Objective 2: : An effective, coordinated response among the MMAS, MOH, and civil society organizations (CSO) for delivery of family-centered, community-based services which will improve health outcomes and quality of life for PLHIV and OVC.
Objective 3:: HIV affected households have adequate asset base which allows them to effectively absorb the shocks brought on by this chronic illness.
Objective 4: Increased access to and demand for MCH/prevention of PMTCT services through community outreach. This activity will target OVC, PLHIV, and pregnant and lactating women at community level.

In FY 2010 this activity will be implemented in the following provinces with varying degrees of coverage: in Maputo, Inhambane, Manica, Sofala, Tete, Niassa and Cabo Delgado, . Level of coverage in each province will depend upon the existence of other USG activities implemented through this request for task order proposals (RFTOP) contribute directly towards the Partnership Framework goal to ensure care and support for pregnant women, adults and children infected or affected by HIV.

All of these activities contribute to Goals 1, 3, 4 and 5 of the Partnership Framework. These community-based interventions in prevention, civil society strengthening, economic strengthening and nutrition are aimed at increasing demand for facility based services, ensuring the continuum of care, preventing new

infections and improving the quality of life of PLHIV and OVC.

Gender will underscore implementation of all activities by addressing barriers which limit access to services and place the burden of care on women and girls. Boys and men will be meaningfully engaged in identifying and addressing these barriers.

Economic strengthening activities are aimed at reducing household vulnerability brought on by HIV. Emphasis on nutrition education/counseling (vs. food commodity provision) and appropriate technologies (i.e. conservation farming) will improve nutritional status and food security of beneficiaries. In partnership with Population Services International, beneficiaries will access safe water treatment systems, hand-washing soap and hygiene education.

The Presidential Malaria Initiative is providing long lasting insecticide treated nets (LLIN) to all antenatal care (ANC) sites and for all children under 5; ensuring that the most vulnerable access protection from malaria. As appropriate, beneficiaries will be referred to counseling for RH/FP services.

To ensure improved coordination the contractor is required to provide a specific statement on collaboration and the use of joint work-planning with other USG and non-USG implementers to harmonize activities and avoid duplication. Sites prioritized for implementation are within catchment areas of USG-supported clinical partners to facilitate more effective, bi-directional referrals.

Strategic partnerships with private sector and coordination with other implementers to ensure complementary programming will help to increase coverage of services and minimize USG costs.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |
| Food and Nutrition: Policy, Tools, and Service Delivery | Redacted |
| Gender: Reducing Violence and Coercion | Redacted |
| Water | Redacted |

## Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities
TB
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10182** |
| **Mechanism Name:** | **Community Clinical Health Services Strengthening (COMCHSS)** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | Redacted | Redacted |

**Narrative:**

This activity will focus on building the technical and organizational capacity of local organizations to effectively provide family-centered, community-based care and support services to households with PLHIV in Maputo, Inhambane, Manica, Sofala, Tete, Niassa and Cabo Delgado.. Home Visitor will ensure that PLHIV have access to the range of care services (cotrimoxazole prophylaxis (CTXp), tuberculosis (TB) treatment, CD4 testing etc) as required. Activities that link with OVC programs to ensure access to basic care and support services are essential to improving quality of life throughout the continuum of HIV infection. In Mozambique a study showed that the most frequent challenges to ART adherence are social and economic in nature (i.e. food and nutrition security, lack of transport). The contractor will work with ART facilities in catchment area to identify beneficiaries. The contractor will support implementing organizations/PLHIV associations create village savings and loans, access micro-credit, to reduce the economic vulnerability of the household and barriers to treatment adherence. Positive prevention support groups at community will be established where possible with ART/pre-ART patients who live close to each other.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | Redacted | Redacted |

**Narrative:**

This activity will focus on building the technical and organizational capacity of local organizations to

effectively provide family-centered, community based care and support services to vulnerable children in households affected by HIV in Maputo, Inhambane, Manica, Sofala, Tete, Niassa and Cabo Delgado.. Activities will help to ensure that OVC have access to basic essential services 1) food and nutritional support; 2) shelter and care; 3) protection; 4) health care (including for HIV positive children; 5) psychosocial support; 6) education and vocational training; and 7) economic opportunity and strengthening. Contractor will support implementing organizations to integrate activities into the National Action Plan for OVC, and collaborate closely with district and provincial MMAS to ensure compliance with minimum service standards defined by the Ministry. This activity will work in close collaboration with clinical partners and existing community structures to ensure that the most vulnerable households with children are identified. An important focus of this activity is to ensure viable skills training and economic strengthening for older OVC to ensure that they are able to be self-sustaining upon 'graduation' from a USG-supported program.

To better understand the kind of services that OVC most need, Mozambique is requesting that data reported be disaggregated by service to better inform program priorities over time.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | Redacted | Redacted |

**Narrative:**

This activity is the community-based component of a comprehensive program that seeks to prevent mother-to-child transmission of HIV and will contribute to the MOH's goal of a national PMTCT program that is fully integrated into ante-natal care (ANC) services. This activity will be implemented in in Maputo, Inhambane, Manica, Sofala, Tete, Niassa and Cabo Delgado provinces. Sites prioritized for this activity will be USG supported and with a large volume of PMTCT clients.

Women receiving facility-based PMTCT/ANC will benefit from the support of care and support services (as applicable) and peer and psychosocial support at community level from mothers who have successfully navigated PMTCT/ANC services themselves. Referrals for and counseling about family planning/reproductive health (FP/RH), HIV prevention, safe water and hygiene will also be available to women. This community-based support will improve adherence and facilitate clinical partners' ability to track women (and their children) who have been lost to follow-up and promote male involvement, while respecting cultural norms.. As there will be a strong link and coordination with USG clinical partners, an increase in HIV testing, uptake for FP/RH services, uptake to highly active antiretroviral therapy (HAART) can be tracked.

Women and their children will benefit from strengthened nutrition counseling as well as receive support

| |
|---|
| for learning how to use locally available foods to create nutrient-rich foods for their families. Economic strengthening activities targeting vulnerable households will allow heads of households to access health, education and other essential services for their children. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10835** | **Mechanism Name: RPSO - Equipment Procurement** |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Regional Procurement Support Office/Frankfurt | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,000,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,000,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This is an ongoing activity and FY10 funding is to complete the construction that is currently underway. The Regional Procurement Support Office (RPSO) is a State Department partner whose main objective is to provide Foreign Service posts worldwide with a responsive and efficient procurement and contracting resource. The RPSO aims to assist the National Blood Transfusion Program by managing funds for the construction of a new National Blood Reference Center (NBRC) and to procure laboratory equipment to operationalize the NBRC. This activity will be restricted to the NBRC located in Maputo province. The procurement of equipments for the other blood banks will not be made by this implementing mechanism (IM). Our goal is to construct and equip the NBRC with the most up to date and reliable equipments used in blood banks around the world. By creating a state of the art NBRC in Mozambique, this implementing mechanism expects to attract more blood donors and strengthen the accuracy and quality of testing for transmission transmitted infections (TTI) thereby ensuring a safe and adequate blood supply for all

Mozambicans.

By strengthening the capacity for blood collection, processing, TTI testing, and distribution, this IM expect to address the objective 1.5 of the Partnership Framework between US government (PEPFAR) and government of Mozambique, which is to ensure safe blood and its products for those in need. The creation of a fully functional NBRC is key to strengthening the national blood transfusion service and will serve as a state of the art facility to house NBTP office, a training facility and all departments required to produce blood units with quality recommended.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10835** |
| **Mechanism Name:** | **RPSO - Equipment Procurement** |
| **Prime Partner Name:** | **Regional Procurement Support Office/Frankfurt** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMBL | 1,000,000 | |

**Narrative:**

The Regional Procurement Support Office (RPSO) has been involved in the process of construction of the new National Blood Reference Center (NBRC) since it started in 2006 including the procurement of architecture and construction contractors. COP 10 funding will be used to complete the construction of the NBRC which is currently underway and is expected to be a turning point for the entire blood transfusion services in Mozambique. This center will strengthen and improve the capacity for collecting, processing, testing and distributing blood. Also the goal of this activity is to ensure that this facility is equipped to handle waste properly. The NBRC will also serve as training facility and will be accountable for quality control system for NBTP. This implementing mechanism seeks to assist CDC and National Blood Transfusion Program (NBTP) in the construction and procurement of equipments for the new

| |
|---|
| NBRC building.<br><br>The involvement of RPSO in the procurement process is to reduce the time that MOH takes in the procurement process by working closely with CDC staff on the ground. This implementing mechanism will help to alleviate MOH duties and speed up the procurement of important equipments that will be delivered when the building is completed and will also guarantee that reliable equipments will be deployed on time. This activity will involve the construction and procurement of equipments only for the NBRC located in Maputo.<br><br>Blood banks facilities well equipped and well furnished are key to attracting new blood donors, particularly younger donors, and are also an incentive for regular donors. Safe and adequate blood supply begins with attraction of low risk blood donors. With this facility well constructed and equipped, this activity is expected to increase volunteer non remunerated blood donors and also increase the number of regular blood donors. In attracting and retaining low risk and regular donors through improvement of blood bank facilities, a safe and adequate blood supply can be assured for those in need. The presence of low risk donors in the facility will be an opportunity to pass on messages about HIV prevention either by direct mobilization or through printed educational materials. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10961** | **Mechanism Name: Support the Mozambican Armed Forces in the Fight Against HIV/AIDS** |
|---|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Grant |
| Prime Partner Name: Population Services International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 2,185,374** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 2,185,374 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

There are an estimated 15,000 military personnel dispersed throughout Mozambique with the greatest concentrations in Maputo, Nampula, and Sofala provinces. The Mozambican Armed Forces (FADM) are divided into Army, Navy, and Air Force. Most military facilities are located in remote areas. Enlisted recruits are trained in facilities located in districts with relatively good infrastructure and accessibility, which could increase their behavioral risk for HIV.

In line with the Government of Mozambique National Accelerated HIV Prevention Strategy to implement evidence-based and comprehensive prevention interventions targeted towards the general population and most-at-risk populations (MARPs), the USG supported the FADM in completing the second round of the Behavioral and Prevalence Study within their personnel and plans to support data collection to access Male Circumcision (MC) prevalence among young recruits. This kind of information is critical to ensuring interventions targeting the armed forces are evidence-based.
Population Services International (PSI) will continue implementing general prevention activities and will start working to implement biomedical prevention of MC, all in collaboration with the USG agencies, Mozambican Military Health and other partners implementing similar interventions. The main goal of these interventions is to continue assisting the FADM's effort to reduce HIV incidence among soldiers and their families, and to increase its capacity to manage effective prevention programs.
The objectives are:
1) To increase the capacity of FADM to perform HIV prevention awareness activities;
2) To increase awareness of the need for HIV prevention among military personnel and family, using innovative means for message delivery such as radio, video and TV added to the current strategies;
3) To improve access to and consistent use of condoms and reduction in sex partners;
4) To improve access to CT for military personnel and family members;
5) To increase referrals to appropriate care and support services for those infected with HIV;
6) To expand the availability of MC services through infrastructure development, training of doctors and technical assistance;
7) Reduce the incidence of malaria through distribution of mosquito nets.

The activities include IEC, BCC, peer education, dramatization, movies, murals, to influence abstinence, voluntary testing, fidelity, partner reduction, reduction of alcohol consumption, constant and consistent condom use, increase of MC prevalence among the troops in all military units. In the training camps, the program will include a component of gender based violence and forced sex. PSI will introduce a "green line" available for female recruits that are willing to discuss particular aspects related to gender based violence.

Prevention campaigns will also target the population surrounding military bases because the two groups are related. PSI will continue making available the camouflage and female condoms in all military units, including hospitals.

USG will fund PSI to install another radio at the Military Academy in Nampula to broadcast HIV awareness messages. As the project progresses, the military team operating the radio station in Maputo will be sent to Nampula to train their colleagues about the basic aspects of radio operation. USG will request to again have the US military radio team come to Mozambique for another set of trainings.

With the completion of this project, important prevention, care and treatment messages will reach all age groups and sexes including the troops located around the City of Nampula and the students of the Military Academy. One benefit of radio is the flexibility to discuss and inform people about a variety of topics. It is a tool that is crosscutting all program areas. In this particular case, we will encourage the connection between the military health and the provincial health directorate so that information related to malaria, TB, diarrhea, vaccinations, breast feeding, STI diagnosis and treatment, male circumcision, etc. can be broadcast for the benefit of the general population. This project is cost efficient not only because the broadcasts and radio station will be managed and operated by the military but also because it can generate some income from publicity and announcements requested by local enterprises and the general public. These funds will cover operational costs. The same M&E tools that are measuring the radio impact in Maputo will also be used in this station in Nampula.
PSI will develop and introduce a training curriculum for awareness classes offered to the recruits and other soldiers in other military units.
This partner will also scale up and improve mobile CT access to military forces and their families via training and supervision/support of military CT counselors; TA and CT campaigns to encourage testing among the military leadership. The PICT strategy will be introduced in all military health units. HIV status disclosure will be emphasized as well as discordant couples counseling. CT will be provided to young people (male and female) that are required to undergo medical check-ups in order to assess their ability/physical fitness for military basic training. Since part of the aforementioned check-ups also includes genital examination, USG will support the military health in order to take advantage of the opportunity that is given to gather information related to MC prevalence among these young people in order to support PSI's critical strategy of providing MC interventions at the military basic training camps and in other military highly concentrated areas.
All proposed activities are linked with the Goal 1 of the Partnership Framework which is to reduce new infections in Mozambique.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 310,000 |
| Gender: Reducing Violence and Coercion | 10,000 |
| Human Resources for Health | 220,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
TB

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10961** |
| **Mechanism Name:** | **Support the Mozambican Armed Forces in the Fight Against HIV/AIDS** |
| **Prime Partner Name:** | **Population Services International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 740,000 | |

**Narrative:**

PSI will ensure that the existing CT sites are well functioning, the quality of testing is assured, the counselors receive refresher courses and IEC materials (printed and media) are available in each site and in all military bases. M&E tools will be in place. Mobile testing and counseling campaigns will be reinforced and increased to target military bases without local CT services. The remote bases and the training camps will be considered and a van will be purchased and transformed into a mobile clinic. During these campaigns and specially during each CT session, the counselors will be trained to assess information about the clients' status in regards to MC and, educate the ones that test negative about the advantages of the intervention. The testing will follow the national algorithm and HIV positive clients will continue being referred for care and treatment as usual.

Adapting a protocol previously used in Lesotho, USG in conjunction with the FADM will do a study of MC

prevalence among recruits' applicants. It will require MOH ethics approval of the protocol. The study will target young people and the data will cover the entire country.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 715,765 | |

**Narrative:**

PSI, in collaboration with USG and USG-supported partners, will support the expansion of male circumcision (MC) within the FADM. The aim is to increase the number of circumcised men and reduce the number of new HIV infections in the military.

PSI's initial priority will be to implement MC services at military entry points, namely basic training camps (Manhiça and Montepuez) where recruits receive training for 6 months. Currently, PSI conducts HIV prevention activities in these training camps. The plan for FY 2010 is to expand efforts for greater impact by offering comprehensive CT services and MC. MC will occur after graduation and the circumcised men will be required to stay at the training camps until healing is complete. The same approach will be used at the Special Forces (i.e., Red Berets and Fusiliers) training camps. PSI will tailor the approach at the Military Academy in Nampula, Sergeant's School and with the Peacekeeping Forces located in Boane, based on the unique needs and availability of personnel in these cadres.

Following the completion of a demonstration project and approval from MOD, providers will be trained according to national standards and will follow recommended clinical procedures. MC will be performed entirely by military medical staff to ensure sustainability and human capacity development. However, PSI will provide technical assistance and supportive supervision as needed.

PSI will also support infrastructure improvement at the existing facilities where MC services will be provided. Military facilities are typically degraded and will need rehabilitation to ensure that MC services are offered in an environment that will prevent and control infections. It is anticipated that a small area will be created to accommodate MC services and sterilization rooms will all be renovated. Exact locations and prioritization of MC service initiation will be coordinated with USG and MOH.

PSI will procure the needed commodities to effectively deliver services and will develop IEC materials for military personnel. MC services are not stand-alone and PSI will ensure that males are aware that abstinence, partner reduction, condom use, and reduction in alcohol consumption are also key for a life free of HIV.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVAB | 479,609 | |

**Narrative:**

Unprotected heterosexual sex is the primary route of HIV transmission among Mozambicans. A recent study conducted with Mozambicans between the ages of 15 and 24 found that only 33% of males and 29% of females reported using a condom during their last episode of sexual intercourse, suggesting that low rates of condom use may be a major factor in the spread of HIV. Multiple concurrent partners, stigmatization, gender inequality, and misinformation about HIV also impact the spread of HIV infection among the general population. Additional factors (e.g., mobility, sex workers, separation from family) contribute to the even higher prevalence of HIV among members of the Mozambique Armed Defense Forces (FADM). It is clear from these findings that developing effective risk reduction programs is critical to limiting new infections in Mozambique. The military population's age group ranges from 18 - 45+ years old. Based on this information and using the behavioral and prevalence study data, PSI will design activities that address the major drivers of the epidemic within the Mozambican military. Some of those are multiple concurrent partners, low condom use, heavy drinking, low CT (there is a need to move from CT to the new concept of PITC). All aspects of risky behavior will be addressed and explored during peer education sessions and, funds will be allocated to PSI to implement this comprehensive program. The peer education program will have a particular piece targeting around 4000 recruits (men and women) during their military basic training. As they complete the training, it is expected that these new soldiers will be agents of behavior change within the barracks and in the communities surrounding the units where they will be assigned to serve. PSI will work hard to promote HIV status disclosure within the armed forces and will record a video documentary about the life of a soldier (male and/or female) that lives with HIV. A military recorded video about CT will be produced (using the example from Botswana as reference) and advertised on TV. During prevention campaigns soldiers LHIV will give testimonies to fellow soldiers about their life.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 250,000 | |

**Narrative:**

These activities (the radio program and the HIV/AIDS training curriculum) will give the military other options to disseminate and discuss a variety of information about all aspects related to HIV. Programs aiming to influence reduction of risky behavior will be designed and broadcast. However, the installation of the radio will require a component of infrastructure rehabilitation, equipment and training. Specific programs will be designed to promote abstinence, partner reduction, consistent and constant condom use because the majority of military students at the military academy are away from home and may engage in risky casual sexual encounters. PSI will develop a training curriculum (adapted from other countries) and it will be used during awareness classes offered to the recruits. The young recruits will be

| |
|---|
| trained in HIV basic aspects aiming to enrich the prevention program.The same curriculum will also be used at the Military Academy in Nampula and at the sergeants' school in Boane. The HIV awareness training curriculum will also be used by the radio operators to orient their programs and radio debates. Part of the funds will be used to procure, buy and distribute long-lasting insecticidal mosquito nets (LLINs) for the new recruits. When they complete the training they will leave the military training camps with their own nets. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10962** | **Mechanism Name: DOD-University of Connecticut-GHAI-HQ** |
|---|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Grant |
| Prime Partner Name: University of Connecticut | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 100,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 100,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The USG will continue funding the University of Connecticut with US funds to expand their current intervention at the Maputo Military Aids clinic to other locations, namely Beira and Chimoio. Their experience from previous interventions will be an asset as they relocate to the new sites which present similar challenges. At the Beira Military Hospital, ART services are integrated within other services provided in this hospital. This fact is particularly important because people that receive services at the clinic will be exposed to  prevention with positives (PwP) messages at the clinic site. The site in Chimoio is not in a clinical setting or community setting. It is located in a military unit predominantly composed by men. However, a group of soldiers voluntarily identified as HIV postive, created a support group which can be the intervention starting point. The main messages will be HIV testing of sexual partners,

disclosure of HIV status, the risks of alcohol use, STI assessment, family planning, safe motherhood, condom use, discordant couples, messages related to Gender Based Violence, etc. This activity is in line with the Partnership Framework Goal 5 which is to ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems.

Prevention with positives activities will continue to provide more information about risky behavior and safer sex to HIV positive patients. The sustainability of this intervention will be assured with the constant training (and refresher courses) of military peer educators, doctors, and psychologists on the use of the intervention materials and new counseling strategies to use with these patients and make the sessions more productive and educational. To increase the FADM capacity to disseminate the PwP program to other FADM facilities, a minimum of 5 FADM peer educators will be identified to serve as Master Trainers in the program. These peer educators will be taught how to train other peer educators in the program and will be provided with the necessary training materials to conduct the trainings. The program intervention will be constantly monitored through regular site visits and supervision done by the UConn local staff and evaluated through focus group and interviews, 6 months and, again a year after the launch of the program. As the program is expanded to other locations, effectiveness will be evaluated at each site by comparing the self-reported sexual risk behaviors of 100 HIV+ patients prior to the inception of the program (at baseline) with their self-reported behaviors after the program begins. Trained interviewers at each site will administer measures of HIV risk behavior to these patients at baseline, and then again 6 months after the patients' first PwP session. The interviewers will also review each patient's medical chart for any evidence of sexually transmitted infections (STIs) at baseline and 6 months. Feasibility and acceptability of the PwP program will be evaluated using exit focus groups.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Military Population
Safe Motherhood
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10962** |
| **Mechanism Name:** | **DOD-University of Connecticut-GHAI-HQ** |
| **Prime Partner Name:** | **University of Connecticut** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 100,000 | |

**Narrative:**

The USG will continue funding the University of Connecticut (UConn) to expand to Beira and Chimoio the prevention with positives (PwP) program for HIV positive patients currently being implemented at Maputo Military Day Hospital. The PwP program, entitled Opçoes Para a Saúde, is modeled after Options for Health, an evidence-based program that has been successfully implemented in South Africa.. Opçoes Para a Saúde, has been modified to address the specific sexual risk reduction needs of Mozambicans living with HIV. The PwP program at MaputoMilitary Hospital consists of trained peer educators providing one-on-one HIV risk reduction counseling to HIV positive patients when they come to the clinic for their HIV care. The individualized sessions last approximately 15 to 20 minutes and occur each time that patients come to the clinic. The counseling program is based on the Information-Motivation-Behavioral Skills model of HIV prevention, and it uses motivational interviewing techniques to help people address and overcome any informational, motivational, behavioral skills, and other barriers that are preventing them from consistently engaging in safer sex.

This partner will support and motivate the creation of more support groups to enable the sharing of experience and lessons learned from clients. Depending on the number of HIV positive patients in each site, the UCONN team closely working with the local military health team will select a group of people which will be trained and will pass on positive prevention related information to the rest of the group.

This activity also includes a capacity building component. Doctors, psychologists, nurses and peer educators will be trained on positive prevention programming as they have the most contact with patients.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 10963** | **Mechanism Name: DOD-DOD-GHAI-HQ** |
| Funding Agency: U.S. Department of Defense | Procurement Type: USG Core |

| Prime Partner Name: US Department of Defense | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 100,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 100,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The USG through the Department of Defense (DOD) will continue funding HIV related international and national courses for military health care providers. This activity focuses on developing the capacity of health providers responsible for ARV roll-out at Military Hospitals because an effective response to the HIV epidemic requires expertise, experience, and training in the prevention and treatment of people infected with HIV. This Implementing Mechanism is linked to the Goal 3 of the Partnership Framework which aims to strengthen the Mozambican health system, including human resources for health.

Therefore, some military doctors, nurses, psychologists and laboratory technicians will be trained in San Diego – California through the Military International HIV Training Program (MIHTP) which is a collaboration of the Naval Medical Center San Diego (NMCSD), the University of California & San Diego (UCSD) and San Diego State University (SDSU). NHRC provides operational support through DHAPP. The MIHTP provides training in HIV related patient management, epidemiology, and public health for medical military personnel actively caring for HIV infected patients. MIHTP top priority is to train key medical personnel (clinicians in practice) both in San Diego and abroad with the goal of transferring appropriate knowledge and technology to each country. The training programs and projects are developed in collaboration with each military organization to meet specific needs. Emphasis is placed on training, consultation, and operational support for prevention and clinical management of HIV and its complications as well as courses in epidemiological surveillance and laboratory diagnosis from a clinical physician perspective. A large emphasis is placed on the experiential part of the program to understand the military's policies and procedures regarding service members with HIV.

Other medical staff will continue attending training courses at the Infectious Diseases Institute (IDI) on the campus of Makerere University, Kampala, Uganda.
The primary goals of the training program in Uganda are to:

1) Review the latest HIV diagnostic and treatment approaches;
2) Discuss major issues concerning comprehensive HIV care;
3) Discuss military-specific issues related to HIV care;
4) Enhance the clinical skills of practitioners dealing with patients who are infected with HIV and associated illnesses.
5) Provide up to date laboratory techniques (diagnosis, quality control, monitoring and evaluation, etc)

These goals will be accomplished through featured expert speakers on a range of HIV topics, interactive assignments, and practical demonstrations. The lectures will be presented by faculty from Makerere University as well as one international trainer from the Infectious Diseases Society of America. The method of instruction will include a combination of lectures, case discussions, journal clubs, and clinical experience. Lectures will be delivered in a classroom setting to the group as a whole, followed by inpatient and outpatient clinical sessions that will include bedside teaching rounds, an overview of systematic HIV patient care and management, and exposure to community-based HIV care and prevention programs.
These trainings provided a practical experience on how to deal with HIV cases within the armed forces, maintaining the confidentiality of one's HIV status and supporting the patient's willingness to disclose it to fellow soldiers and/or family members. It was found that after returning from these trainings, the people trained are motivated and in general they make critical changes on their programs improving it based on the knowledge acquired. With the introduction of MC interventions at military highly populated sites, part of the funding will be spent on training clinical staff which will be working on this new intervention within the military population. There are also plans for partnering with Brazilian Universities and offer trainings locally to take advantage of the language, reduce the costs and increase the number of staff to be trained. This makes this implementing mechanism a very cost effective one.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 100,000 |

## Key Issues

Military Population

## Budget Code Information

| Mechanism ID: | 10963 | | |
|---|---|---|---|
| Mechanism Name: | DOD-DOD-GHAI-HQ | | |
| Prime Partner Name: | US Department of Defense | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | 100,000 | |

**Narrative:**

With the increasing number of military health facilities being rehabilitated, more doctors will be relocated to remote areas to DOD-supported military health facilities. Trainings are designed for doctors, nurses and psychologists and will include subjects related to male circumcision interventions for HIV prevention, HIV/AIDS care and treatment, counseling techniques, patient tracking systems, etc. Military doctors will visit countries where MC service delivery is up and running and will receive theoretical and practical training. These trainings will also include practical exercises (local anesthesia administration, skin removal and stitch techniques) and site visits which it are planned to be at military units implementing MC interventions. The USG will ensure that funds are also spent in capacity building for Military physicians on areas such as STI Syndromic Management and clinical management of HIV/AIDS, integration of STI counseling into clinical practice, establishment of HIV/AIDS prevention and care units, collaboration and networking with home - based care and support groups, etc.

The psychologists will be trained in counseling skills as an essential component of their ongoing management of HIV patients (military and civilians) because, as is known, in the general practice management of HIV patients, there is a significant component of psychosocial issues requiring specific HIV and general counseling skills. The format and content of the course will effectively enable General Practitioners and Psychologists to develop the confidence and skills necessary for this counseling role. It will be their responsibility to clearly inform, counsel and support patients about many sensitive issues such as disclosure of HIV status, pregnancy and HIV, positive living, the responsibility for not infecting others, etc.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10969** | **Mechanism Name: P/E Quick Impact Program** |
|---|---|
| Funding Agency: U.S. Department of State/Bureau of African Affairs | Procurement Type: Grant |
| Prime Partner Name: U.S. Department of State | |

| | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,365,280** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,365,280 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of the Small Grants Program is to deliver HIV prevention, care and support activities via grants made directly to small, entirely local organizations, while strengthening the technical and institutional capacity of these organizations. Small grant recipients will be chosen based upon their stated ability to achieve these goals through innovative, yet cost-effective approaches. The ultimate goal of the Small Grants Program is to continue moving towards the full "Mozambicanization" of the response to HIV in country.

The Small Grants Program will directly contribute to Goal 1 of the Partnership Framework by reducing new HIV infections in Mozambique through utilization of a multifaceted approach that addresses issues of peer education risk reduction, alcohol abuse reduction, male circumcision, condom distribution and promotion, positive prevention, discordant couples, counseling and testing, screening of STIs, multi-level behavioral strategies structural/policy interventions and linkages to clinical care and treatment.

Reduction of sexual transmission of HIV will be facilitated through comprehensive prevention interventions that increase knowledge and awareness of safer sexual practices. Targeted activities to prevent HIV infections in HIV positive persons and most-at-risk populations (e.g., commercial sex workers and mobile populations such as police, border guards, customs guard polices and other uniformed services) will be developed and implemented.

In alignment with the PMTCT, Counseling and Testing, and Other Prevention strategies activities for 2010, Small Grants Program will support the production of the second phase of N'Ntxuva-- a radio and television soap opera addressing HIV messages-- in order to: increase the number of women who receive comprehensive package of PMTCT, increase the number of women who receive both HIV care and family planning counseling and services, and implementing safe infant nutrition and education interventions. Prevention programs will also focus on promoting the importance for engagement of men in HIV testing in

PMTCT settings.

The Small Grants Program will address Goal 3 of the Partnership Framework by strengthening the Mozambican health system through the establishment of scholarship programs for medical students in country. These scholarships will help produce more doctors which will then be added to the healthcare infrastructure of Mozambique.

Goal 5 of the Partnership Framework will be addressed by the Small Grant Program through the funding of community-based groups and faith-based organizations that provide care and support to orphans and vulnerable children. We will consider projects that increase access to a continuum of HIV care services, including: psychosocial support, promotion of food and nutrition security among AIDS-affected households, providing high quality essential services to orphans and vulnerable children, promoting legal and social rights of PLHIV, OVC and other affected individuals, reducing HIV related stigma and discrimination, developing a number of activities related to greater empowerment of local organizations, extending the network of home care services and strengthening the income generation capacity of individuals, households, and communities affected by HIV-- particularly women.

The portfolio of the Small Grants Program follows the PEPFAR prevention strategy and encompasses a balanced strategy between general populations, bridge populations and MARPs, media and community and a dynamic mix of communication channels. It is carefully aligned with the priorities of the National Prevention Strategy, targeting the main drivers and populations of the epidemic and geographically vulnerable areas.
The prevention strategy is tailored to the specific needs of each part of the country. In the South, the programs will be very intensive with high coverage targeting general populations, bridge populations, mobile populations, and CSW. In the Central area, small grant projects will focus on general populations found along high risk corridors and high prevalence areas and districts. Bridge populations, mobile populations, CSW in corridors and hot spots will also be addressed. In the North, small grant projects will be geographically focused (Nampula port, Niassa corridor, Pemba, etc.) on higher risk populations such as CSW. Activities with the Ministry of Education will be developed for delivering HIV/AIDS education in schools. There will be an increase in development and activity in male engagement in HIV interventions.

Cost efficiency strategies will include: direct funding of local organizations without having to pay the M & O costs of implementing partners; links with existing PEPFAR prime partners, USG and civil society organizations; and implementation of income generating activities for recipient organizations.

Monitoring and evaluation of Small Grants Programs will be accomplished through periodic field visits to each recipient and the preparation of semi-annual and annual progress reports.

All State activities were combined into one Mechanism System ID – 9876.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 50,000 |
| Education | 50,000 |
| Food and Nutrition: Policy, Tools, and Service Delivery | 25,000 |
| Gender: Reducing Violence and Coercion | 20,000 |
| Water | 20,000 |

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10969** | | |
| **Mechanism Name:** | **P/E Quick Impact Program** | | |
| **Prime Partner Name:** | **U.S. Department of State** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 100,000 | |
| **Narrative:** | | | |
| Small Grants Program will solicit proposals from local organizations providing a range of care and support services for HIV-affected households. Activities may include a range of interventions within | | | |

pyschological, social, spiritual, and prevention.. The interventions prioritized under this activity are social support (including economic strenghthening to improve food security) and prevention services. Social support activities proposed may include: vocational training, , social and legal protection, support for caregivers and reducing stigma and discrimination. Successful proposals will demonstate meaningful involvement of PLWH in activity implementation and design.

While proposals will be accepted nationally, proposals from Cabo Delgado and Northern Inhambane provinces will be prioritized; PEPFAR clinical parterns are providing services with little community-based care and support services to complement these interventions. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the commutnities' needs. Priority interventions are sustainable food and nutrition support and viable economic strengthening interventions.

Wherever feasable, this activity will link with Peace Corps Volunteers who may provide implementation, M&E, technical support to the grantee as well as facilitate linkages to other PEPFAR partners, and wraparound services such as malaria prevention, family planning, safe water and nutrition.. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the commutnities' needs

Small Grants program will work with organizations who have a proven record of accomplishments.. All grantees will receive capacity building support helping to ensure the grantee's sustainability beyond the end of the one-time grant.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 100,000 | |

**Narrative:**

Small Grants Program will solicit proposals from local organizations will focus on family/household strengthening. Small Grants will support activities which provide a range of care and support services for households with Orphans and Vulnerable Children (OVC). Activities implemented may include1)food and nutritional support 2) shelter and care 3) protection 4) health care, include prevention and care for HIV positive children 5) psychosocial support 6 educational and vocational training 7) economic opportunity/strengthening.

Succesful proposals will have clearly defined objectives and activities which are family-centered and that ensure the well-being of the OVC and family. Successful proposals will also be harmonized with the National Action Plan for OVC as well as with guidelines for the minimum service standards defined by the

Ministry of Welfare and Social Action. All proposals must also demonstate meaningful involvement of OVC, including HIV positive youth.

While proposals will be accepted nationally, proposals from Cabo Delgado and Northern Inhambane provinces will be prioritized; PEPFAR-supported clinical partners are providing services with little community-based care and support services to complement these interventions. Priority interventions are sustainable food and nutrition support and viable economic strengthening interventions.

Wherever feasable, this activity will link with Peace Corps Volunteers who may provide implementation, M&E, technical support to the grantee as well as facilitate linkages to other PEPFAR partners, and wraparound services such as malaria prevention, family planning, safe water and nutrition. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the commutnities' needs.

Small Grants program will work with organizations who have a proven record of accomplishments. All grantees will receive capacity building support helping to ensure the grantee's sustainability beyond the end of the one-time grant.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 150,000 | |

**Narrative:**

Expand access to confidential HIV counseling and testing through facility, workplace and community-based strategies in an effort to increase the percentage of Mozambicans who have ever received an HIV test and results to 50%.

Small Grants Program will partner with a local organization to produce the second phase of N'Txuva, a nationally televised, HIV/AIDS themed, soap opera. This collaborative effort (with the private sector and a national television station) will utilize local actors to address issues regarding HIV counseling and testing, pregnancy in adolescents/women and general healthcare based on cultural and local practices. The finished product will also be converted to radio format for broadcast on local stations. Through this radio and TV soap opera, it will be addressed the importance of HIV testing, condom use, STI's prevention and non-planned pregnancies. The soap opera will also discuss the importance of fidelity in married couples. Subsequent to each chapter's radio or TV broadcast, TV, community and school debates will be organized with involvement specialists, community leaders, teachers and civil society to talk about community experiences, best practices and to educate the community in general. The goal is to have a

product that delivers HIV/AIDS related messages that are adapted to Mozambican's culture, using their various verbal expressions, symbols and icons.

With this Small Grants intervention the counseling and testing demand will be increased all over the country. Activity will also strengthen referrals and linkages between counseling and testing and other health and HIV services, including community-based prevention, care and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 315,280 | |

**Narrative:**

The system barrier this activity addresses is the weak institutional capacity of Small Grants Program partners in program and financial management. These small local organizations receive grants to implement work in prevention, care and support, but do not receive tailored capacity-building. A Request for Applications will be launched to bring in a regional partner to provide capacity-building to promising of small non-governmental and community-based organizations. This partner will liaise with capacity-building efforts carried out by existing partners and programs. A capacity needs assessment will be carried out with grantees to establish a tailored capacity-building plan that will include training and mentoring. Likely areas of capacity-building are project design, project implementation, financial management, monitoring, governance, and proposal- and report-writing. Capacity-building over a period of time will allow the small grantees that grow successfully to graduate to the Capable Partners Program or other mechanisms, where they can receive larger amounts of funding and expand their programs. There will be positive spillover effects, since a stronger civil society will contribute more actively to the overall health system.
Organize HIV/AIDS awareness activities for mission employees, their families including the guard force working for the mission.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 300,000 | |

**Narrative:**

The Small Grants Program will support innovative community-based interventions that are line with Mozambique's realigned prevention strategy. Activities funded by Small Grants will include sexual prevention interventions that use effective behavior change techniques and target young people and adults. Activities will focus on messaging to reduce multiple concurrent partnerships and correct and consistent condom use. Successful proposals will be innovative, culturally appropriate, and tailored for the specific needs of the target group (i.e. adults vs. sexually active older youth and high risk youth).

While the geographic scope of Small Grants is national, the focus of this activity will be the Mozambique transport corridors, to be in line with the Mission's new prevention strategy.

Wherever feasable, this activity will link with Peace Corps Volunteers to provide implementation, M&E and technical support to the grantee as well as faciliate linkages with other PEPFAR implemeting partners, and wraparound services such as malaria prevention, family planning, safe water and nutrition. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the commutnities' needs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 200,000 | |

**Narrative:**

The Small Grants Program will support innovative community-based interventions that are line with Mozambique's realigned prevention strategy. Activities funded by Small Grants will prioritize sexual prevention interventions that use effective behavior change techniques and target young people and adults.  Activities will focus on messaging to reduce multiple concurrent partnerships and correct and consistent condom use.

Successful proposals will be innovative, culturally appropriate, and tailored to the specific needs of the target groups: alcohol users, at risk youth, individuals who practice transactional sex/prostitution

While the geographic scope of Small Grants is national, the focus of this activity will be the Mozambique transport corridors, to be in line with the Mission's new prevention strategy.

Wherever feasable, this activity will link with Peace Corps Volunteers to provide implementation, M&E and technical support to the grantee as well as faciliate linkages with other PEPFAR implemeting partners, and wraparound services such as malaria prevention, family planning, safe water and nutrition.. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the commutnities' needs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 200,000 | |

**Narrative:**

In alignnment with the PMTCT strategy activities for 2010, implement activities to increase number of women who receive comprehensive package of PMTCT; Develop activities to reduce HIV infections in adolescents pregnant women in rural communities; Promotion of PMTCT activities, pediatric, and

maternal and child health, including integration of family planning into national HIV prevention activities and implementing safe infant nutrition interventions.

Small Grants Program will partner with a local organization to produce the second phase of N'Txuva, a nationally televised, HIV/AIDS themed, soap opera. This collaborative effort (with the private sector and a national television station) will utilize local actors to address issues regarding HIV counseling and testing, pregnancy in adolescents/women and general healthcare based on cultural and local practices. The finished product will also be converted to radio format for broadcast on local stations. Through this radio and TV soap opera, it will be addressed the importance of HIV testing, condom use, STI's prevention and non-planned pregnancies. The soap opera will also discuss the importance of fidelity in married couples. Subsequent to each chapter's radio or TV broadcast, TV, community and school debates will be organized with involvement specialists, community leaders, teachers and civil society to talk about community experiences, best practices and to educate the community in general. The goal is to have a product that delivers HIV/AIDS related messages that are adapted to Mozambican's culture, using their various verbal expressions, symbols and icons.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10971** | **Mechanism Name: DOD-DOD-GHAI-HQ** |
|---|---|
| Funding Agency: U.S. Department of Defense | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

With FY 2010 funds, USG will invest in the rehabilitation of military health facilities which is linked to the

Partnership Framework objective to improve and expand the public health infrastructure. This implementing mechanism is focused on the cross-cutting program of construction and rehabilitation.

The geographic area served is Tete,Boane and Maputo. The target populations are military and civilian patients and the services will include PICT, PMTCT, ART, PwP, STI diagnosis, among other basic health services. The USG will contract companies TBD which will rehabilitate the aforementioned Military health facilities. More funds will be requested in FY 2011 to complete these projects. The hospital in Boane is particularly important because it is located in a base where the Peace Keeping Force is stationed, there is a sergeant's school and a military neighborhood. The estimated catchment area is of about 4,000 people (2,000 people living inside the base and 2,000 people living in the vicinity).

The projects are cost efficient because, in the case of Tete, the main structure of the building is still usable and the location is good for the civilians' access. In the case of Boane, the hospital is functioning but when the rehabilitation is complete, it will operate in its full capacity. The sterilization room is also operational but it needs to be renovated (painting, supply of water and electricity, etc.), taking in consideration a coherent flow of services in order to reduce and control infections. The equipment is also obsolete. Therefore this must have the capacity to sterilize reusable instruments. Costs will be covered related to provision of sterilization basic instruments, supplies for infection control such as gloves, masks, sharp containers, soap, etc. military hospital clinical staff will be trained on how to design and implement an infection control plan which can be replicated throughout the military health system.

The rehabilitation progress of these facilities will be monitored by the USG and the FADM through the construction companies' implementation schedules and, the quality of services will be evaluated by both the architect contracted to design the project and write the technical specifications and the FADM architect. As payments are to be processed by completion of clearly defined stages, evaluation will also follow the same logic, so that money is only disbursed if all parties agree on the quality of services delivered.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | Redacted |

## Key Issues

Increasing gender equity in HIV/AIDS activities and services

Military Population

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **10971** |
| **Mechanism Name:** | **DOD-DOD-GHAI-HQ** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

The military health infrastructure is close to non-existent and obsolete. Therefore, investments are needed to recover this strategic sector to expand health services and offer more people health care services. The successful completion of these projects will allow the military to offer male circumcision services, control infections of medical material thorough proper sterilization, provide integrated services of ART perform laboratory analysis and provide PMTCT services to both military and surrounding civilian populations. Military health facilities also provide services to civilians in their catchment area thus shortening the distance some people will have to walk to have access to health treatment services. While investments are being made in Maputo Military Hospital as the premier military health facility, investments in the center region are now moving to Tete in the centre of Mozambique. The Tete project is an on-going activity and the Boane project is new. The rehabilitation of these two hospitals will first of all address one critical objective which is to increase geographical distribution of good quality military health services regionally (South, Centre and North). These construction activities are connected to service delivery and represent spillover investments for increasing health services for the military and Mozambicans living near each rehabilitated facility.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMIN | Redacted | Redacted |

**Narrative:**

This activity includes renovation of the sterilization room at the Maputo Military Hospital and the provision of basic sterilization instruments and supplies for infection control in order to respond to the recently initiated male circumsion services. There is a lot of contaminated/dirty material coming from varios medical services which need to be carefuly sterilized before being reused. With the renovation the sterilization room the USG will be responding to this evident need. In order to ensure safe medical male circumcision practices are carried out, the Military Hospital needs to be equipt with the proper sterilization services.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 10980** | **Mechanism Name: World Food Program** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Grant |
| Prime Partner Name: World Food Program | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 4,002,648** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 4,002,648 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall goal of this activity is to improve food support services provided to eligible ART patients and short-term food support to households with OVC.

WFP supports the national response to HIV by assisting moderately malnourished HIV positive patients for nutritional recovery and drug adherence in seven provinces. The WFP food assistance works closely with the MOH and within the existing public health delivery system. WFP works closely with the MOH in designing and disseminating policy and tools related to food and nutrition.

The target populations are adults and pediatric patients in care and treatment programs (pre and post ART), women and infants in PMTCT programs, and OVC, especially those under-five.

The geographic focus for WFP activities will be in Sofala and Manica for Care and Treatment, in Gaza for OVC, and at a national level for PMTCT programs. WFP will coordinate activities closely with PEPFAR partners within the different geographic areas. WFP will offer technical support, training and guidance to governmental and non-governmental partners in the implementation of food assistance for treatment of

moderate malnutrition of PLHIV and pregnant and lactating women.

Other USG-supported activities will complement WFP activities that seek to address the longer-term food security and nutrition needs of these vulnerable households.

This program will contribute to Partnership Framework Goal 5 by supporting the community care and HBC guidelines of the MOH, providing assistance for a nutrition assessment, and coordinating food and nutrition support through civil society organizations working with PLHIV and OVC

WFP will create a monitoring and evaluation plan that will include systems to collect and report on next generation indicators on a semi-annual and annual basis, as well as other project-related indicators, both qualitative and quantitative.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Food and Nutrition: Commodities | 3,802,648 |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **10980** | | |
| **Mechanism Name:** | **World Food Program** | | |
| **Prime Partner Name:** | **World Food Program** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 652,648 | |
| **Narrative:** | | | |
| In conjunction with funding from HTXS, the WFP will provide Corn Soy Blend (CSB) to clinical partners to manage and correct clinical malnutrition among PLHIV in Maputo, Gaza, Inhambane, Sofala, Manica and Tete. CSB is provided, typically monthly, as a take-home ration for the individual patients, not their household. The supplementary food consists of 10 Kg of CSB for a period of four to six months. CSB | | | |

recipients are counseled that this is "Food as Medicine", and it is important that beneficiaries are adherent in consuming the CSB, in addition to their medications, e.g. cotrimoxizole and ARVs. At the community level, WFP will collaborate with the FANTA project as it works with ANEMO, the national Mozambican Nurses Association, to revise the nutrition component of the HBC manual and will train ANEMO trainers to strengthen their community-based nutrition interventions and counseling with ART and pre-ART patients.

In addition, WFP will train and monitor USG partners in storage, packaging and handling of products to ensure product quality and safety from the time of storage at the time of distribution to beneficiaries. WFP will also provided support to partners in making adequate projections for CSB needs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 800,000 | |

**Narrative:**

The WFP will target food support to households with OVC under the age of five. Provinces for distribution will be negotiated based on geographic priorities defined by the Ministry of Women and Social Action and the presence of a PEPFAR implementing partner with the capacity to manage CSB distribution effectively. While PEPFAR guidance does not restrict food support for OVC (i.e. there are no anthropometric criteria), food support will target the most vulnerable OVC with short-term (6 months) emergency food support. OVC will be identified by community-based care implementing partners and the household will be able access economic strenghtening and food support activities which address the longer term needs of the household. The community-based care implementing partner will also be able to link the OVC household to government-supported social services, to ensure continued support beyond the 6-month period, if necessary. The monthly household food assistance will consist of 2 Kg of CSB, 10Kg of cereal and 1.2 Kg of pulses/beans.

In addition, WFP will train and monitor USG partners in storage, packaging and handling of products to ensure product quality and safety from the time of storage to the point of distribution to beneficiaries.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 750,000 | |

**Narrative:**

The WFP will provide Corn Soy Blend (CSB) to clinical partners to manage and correct clinical malnutrition among PLHIV in Maputo, Gaza, Inhambane, Sofala, Manica and Tete. CSB is provided, typically monthly, as a take-home ration for the individual patients, not their household. The supplementary food consists of 10 Kg of CSB for a period of four to six months. CSB recipients are

counseled that this is "Food as Medicine", and it is important that beneficiaries are adherent in consuming the CSB, in addition to their medications, e.g. cotrimoxizole and ARVs.

In addition, WFP will train and monitor USG partners in storage, packaging and handling of products to ensure product quality and safety from the time of storage at the time of distribution to beneficiaries. WFP will also provided support to partners in making adequate projections for CSB needs.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 1,800,000 | |

**Narrative:**

Under the PMTCT program, the WFP will provide food support in conjunction with HIV treatment and care services in order to strengthen the effectiveness and participation in these services and to improve clinical outcomes among HIV+ pregnant women and newborns. Eligibility for supplementary food is based on nutrition status or nutritional vulnerability. Every month clients will receive 10 Kg of Fortified Blended Flour (FBF). The patient will be re-evaluated every three months to either exit ("graduate") or continue on food support until up to six months after giving birth.

In collaboration with clinical partners, all beneficiaries will be linked to community-based peer support programs promoting adherence. Women will receive nutritional counseling and support (including education on preparing nutrient rich foods with locally available products, exclusive breastfeeding) at the facility level. The nutrition education and counsleing messages received at the facility will be reinforced through community-based activities. The community-based care implementing partner will link the pregnant and lactating woman to government-supported social services and OVC servcices to ensure continued support beyond the 6-month post-partum period, if necessary. Community-based care partners will also engage the households of pregnant and lactating women in economic strenghtening and food support activities which address the longer term needs of the household.

WFP will also collaborate with the Infant and Young Child Nutrition project that will provide specific technical assistance to the MOH concerning infant feeding and nutrition for newborns and to implementing partners to strengthen and ensure consistency of nutrition messages for this target group.

In addition, WFP will train and monitor USG partners in storage, packaging and handling of products to ensure product quality and safety from the time of storage to the point of distribution to beneficiaries. WFP will also provided support to partners in making adequate projections for CSB needs.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11463** | **Mechanism Name: United States Peace Corps Mozambique** |
|---|---|
| Funding Agency: U.S. Peace Corps | Procurement Type: USG Core |
| Prime Partner Name: U.S. Peace Corps | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 96,600** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 96,600 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In FY 2010, Peace Corps Mozambique (PC/MZ) is requesting funds to implement activities in the areas of Sexual Prevention, OVC Support, PLHIV Care and Treatment Adherence Education and Tracking in all provinces of Mozambique except for Niassa by working with youth (in-school and out-of-school) and adults. Although the requested amount is a 22% decrease from FY 2009, PC/MZ will maintain the same level of activities as in FY 2009 and enhance some of them using pipeline funding.

PC/MZ's Health and Community Development Project aligns with the global spectrum of activities of the USG PEPFAR program in Mozambique and supports the USG strategy of capacity building and sustainable programming through organizational development activities with CBOs and other community-based outreach efforts.

Health Volunteers will continue to provide organizational development support and capacity building to organizations and groups of community health workers at the local level. Education Volunteers will continue to implement HIV prevention interventions in classrooms settings, with boys' and girls' groups, and through other HIV-related community activities.

In FY 2010, funds will support 10 PC/MZ Health Volunteers in supporting prevention, care and treatment activities. In addition, all Volunteers and their community counterparts will be provided with enhanced

technical training in areas such as designing and delivering effective prevention activities, financial management for CBOs, program design and management training with an income generation and microcredit component, behavior change communication (BCC) strategies (including the Pathways to Change and RAMP models), and perma-gardening.

The Volunteer Activities and Support Training (VAST) program, a small grants fund that PC/MZ introduced in FY 2007, will be used by Volunteers and their counterparts for community-driven HIV initiatives in the areas of sexual prevention and support for OVC.

The USG will collaborate with the Ministry of Education, the NAC, and various USG Implementing Partners to design and deliver technically sound programs and trainings. Possible expansion of collaboration with two other key ministries in the HIV response in Mozambique will be explored: MOH and MMAS, who work together closely at the District and community levels where health Volunteers are placed.

Collaboration will also continue with USG partners and a number of international and national NGOs, CBOs, FBOs, schools and communities using FY 2010 funding. The international organizations include Save the Children, PSI, IRD, Columbia University ICAP, Vanderbilt University FGH, EGPAF, GHC, the National Christian Council, and Africare. Local organizations include Associacao Desafio Jovem, AFORCOR, ASAS, AJOPEM, CACHES, Tintsalo, PROLIR, Kulima, Karibu and others.

Cross-cutting areas include:

1) Economic strengthening through income generation and vocational training among PLHIV and their families and OVC and their caretakers;
2) Education through the work of education Volunteers who teach in secondary schools and teacher training institutes; HIV prevention and Life Skills training in the school and community setting;
3) Addressing gender norms through girls' and boys' clubs and conferences that promote explore societal norms around gender and promote gender equality

All Volunteers monitor their activities using an electronic activity and outcome tracking tool and report their activities twice a year (in line with USG reporting needs ) using an electronic reporting tool launched by Peace Corps worldwide in FY 2009. Volunteers also train their community counterparts in monitoring and evaluation.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 10,000 |
| Education | 40,000 |
| Gender: Reducing Violence and Coercion | 40,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **11463** |
| **Mechanism Name:** | **United States Peace Corps Mozambique** |
| **Prime Partner Name:** | **U.S. Peace Corps** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 24,600 | |

**Narrative:**

In FY 2009, Peace Corps expanded its work in this area through direct Volunteer placements with international and local organizations that support OVC and strengthening family/household food security through the promotion of perma-gardening techniques. At the community level, Volunteers assist with household and community vulnerability studies and planning community responses to ensure an adequate level of health and welfare for the children identified as vulnerable. Volunteers assist in improving the provision, coordination and quality of basic services for OVCs, including access to health services, education, shelter, legal rights, income generating activities, and food and nutritional support, as well as providing training to communities on a range of health topics, such as nutrition and Perma-gardening, and basic health and hygiene.

Volunteers and their counterparts can apply for small grants (known as VAST) to support small-scale, capacity-building projects among CBOs, FBOs, NGOs, schools and community groups that work with or provide services to local OVC and their caretakers. Given that Volunteers often work through existing programs benefiting OVC, activities that Volunteers conduct in this area, such as vocational training with Life Skills and income generation, are meant to serve as wrap-around efforts and enhancements to more

structured interventions such as educational services, food distribution, etc.

In addition to their work in communities, Volunteers will provide technical assistance directly to the organizations and personnel operating OVC centers. Their support activities include the establishment of systems, policies, and practices that ensure the delivery of adequate standards of care and services, as well as developing programs that prepare OVC for adulthood and independence, such as educational and Life Skills programs, skills for income generating activities, and various forms of counseling and therapy that aid children in overcoming trauma.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 13,000 | |

**Narrative:**

Approximately 35-40% of all Peace Corps Mozambique health volunteers have an assignment with a PEPFAR-funded care and treatment implementing partner in the field, regardless of the funding source. For FY 2010, five of the ten PEPFAR-funded health volunteers will be placed with PEPFAR-funded care and treatment implementing partners such as ICAP, FGH, HAI, and Care International.

With their counterparts, Volunteers work at a treatment site and community level to develop organizational, human, and programmatic capacity to improve quality of care and treatment services, including psychosocial and adherence support, patient follow up, and treatment literacy. Volunteers help improve program planning and development processes with respect to supporting the delivery of quality care and treatment services, and improving the networking and referral mechanisms between ARV treatment sites and NGOs, CBOs, FBOs, and government departments/institutions. Volunteers also assist with improving site level monitoring and evaluation systems; improving coordination with Provincial and District bodies of the NAC through development of planning and activity implementation systems; establishing community linkages to referral systems at district levels; developing/improving information systems that relate to treatment; and assisting treatment partners in the organization of community networks. Volunteers and groups of community health workers track lost-to-follow-up patients in the community, hold support groups for PLHIV and their families, and work on community-initiated projects in support of treatment. Volunteers, doctors, nurses, and NGO counterparts train the groups of community health workers in partnership with provincial and district level MOH officials to help them better support others in treatment adherence.

Volunteers and their communities will continue to have the opportunity to apply for VAST grants to use towards activities that improve linkages between the health centers where ARV treatment is provided and the communities served by those health facilities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 29,500 | |

**Narrative:**

In line with Mozambique's prevention strategy, Peace Corps volunteers and their counterparts will implement sexual prevention interventions that use effective behavior change techniques (Pathways to Change and the RAMP process) and target young people and adults. Activities will focus on reducing multiple concurrent partnerships and excessive alcohol use.

Education volunteers who will make up approximately 65% of the 130 Volunteers in country in FY 2010, will integrate BCC, prevention and gender awareness messages into classroom lesson plans, and train and support their teacher colleagues to integrate this information into their curricula and develop and support extra-curricular prevention activities and community initiated prevention projects funded with small grants known as VAST grants.

Both health and education volunteers, working in 10 of 11 provinces in Mozambique, will conduct activities such as: Life Skills training (including the topics of gender awareness and equity) for in-school and out-of-school youth, peer education and counseling, especially with community health workers and other community volunteers.

Two health volunteers will be placed with partner NGOs, CBOs, FBOs who are focused primarily on AB prevention interventions. Volunteers will assist in planning and implementing AB prevention activities and strengthening their partners organization's ability to to assess, plan, implement, and evaluate their HIV prevention interventions. Emphasis for these volunteers will be on assignments in Zambezia, Gaza, and Inhambane provinces.

VAST grants will specifically be used to support prevention interventions implemented through JOMA (boys') and REDES (girls') groups at local schools throughout the school year. Each year there are approximately 70 school youth clubs led by volunteers and counterparts. In addition, all volunteers will be able to tap into VAST grants for other prevention activities that are appropriate to their schools, communities, and priority target groups.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 29,500 | |

**Narrative:**

All Peace Corps Mozambiqe health Volunteers and their counterparts are trained to conduct activities

with organizations that work with older in- and out-of-school activists and groups who conduct theatre productions and other activities related to prevention. Volunteers may also reach in-and out-of-school youth through their JOMA and REDES clubs.

One USG-supported health Volunteer will be placed with a partner NGO that is focused primarily on BCC interventions with high risk populations (truck drivers, sex workers, drug users and out-of-school youth). The Volunteer will assist in planning and implementing prevention activities and strengthening their organization's ability to assess, plan, implement, and evaluate their BCC interventions. Emphasis for this Volunteer will be on an assignment either in Zambezia or Nampula provinces.

Though youth prevention will always be a key facet of the work that Peace Corps does, in FY 2010 and beyond, Peace Corps plans to encourage and prepare Volunteers and their counterparts to strengthen their adult-focused sexual prevention activities (e.g., condom use promotion, positive prevention activities) using effective behavior change techniques (Pathways to Change and the RAMP process) and actively targeting high-risk adults (ie, serodiscordant couples). In FY 2010, Peace Corps will continue to pursue possible placements with organizations that target MARPs such as sex workers, drug users and truck drivers depending on the placement.

A small USG-supported grants program, know as VAST, will also be used for special school or community events and activities related to other sexual prevention with high-risk populations such as older in- and out-of school youth, and prevention with positives.

Mechanisms to promote quality assurance: Beginning in FY 2009, all Volunteers are trained on how to design and execute individual and/or small group level prevention interventions that are evidence-based or meet a minimum set of standards so that their work is effective and measurable.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11580** | **Mechanism Name: Strengthening Safe Hospitals and Clinics in HIV/AIDS Prevention Activities** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: JHPIEGO | |

| | |
|---|---|
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 9,399,645** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 9,399,645 |

## Sub Partner Name(s)

| | | |
|---|---|---|
| Ajuda de Desenvolvimento de Povo para Povo | Anglican Church | Christian Council of Mozambique |
| Franciscan Sisters of the Immaculate Conception | Islamic Council of Mozambique | |

## Overview Narrative

Under this mechanism, Jhpiego's overall goal is to support the national response to the HIV epidemic in Mozambique through the expansion of high-quality interventions in HIV prevention (counseling and testing, infection prevention control, male circumcision and gender-based violence), care and treatment (HIV/TB integration, infrastructure of treatment sites and biosafety in laboratories), and contribute to the capacity building of the MOH and other host country organizations to deliver services in a sustained manner (pre-service education, training and support, and information systems). Activities under this mechanism are guided by a comprehensive monitoring and evaluation plan and contribute to USG and GOM national HIV objectives as well as to the Partnership Framework priority areas of prevention and systems strengthening. All interventions are planned for nationwide scale-up, with implementation from central to local levels. Target populations include persons at behavioral risk for HIV in the general population, healthcare workers in both pre-service and in-service environments, community health workers, and PLHIV from community and clinical facility settings.

Prevention efforts focus on reducing sexual transmission of HIV through continued support for a demonstration project to integrate safe medical male circumcision into select minor surgical wards in the provinces of Gaza, Maputo, Maputo City, Sofala and Manica. Jhpiego will also assist with increasing the number of Mozambicans who know their HIV status by providing counseling and testing training and services in both community and clinical settings. An emphasis will be continue to be placed on ensuring that clients receive appropriate referrals and counseling based on their test results. Finally, Jhpiego's prevention efforts include decreasing the risk of occupational exposure for health care workers through its injection safety and infection prevention program.

Health system strengthening efforts focus on task-shifting and increased production of health care workers, and ensuring competency, support and retention of those health care workers. Jhpiego's key contributions include: introducing training information and monitoring systems; introducing the Standards-Based Management and Recognition approach (SBM-R); introducing "Model In-Patient Wards" in Mozambique; designing and implementing a task analysis for nurses; developing supervision tools; adapting training materials for health workers; assessing and designing a continuous education system; and developing and implementing workplace safety and health guidelines, including HIV post-exposure prophylaxis (PEP).

Cross-cutting issues addressed under this mechanism include gender (expansion of PEP guidelines to include victims of gender-based violence, and incorporation of GBV needs into policy and health care delivery system) and TB/HIV integration (IPC for nosocomial TB, PITC training for TB services, and incorporation of TB into national workplace safety and health guidelines).

Cost efficiency of activities under this mechanism is embedded into the approach to build capacity of local organizations and the MOH, strengthen educational and healthcare delivery systems, and implementation of low-cost performance monitoring.

A detailed comprehensive plan guides the monitoring and evaluation of all activities under this mechanism and builds upon Jhpiego's existing country program M&E system which includes: seasoned M&E staff, efficient systems for producing high-quality data and reporting, and regular meetings with donors, partners and the MOH. All activity plans are synchronized with appropriate national and USG goals and objectives.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | 900,000 |
| Gender: Reducing Violence and Coercion | 70,000 |
| Human Resources for Health | 400,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

Military Population
TB
Workplace Programs

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **11580** |
| **Mechanism Name:** | **Strengthening Safe Hospitals and Clinics in HIV/AIDS Prevention Activities** |
| **Prime Partner Name:** | **JHPIEGO** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 3,004,437 | |

**Narrative:**

In the past several years, Mozambique has made substantial progress in its response to the HIV epidemic. In order to cope with a still expanding epidemic, however, Mozambique needs to extend and sustain these efforts. HIV Counseling and Testing (CT) is one area that must be aggressively expanded in order to achieve national goals. The main objective of this area is to increase uptake of CT and focus on post-test results. Jhpiego will continue its support to the MOH to expand the Integrated Community CT (CCT) and Provider-Initiated Testing and Counseling (PITC) strategies. Emphasis will be given to referral systems especially for CT clients with TB symptoms to contribute to early TB case finding in the community. Another area to be strengthened is positive prevention for discordant couples.

This activity will directly contribute to the following goals of the Partnership Framework:
• Goal 1: Reduce new HIV infections in Mozambique by getting to know the HIV status and expanding access to confidential HIV counseling and testing (Objective 1.3)
• Goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care and treatment goals.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 1,950,000 | |

**Narrative:**

Jphiego supports the MOH priorities outlined in the Human Resources National Development Plan (2008-2015) and is coordinating with other USG implementing partners and other donors specifically in workplace safety, pre-service, and training information systems implementation. The overall goals of all

Jhpiego activities are to contribute to the human resource for health and health care delivery ensuring that health workers acquire the necessary competencies needed to provide high-quality services upon graduation, are properly deployed and integrated into the national health service, and that retention and support strategies are in place to enable their effective and sustained performance.

In particular, Jhpiego will continue to support the implementation of the quality assurance program for pre-service institutions that will strengthen training capacity of the Training Department at the central and pre-service levels. This program consists of several interventions: introduction of training information and monitoring systems for pre-service institutions and consolidation of the in-service training; Standards-Based Management and Recognition approach (SBM-R) to improve teaching quality; "Model In-Patient Ward" to strengthen clinical sites to serve as model sites for clinical training of pre-service students; design and implement a task analysis to define the scope of practice for pharmacy cadres to be used to begin development of a competence-based curricula;  based on the revised scope of practice, a competence-based curriculum for general, MCH nurses and its implementation at the 13 pre-service institutions; development of tools for supervision and update of regulations for training institutions; and assessment and design of an in-service training system.

Additionally, Jhpiego will provide a short technical assistance to the Human Resource Directorate to look at financial and non-financial incentives for health care workers as a means for retaining and motivating the Mozambican health workforce.

Finally, Jhpeigo with the MOH's National Directorate for Medical Assistance and Human Resources will continue to provide technical support to roll out of training for ancillary workers and implementation of workplace safety and health guidelines including HIV post-exposure prophylaxis (PEP).

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | CIRC | 2,776,000 | |

**Narrative:**

Ongoing HIV transmission in sub Saharan Africa necessitates vigorous prevention efforts, which is why the compelling evidence of effectiveness of male circumcision (MC) as an HIV prevention intervention has been met with great excitement. Thus, this intervention is being considered for implementation and scale-up in communities with high rates of HIV infection and low rates of circumcision of men globally.

In Mozambique, the MOH recently granted approval for a MC demonstration project in five sites, including one military facility. Jhpiego is currently working in coordination with the MOH, NAC, USG and other key partners to support a gradual implementation of safe MC/minor surgery services, in selected

facilities in high-HIV /low-MC prevalence provinces, including providing surgical equipment/supplies, training, development of educational materials, and ensuring that appropriate QA mechanisms are in place. MC services will not be a stand-alone intervention, but part of a comprehensive prevention strategy, which includes: the provision of HIV testing and counseling services; treatment for STIs; the promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use; and linkages and referrals to prevention interventions and other social support services.

In 2010, Jhpiego will continue its support to the implementation and expansion of safe and integrated MC/minor surgery services in military and public facilities. Jhpiego will also provide technical assistance to implement operations research to assess and analyze specific elements of the provision of MC services in Mozambique, and advocacy with MOH and community leaders.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HMIN | 1,198,780 | |

**Narrative:**

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities. Since 2004, Jhpiego has provided technical assistance to the MOH to improve infection prevention and control (IPC) practices in hospitals using Standards-Based Management and Recognition approach to promote implementation of informative operational standards, periodic measurement and rewarding of good performance. The program, which expanded from six hospitals in 2004 to 87 in 2009, has gained strong support from senior leadership.

In 2010, Jhpiego will continue to support the MOH, working in close collaboration with USG partners, to institutionalize IPC efforts at the central, provincial and hospital levels, and expand these efforts to additional health centers and maternities. Jhpiego will also continue to improve waste management and disposal systems, and infrastructure and equipment for sterilization procedures. The improvement of the waste management and sterilization systems will reduce the risk of HIV medical transmission and will contribute to safe and high quality of services being available at those facilities.

Activities will strengthen and institutionalize the IPC program; utilize the surveillance system created to measure the impact of the improved IPC program (e.g., hand hygiene compliance), decrease the risk of medical transmission of HIV; and improve waste management systems and sterilization processes in selected facilities. In FY 2010 a rapid mapping will also be conducted to assess adequacy of IPC / injection safety in pre-service training.

Jhpiego will also assist other USG implementing partners with technical assistance and guidance in FY 2010 activities in this area, which focus on mainstreaming IPC activities: implementation of standard operating procedures, training, dissemination of educational and policy materials, support for availability of PEP to health care workers, and improved availability and use of personal protective equipment, including technical assistance at DDS / DPS level to improve management of stock levels and resupply of necessary items through existing MOH channels.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 470,428 | |

**Narrative:**

Due to the fact that up to 50% of PLHIV develop TB, and that TB has an adverse effect on HIV progression, the linkages between TB prevention and treatment and HIV programs should be a high priority. Recent increases in rates of TB among health care workers, as well as hospital-based outbreaks of MDRTB among HIV-infected patients, have led to increasing concern about the risk of Mycobacterium tuberculosis transmission in health care settings, which not only affects patients but may also result in temporary or permanent loss of health workers. Since 2006, Jhpiego has been working with the MOH in Mozambique to address TB-related issues in several ways: Infection Control (IC) for preventing nosocomial TB, PITC training activities for TB services, and incorporation of TB activities into the national MOH Workplace Safety and Health (WSH) Guidelines.

In FY 2010, Jhpiego will provide technical support to implement the National Plan for Infection Control for TB (IC/TB), including training, supervision and follow-up to selected sites (after the assessment) to monitor and improve compliance with IC/TB standards in the different areas. Jhpiego will also support simple environmental improvements at selected facilities (ventilation, flow, etc) to decrease TB transmission. Jhpiego will support the MOH to strengthen a "model care and training center for IC/TB" (e.g.; Machava Hospital) based on pre-defined standards.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 11596** | **Mechanism Name: TBD - FOA Technical Assistance for the support of laboratory and other activities in Portuguese Speaking Countries in Africa under the Presidents** |

| | |
|---|---|
| | **Emergency Funds for AIDS Relief.** |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

A TBD partner will utilize South to South (S to S) collaboration, taking advantage of Portuguese language proficiency and experience developing laboratory capacity in resource limited settings. The goal is to provide laboratory expertise to the MOH to improve national laboratory service capacities through implementation of the National Laboratory Strategic Plan and in accordance with the USG-GOM Partnership Framework Support is aligned with the Partnership Framework goal "To strengthen the Mozambican health system, including human resources for health" through increasing the number of health care and social workers in Mozambique and improving the capacity and quality of pre-service, in-service training, faculty development and post-graduate training and the goal "To strengthening laboratory support for HIV diagnosis and management".

IM Objectives:
1) Develop capacity in laboratory staff to perform quality assured diagnostic tests through in-service training and mentorship;
2) Establish and support the implementation of a Quality Management Program including support for EQA programs for Hematology and Biochemistry and site supervision and coaching;
3) Strengthen pre-service training through provision of faculty (in the short-term) and strengthening of existing faculty and library strengthening through provision of laboratory reference books and journals;
4) Ensure the implementation and review of the National Laboratory Strategic Plan;
5) Strengthen TB diagnosis through mentorship and TB biosafety training;
6) Implement a general laboratory biosafety program.

The TBD partner will operate at a national scale and training will be aimed at staff working in clinical laboratories. Through strengthening and supporting pre-service training of laboratory personnel, this IM supports the cross-cutting area of human resources for health. USG funds will support both directly and indirectly the capacitation of 50 new laboratorians in COP year 2010. TA will be provided to central level MOH Laboratory Section in the development of yearly implementation plans and in the roll out of activities in the National Strategic Plan. Mentorships will be targeted mainly at Provincial Hospital Laboratories, with targeted district labs receiving short term mentoring.

Significant contributions will be made to build the management capacity of the Laboratory Section Staff in oversight of the laboratory network and in the implementation of the Strategic Plan. In addition all activities are human capacity development activities covering both in-service and pre-service training. The partner will contribute to strengthening Faculty at the Health Science Institutes.

The TBD partner will collaborate with other USG Partners to make use of available resources thus leveraging resources and preventing duplication of activities. The mentorship program aims to build capacity in Mozambicans to manage their own resources through improved planning. Finally, human capacity building efforts will ensure transfer of expertise to a large number of local Mozambicans and eventually eliminate the dependence on external experts.

For on-going monitoring and evaluation, the partner will conduct one pre- and two post-mentorship assessments (one immediately after and one 6 months after) to measure improvements in laboratory operations and adherence to set standards after mentorship training. To measure sustained impact of mentorship program relative to investment, the partner will facilitate an external evaluation of the program (over the past 3 years) in FY 2010.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **11596** |
| **Mechanism Name:** | **TBD - FOA Technical Assistance for the support of laboratory and other activities in Portuguese Speaking Countries in Africa under the Presidents Emergency Funds for AIDS Relief.** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

This support will utilize partnership through South to South (S to S) collaboration, taking advantage of Portuguese language proficiency and experience in developing laboratory capacity in resource-limited settings. The South to South partner will support the MOH in its efforts to build capacity of future clinical laboratory technologists.

A key component of this activity is successful pre-service programs for Faculty development. With FY 2009 funding the South to South partner will hire experienced Laboratory Technology Faculty to be placed at the Insituto Superior de Ciencas de Saude (ISCISA). Faculty will have three distinct roles: assist with the organization of the laboratory program, provide lectures and mentor current faculty at the institute. Organization of the Laboratory program will include assisting with planning and scheduling of lectures. Partner will also conduct lectures in identified areas of weakness namely biochemistry and hematology. Faculty Mentorship will focus on teaching methods, lesson plan development and implementation of new curriculum revised through ASCP support. New curriculum will include modules on Laboratory Management, Quality Assurance and Logistics. Key elements in the implementation of a Quality Management System will therefore be addressed by the curriculum, hence students will be better equipped not only to implement but to manage and maintain quality systems.

It is anticipated that support to strengthening local faculty will contribute to a self-sustained education system for lab scientists within Mozambique. In turn adequately trained staff will be released into the laboratory network with understanding of quality laboratory practices and standards. These well trained laboratory scientists would contribute significantly to improved quality laboratory services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | Redacted | Redacted |

**Narrative:**

The South to South partner will support the MOH in its efforts to build capacity of lab technicians within the lab network according the the National Strategic Plan

1) Four month technical/practical training in Brazil in immunology, biochemistry, hematology, microbiology, as well as laboratory and quality management training for 6 (superior and medium level) Mozambican Lab technicians;

2 ) Technical assistance (TA) to the National HIV Reference Laboratory (INS) to maintain and expand the HIV serology External Quality Assurance (EQA) Program. TA to INS in implementation of ISO standard to achieve international accreditation. Biochemistry EQA program for all provincial and some district labs;

3) In Country Program Managers (ICPMs)to: liaise between MOH and USG, to ensure activities are implemented and results are being achieved; organize lab mentorships; supervise to monitor performance of staff trained in Brazil or mentored through the mentorship program; and support to MOH lab section in implementation of National Strategic Plan;

4) Four 6 month lab mentorships with 60 people trained. The goal of this program is to build capacity in technical skills, biosafety, quality assurance processes, communication, work flow organization, equipment maintenance, and inventory and information management;

5) Workshop to promote improved communication, collaboration and respect among Mozambican lab and clinical professionals;

6) Faculty to teach superior level lab course for one year. Teachers will utilize MOH curriculum and 50 people will be trained;

7) Technical advisor to the MOH Lab Section (LS) to build capacity in strategic planning and implementation; program management, communication, and leadership;

8) Establishment of capacity to prepare microbiological media in country;

9) Biosafety training curriculum development and support for national roll out.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | Redacted | Redacted |

**Narrative:**

This support will utilize partnership through South to South (S to S) collaboration, taking advantage of Portuguese language proficiency and experience to develop laboratory capacity in resource-limited settings. The goal of this activity is to provide laboratory expertise to the MOH to improve national TB

| |
|---|
| laboratory service capacities. Activities will be implemented through a Cooperative Agreement to a "To Be Determined" South to South Collaboration Partner. FY 2010 funding will support the following activities:<br><br>1) Laboratory Mentorship will be provided in the regional TB Laboratories in Beira and Nampula., for a period of 2 months, with 15 people trained. The goal of this program is to build capacity through on-the-job training in technical skills, biosafety, quality assurance processes, communication skills, organization of work flow, lab inventory management, lab information management, daily equipment maintenance and troubleshooting, time management and professionalism. Mentors will give weekly seminars on relevant laboratory topics and encourage lab staff to participate in discussion and debate.<br><br>2) The TBD partner will conduct centralized training for staff working in the 3 regional TB culture laboratories in Maputo, Beira and Nampula in TB biosafety. Laboratory safety is an integral component to quality assured laboratories and this activity is therefore significant in the process towards accrediatation. This training will utilize curriculum developed by FUJB in FY 2008 covering use of personal protective equipment, handling of detergents, cleaning, waste management and sterilization. The training has also adapted relevant portions from the biosafety manuals developed by JHPIEGO for Hospital Safety to standardize biosafety training where relevant. Through the mentorship program a biosafety program will be implemented in the laboratories based on this training. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 11598** | **Mechanism Name: GHCS_CDC_Post** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Contract |
| Prime Partner Name: HHS/Centers for Disease Control & Prevention | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,711,900** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,711,900 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The CDC Global AIDS Program (GAP) Mozambique office opened in August 2000. Since then, CDC has been supporting the Mozambique Ministry of Health by pursuing a balance between addressing the immediate needs and building long-term capacity to mitigate the impact of the HIV/AIDS epidemic. This approach is being implemented in all 11 provinces.

In 2003, US President George W. Bush announced the President's Emergency Plan for AIDS Relief (PEPFAR). Mozambique was designated a focus country of the initiative and CDC GAP Mozambique became a part of this unified US Government effort to turn the tide against the epidemic.

CDC supports USG efforts in the geographical expansion and quality of PMTCT programs through training, support to state of the art prophylaxis to HIV-infected pregnant women and newborns, ARV treatment to eligible pregnant women, safe delivery, and safe infant feeding practices to reduce the risk of vertical transmission.

The USG plays an important role in helping Mozambique to collect information for program improvement by supporting comprehensive strategic information efforts, helping to improve the availability, accessibility, quality, and use of service-delivery data, conducting HIV surveillance and behavioral surveys, designing and improving systems to support routine program monitoring, strengthening and expanding the health management information systems infrastructure, conducting data triangulation activities to assess key drivers of the epidemic and the national response, and supporting national data gathering efforts, including antenatal sentinel surveillance, behavioral surveillance surveys, improved mortality surveillance, and a population-based AIDS Indicator Survey.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **11598** | | |
| **Mechanism Name:** | **GHCS_CDC_Post** | | |
| **Prime Partner Name:** | **HHS/Centers for Disease Control & Prevention** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 85,900 | |

**Narrative:**

The USG will continue to provide TA to the MOH in building the capacity to implement a comprehensive care package which includes the following:

1) prevention and improvement of diagnosis and management of OIs; and
2) implementation of palliative care activities within the existing health structure trough training mentoring and supportive supervision in coordination with provincial and district health authorities.

The MOH policy regarding the use of cotrimoxazole is not clear and has not been communicated clearly to care providers. Guidance on the use of CTX can be found mainly in small sections of the treatment guidelines for different areas of work (PMTCT, TB/HIV and ART). USG will continue advocacing at the central level for a common strategy for the use of CTX, and dialoguing with a stakeholders to identify and address programmatic challenges regarding the provision of CTX as part of the basic care package. USG will continue advocacing at the central level for a common strategy for the use of CTX, and dialoguing with a stakeholders to identify and address programmatic challenges regarding the provision of CTX as part of the basic care package.

There is recognition at the MOH that monitoring/surveillance of OIs is inadequate. There is not yet clarity on best strategies for strengthening these systems. USG will continue a dialogue with MOH counterparts and partners to actively identify activities and start to strengthen M&E/surveillance systems in this area. The MOH has requested TA to improve the meningitis surveillance within the MOH Epidemiology Department. The USG will support this TA and assist in the coordination of a national meningitis survey.

In regard to palliative care, the USG will assist the MOH to identify a suitable partner to assist in strengthening MOPCA's (Mozambican Palliative Care Association) working with MOH) managerial capacity to implement the palliative strategic plan, beginning with pain management and stepwise introduction of other components of palliative care for chronically ill and at the end of life stage. Funds will also be used to contract local short-term consultants to assist in the implementation of a

system for nutritional support within the heath care facilities based on the BMI calculation. Training materials and job aid tools will be adapted, printed and distributed widely. Moreover, For adherence, retention, linkages/referrals, training and supportive supervision will be conducted.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | 200,000 | |

**Narrative:**

Laboratory monitoring is an important component of clinical management of patients receiving HIV care and treatment services. Biochemistry and hematology parameters are useful for monitoring drug side effects; CD4 counts provide an indication of improving immunological response; and plasma viral loads (VL) testing is used for detection of a possible virological failure to ARV drug combinations.. International HIV care and treatment guidelines describe measurement of VL as a possible way to detect treatment failure besides clinical screening and CD4 count monitoring.

In 2009 the MOH decided to make VL testing available at a selected number of laboratories and for a specific and limited group of patients receiving ART. Through an MOH led consensus meeting, specific guidelines for the use of VL and the necessary preconditions (laboratory, human resources, and training) for implementation were developed in August 2009. Furthermore set of indicators that would be used to track VL testing were defined. However, a detailed implementation plan is needed to guide the first phase of implementation and subsequent program activities.

The USG has allocated funding for priority HIV treatment activities as follows: conduct a basic program evaluation of phase 1 of VL testing implementation including convening a results dissemination meeting (70%); training of clinicians in VL testing (20%); development, translation and printing of implementation plans, guidelines and manuals to support ART service provision (10%).

Key activities for FY 2010 include:
1) In collaboration with the MOH conduct program evaluation of phase 1 implementation of VL testing. This includes hiring a consultant to develop the protocol, M&E tools and plan, field work and convene a results dissemination workshop that will result in evaluation report to inform future plans for use of VL in the national health system;
2) Support the MOH to run 3 training courses for clinicians on the use and interpretation of VL for adult and pediatric patients on ART;
3) Translation, reproduction, printing and distribution of guidelines, and manuals to support changing MOH priorities for ART service provision.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Care | HVCT | 66,000 | |

**Narrative:**

Since the beginning of Counseling and Testing (CT) service delivery in 2001, the USG has supported the establishment and expansion of CT services. The USG has been providing Technical Assistance (TA) to scale up Provider Initiated Counseling and Testing (PICT) in clinical settings, and promote, pilot and expand the Counseling and Testing in Health (CTH) approach in a national scale.

In relation to the goal 3 (Goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care and treatment goals), the narrative is already addressing this in the paragraph related to the strengthening of human resources dedicated to HIV CT.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | PDTX | 150,000 | |

**Narrative:**

The USG will continue to provide technical assistance to the MOH, for provision of comprehensive HIV care and treatment services and build capacity to improve quality of services provided.

The MOH does not have defined a minimum package of care services for HIV exposed and infected children. The USG through the implementing partners recommend provision of comprehensive care services that include among other interventions, cotrimoxazole prophylaxis, water purification products, educational materials and provision of insecticide treated nets (ITN) for all children under five years old. In FY 2010 USG clinical partners will coordinate with PSI on the logistic of the minimum package kit (water purification products, education materials and condoms). ITNs will be distributed through the PMI program. The CDC will convene meetings with key MOH staff to advocate, discuss and develop a sustainable plan to implement the basic care package in the already existing health system services in order to guarantee continuity of activities after PMI and PSI end their support.

Maternal-child health (MCH) clinics are often the point of entry to care for HIV-exposed and infected children. Child visits occur monthly from birth until age 5 within the MCH and child health framework, postnatal, immunization, well-child visits, child at risk consultation, out-patient, in-patient pediatric wards and community and outreach efforts offer key opportunities for identifying children in need of HIV-related services and for delivering counseling, testing, prevention, care, and treatment. However for children who are HIV-exposed /infected access to HIV prevention care and treatment programs remains weak and children are lost to follow within the various points of care in the health facility. The USG will assist the

MOH in identifying points of weaknesses and where interventions to improve the follow-up of these children should be prioritized.

FY 2010 funds will be allocated to implement the following activities:
1) Support the MOH in defining and developing tools for pediatric basic care package through Technical Working Groups framework;
2) Conduct program evaluation to identify where HIV-exposed and infected children are lost to follow up within the various points of care within the facility
3) Improvement of linkages between PMTC, MCH and Pediatric HIV based on the results from the program evaluation, through training, formative supervision and M&E.
4) Contract short term consultants to assist in the development of the tools, flowcharts, job aids and to update training manuals and guidelines
5) Printing and distribution of tools and training materials and guidelines.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | 270,000 | |

**Narrative:**

The primary goal of this budget code is to increase USG access to rigorous, updated spatial data, to support of USG planning processes. OGAC guidance emphasizes the importance of service mapping for program planning, and this mapping requires good quality geocoded data, including the production of maps and tables and standardization and updating of geocoded datasets, A second goal of this mechanism is to share standards and data between USG and other donors and partners to facilitate harmonization of development activities and agendas. The final goal of this budget code is to procure services such as translation and-or printing of reports in support of the increasing number of USG-supported activities conducted in collaboration with other donors or agencies.

The objectives of this budget code are to 1) update the USG GIS data bank with recent census and survey data, including data from the 2007 health facility inventory, the 2009 AIDS indicator survey; 2) update the USG GIS data bank with 2009 APR and 2010 SAPR datasets; 3) create and clean a facility database linking health facilities with USG partner sites to allow integrated mapping of USG and MOH data; 4) update and develop thematic maps based on these data; 5) integrate these data into the planned web-based APR data warehouse; and 6) procure printing and other dissemination services.

Activities will operate at the national level. These activities will also help to strengthen planning among HIV donors and implementing partners, including the MOH, Statistics Office, and other government agencies, and by so doing will indirectly support strengthening of the health system. This budget code

will help the USG improve geographic distribution of support and improve coordination between partners working in different program areas in the same geographic areas or health facilities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 740,000 | |

**Narrative:**

PMTCT priorities in FY 2010 focus on coordination with the MOH and scale up of PMTCT services within an integrated MCH system. Objectives include improved quality of MCH/PMTCT service provision; access to a comprehensive package of MCH/PMTCT including psychosocial support; and improved nutrition support for improved health and reduced vertical transmission. Activities will be aligned with the MOH through district-, and provincial-level support, technical assistance, training, quality improvement, and monitoring and evaluation. The district-based approach and collaboration at provincial level, including subcontracts or grants from implementing partners to provincial and district public health departments, will increase responsiveness, including support for overall systems strengthening and positioning for transition. For FY 2010 community platforms will be strengthened to increase demand for utilization of PMTCT services.

The major allocation of effort (at least 60%) will be towards scale up of PMTCT services, including training, supervision, and technical assistance. FY 2010 activities will be developed with the ultimate goal of 80% PMTCT coverage by 2014.

In this context, the USG will support evaluation activities regarding the PMTCT program in Mozambique, using a basic program evaluation approach with an additional focus on syphilis screening and treatment.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 50,000 | |

**Narrative:**

Laboratory services are an integral component to support optimal care and treatment to HIV patients. The USG has been working together with laboratory and treatment partners to support the MOH's overall efforts to strengthen laboratory capacity. The MOH's priority objective for 2010 is quality improvement through development and implementation of a National Laboratory Quality Management System (QMS).

In collaboration with Becton-Dickinson through a public private partnership and ASCP, the USG will contribute to the development of an MOH operational plan to implement a National Q MS. The overall goal of the QMS is that Provincial and Central Hospital laboratories attain ISO accreditation in the next 5 years and for district level and Health Centre Laboratories to work towards attaining WHO accreditation.

In FY 2010, funds will be allocated to the hiring of short term consultants to assist with the implementation of the QMS. An external auditor may be contracted to evaluate the implementation of the management system in the three central hospitals. The Auditor would present a comprehensive report and make recommendations for training and corrective action where required to ensure continuous improvement in laboratory systems and processes. Other consultants may be contracted as required.

Funding will also be directed at translation and production of relevant materials and manuals for distribution within the network as required by the QMS such as: quality manuals, equipment maintenance manuals, posters enforcing quality standards and safety messages and audit questionnaires.

In addition, following the MOH decision in 2009 to decentralize ART services , there is a need to develop and strengthen sustainable laboratory networks to increase access to testing services at health care facilities. To achieve this, in FY 2010 the USG will support, through a partner to be determined, the rollout of point of care systems for CD4, biochemistry and hematology.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HVTB | 150,000 | |

**Narrative:**

The USG will continue to provide technical assistance to the MOH for the implementation of TB and HIV collaborative activities. The focus of this assistance remains the implementation of the PICT for all TB patients at the TB clinics and all of their known contacts. The USG will provide TA for the implementation of the 3 "Is" strategy: Intensified TB case finding, Isoniazid preventive therapy and Infection control. Actually co-infected patients receive TB and ART at two separated sites and sometimes in different health facilities. To decrease patient's travelling and waiting hours and increase adherence to treatment partners will pilot the one-stop of model of delivery of ART and TB treatment.until completion of TB treatment. Additionally treatment and prophylaxis for opportunistic infection will be offered to co-infected patients by trained staff at the same site sites until the completion of the TB treatment.

The USG will work closely with the NTP and Jhpiego to support the development of infection control plans to reduce the TB transmission in health care settings. Additional support will be given to NTP, HIV program and implementing partners to improve provision and reporting on the use of IPT.

Funds will also be allocated to update national guidelines and/or develop new ones in accordance with international standards for TB/HIV, X-MDR-TB management and infection control and purchase of commodities. Further, the updated policy documents and guidelines will be printed and distributed within

the country. Short-term local consultants will be hired to assist in the development of national guidelines and in the implementation of routine TB program evaluation.
The new reporting system for drug resistant TB will be implemented to all provinces. To strengthen coordination between National TB Program and partners, coordination meeting will take place at different levels including at the national level.

A TB program external evaluation will take place in February 2010 and TA will be provided during the preparatory and implementation phase. Based on the results of the USG-supported 2009 contact tracing evaluation, the USG will help establish a new system for tracking, evaluation and follow-up of TB contact.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12143** | **Mechanism Name: Youth:Work** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: International Youth Foundation | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 400,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 400,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Through Youth:Work Mozambique, a new activity, International Youth Foundation (IYF) will improve economic livelihood opportunities for highly vulnerable children and youth, including orphans and vulnerable children, and their household members in the province of Cabo Delgado. This activity will increase youth access to vocational/technical skills training linked to the tourism sector, along with life skills training, particularly related to HIV prevention and adolescent reproductive health, and remedial

training in literacy and numeracy as needed. The program will identify youth with interest and inclination toward self-employment and provide training in entrepreneurship. Y:W will place trained youth in internships/apprenticeships and jobs to equip them with practical, on-the-job experience and employment, and link youth to credit sources and mentors, and assist them with enterprise start-up.

The IYF project will directly contribute to the Partnership Framework's Objective 5.5 by
1) Supporting employability and entrepreneurship programs related to the high-growth tourism sector, focused on increasing the income generation capacity of OVC, and youth receiving antiretroviral treatment (ART), and their household members who provide critical economic resource support to the OVCs and youth on ART;
2) Identifying models of successful activities, both internationally (e.g. Instituto de Hospitalidade in Brazil, Aga Khan in Zanzibar) and locally (SNV (Netherlands Development Organization), Aga Khan, others), and adapting them for effective replication in Mozambique by indigenous partners;
3) Identifying synergies with ongoing tourism activities/projects from USG and other entities (e.g. private sector, NGO, government) in Cabo Delgado to maximize linkages and post-project sustainability.

The target population will be OVC under 18, youth receiving ART and their household members who are caregivers and provide economic support. IYF will work collaboratively with USG to determine the precise coverage within Cabo Delgado. Criteria for selection could include:
1) USG tourism focus areas (Pemba, Quirimbas, and Ibo Island triangle);
2) Sufficient partner capacity and integrated activities;
3) Areas with strong potential for private sector leverage;
4) Areas with strong potential for job creation and placement and for enterprises that are part of the supply chain for the tourism sector.

Y:W will have cross-cutting education activities as IYF will provide life skills training, English language training, and remedial education as necessary to program participants. IYF will build on the existing life skills curriculum developed by the Ministry of Education, UNICEF, and DANIDA, augmenting it as appropriate with our existing Passport to Success (PTS) life skills curriculum. The addition of PTS modules and methodologies will augment the employability skills participants learn through life skills programs.

Y:W will also have a cross-cutting economic strengthening component. IYF will provide market driven vocational/technical training to prepare young people to be employed in tourism-related jobs (tour guides, cooks, wait staff, bartenders, gardeners, hotel service and maintenance workers), IT services jobs (e.g., database and billing positions), the construction sector, or other sectors. The program's entrepreneurship component will stimulate the development of new businesses in the tourism sector

supply chain and future employment possibilities for additional youth. Some participants may be linked to Aga Khan's new microfinance bank.

Y:W will address gender by:
1) Increasing women's access to income and productive resources by making sure that women aren't pigeonholed into dead-end "female jobs" in the tourism sector (e.g. as maids);
2) Increasing gender equity in HIV activities and services by ensuring equitable female participation in vocational/technical and life skills training activities;
3) Addressing male norms and behaviors by delivering gender-sensitization training as part of the life skills package.

To become more cost efficient over time Y:W will use strategies that aim to generate a 1:1 leverage of private-sector resources to complement USG resources, and to create partnerships/alliances between nonprofit, private sector and governmental entities to maximize their respective contributions and added value to youth employability interventions. Y:W will adapt existing intellectual property, from Brazil and IYF partners working in tourism in other parts of the world, to the realities and needs of Mozambique. Once these materials have been adapted, they can be widely disseminated in a cost-effective manner. Promising practices and lessons learned through rigorous evaluation can be applied from other countries and tailored to the Mozambican context, rather than "reinventing the wheel."

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | 20,000 |
| Education | 50,000 |
| Gender: Reducing Violence and Coercion | 100,000 |

## Key Issues

Addressing male norms and behaviors
Increasing women's access to income and productive resources

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12143** |

| Mechanism Name: | Youth:Work | | |
|---|---|---|---|
| Prime Partner Name: | International Youth Foundation | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 100,000 | |

**Narrative:**

Through Youth:Work Mozambique, a new activity, IYF will improve economic livelihood opportunities for OVC and caregivers, particularly women, in the province of Cabo Delgado. IYF will provide market-driven job training, life skills training, and remedial education (as necessary) to support beneficiaries to gain marketable skills, place participants in internships, and improve livelihood possibilities for young people and their families through job placement. IYF will also train selected youth in entrepreneurship, business planning and the like, link them to credit sources, and identify mentors for them to start or expand small businesses.

IYF will work through local partners to implement Youth:Work Mozambique, systematically developing their capacity as they implement activities and developing a path toward sustainability of interventions. Working with the technical assistance from IYF, the selected partner will conduct a labor market assessment in Cabo Delgado to determine what the entry level job needs are in the area.

In addition to establishing the linkage between the implementing partner and private sector employers in the area, this survey will help ensure that actual training content responds to market needs and is appropriate for the target group. Training will include basic literacy & numeracy and life skills education with an emphasis on HIV prevention and addressing gender norms. The skills-based component will focus on the needs of the tourism sector (e.g. communication skills, customer service, conflict management) and an additional track will be developed for entrepreneurship for those seeking self-employment. The implementing organization will create linkages with the private-sector employers to create a network for internships and apprenticeships in the tourism sector. Y:W Mozambique will include a robust monitoring & evaluation component to assess the quality of training, job placement, employer satisfaction and the success of small business start-ups.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 300,000 | |

**Narrative:**

IYF will provide market-driven job training, life skills training, and remedial education (as necessary) to support beneficiaries to gain marketable skills, place youth in internships, and improve livelihood possibilities for young people and their families through job placement. IYF will also train selected youth

| |
|---|
| in entrepreneurship, business planning and, link them to credit sources, and identify mentors for them to start or expand small businesses.<br><br>IYF will work through local partners to implement Y:W Mozambique, systematically developing their capacity as they implement activities and develop a path toward sustainable interventions. With technical assistance from IYF, a yet to be selected partner will conduct a labor market assessment in Cabo Delgado to determine what the entry level job needs are in the area.<br><br>In addition to establishing the linkage between the implementing partner and private sector employers in the area, this survey will help ensure that the training content responds to market needs and is appropriate for the target group. Training will include basic literacy and numeracy and life skills education with an emphasis on HIV prevention. The skills-based component will focus on the needs of the tourism sector (e.g. communication skills, customer service, conflict management) and an additional track will be developed for entrepreneurship for those seeking self-employment. The implementing organization will create linkages with the private-sector employers to create a network for internships and apprenticeships in the tourism sector. Y:W Mozambique will include a robust monitoring and evaluation component to assess the quality of training, job placement, employer satisfaction and the success of small business start-ups. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12144** | **Mechanism Name: Extending Service Delivery (ESD)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pathfinder International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 500,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 500,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Mozambique faces the combined health challenges of a high HIV prevalence as well as poor uptake of family planning (FP). The Extending Service Delivery Project (ESD), administered by Pathfinder International, is an integrated agreement, with majority wrap-around funding from health, focused on a results-oriented approach to enhance the use of HIV and FP services in four provinces- Cabo Delgado, Gaza, Inhambane, and Maputo. These geographic locations reflect priorities for PEPFAR and family planning expansion. These regions have high HIV prevalence rates, under served populations for HIV/FP services and low contraceptive prevalence rates. Currently, there are no USG FP partners working in Inhambane and agreements for FP work in Gaza and Maputo are ending soon. Cabo Delgado requires intensive support to improve contraceptive coverage and maternal health indicators because it has one of the lowest rates of modern contraceptive use in the country (4.5%) and high unmet need for contraception.

This project will strengthen the capacity of nurses and other health care providers from PEPFAR clinical sites to deliver combined HIV/FP services, to include improved capacity for appropriate referrals; improved client awareness of and demand for long-acting contraceptive methods; improved understanding of HIV risks and prevention; promotion of dual protection, and strengthened community outreach for HIV/FP/RH services.

The project's goals are to : 1) strengthen the delivery of FP counseling and services into existing health sites that offer HIV services; 2) increase demand for and availability of HIV, STI and FP services for students, faculty, and staff in pre-service training institutions; 3) expand youth access to to HIV/FP/RH/ services through youth-friendly centers; and, 4) in Cabo Delgado increase community access to quality FP services.

ESD will train health workers at pre-service training institutions to provide HIV, FP, and RH services while also being able to assess their own risks; improve the quality of HIV and FP services delivered through health services; teach community health workers to promote HIV and FP services; and, address harmful gender norms, particularly those that normalize gender inequality through gender-based violence, inter-generational and transactional sex.

Importantly, men will be engaged in reproductive health services, as partners of women, as fathers, and as community members in need of services. ESD will ensure that youth have greater access to HIV/FP/RH/ by strengthening youth-friendly centers which offer information, education, and FP as well as

HIV services. ESD will work with Geracão Biz, a national youth-centered health program, to scale it up in provinces where a gap exists. Local organizations will be strengthened to provide these services and manage such centers. This will l foster Mozambican ownership and capacity development while increasing the number of youth who receive services.

This linkage of HIV and FP through the ESD project affords a strong opportunity for maximizing delivery of comprehensive HIV prevention to the adult population and particularly to young adults. Additionally, in FY 2010 PEPFAR funds are earmarked for programming related to gender-based violence as it relates to HIV transmission and prevention.

This program supports the goals of the Partnership Framework with its focus on evidence-based HIV prevention and sustainability by building the capacity of local organizations, supporting country ownership and leadership, and strengthening the health systems to deliver and monitor heath services for PLHIV.

ESD will develop a monitoring and evaluation plan, as well as a performance monitoring plan (PMP) with appropriate indicators and targets.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | 150,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12144** |
| **Mechanism Name:** | **Extending Service Delivery (ESD)** |
| **Prime Partner Name:** | **Pathfinder International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVAB | 500,000 | |

**Narrative:**

The ESD program aims to integrate family planning and reproductive health with HIV prevention, care and treatment at existing PEPFAR sites. ESD will receive abstinence and behavior change program funding to improve understanding among young adults and within the general adult population that certain accepted norms and practices increase the risk of HIV transmission and acquisition. ESD will develop approaches that address male norms in particular as they are related to the practice of multiple concurrent sexual partners, in addition to implications these norms may have for access to and use of family planning and reproductive health services. ESD will adapt the successful Geracão Biz program approaches and materials to address HIV prevention and gender among young people. Additionally, ESD will focus on pre-service training institutions to reach future cadres of nurses and health providers to increase understanding and practice of HIV preventive behaviors. They will be trained in an integrated approach to HIV, FP, and RH which will include community outreach for HIV prevention and screening for gender-based violence. Communities' capacity to increase quality and access to integrated HIV/FP/RH will be strengthened and programs will emphasize changing harmful gender norms, attitudes and behaviors, particularly those related to gender-based violence and the acceptability of intergenerational and transactional sex. Male participation in HIV/AIDS, family planning and reproductive health services will be encouraged. ESD will promote youth-friendly clinics which will provide increased and improved services to individuals 15-24 years old, and will also promote gender-sensitive behavioral interventions such as those to delay sexual activity or reduce multiple partnerships. Youth-centered services will also target at-risk, out-of-school youth with innovative approaches, including linkages with local organizations such as the Lourdes Matola Foundation that are working to improve educational and employment opportunities for young men and women.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12145** | **Mechanism Name: Infant & Young Child Nutrition (IYCN)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Program for Appropriate Technology in Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 750,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 750,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall goal of the Infant and Young Child Nutrition project is to support interventions which improve the nutritional status of infants and children under 2 years old. IYCN will provide TA to the Ministry of Health and PEPFAR implementing partners to strengthen nutrition components in existing child survival, maternal health, newborn health and prevention of mother to child transmission (MTCT) programs. IYCN will also provide TA to MOH and partners to strengthen community-level interventions in these areas.

This activity contributes to Goal # 3 of the Partnership Framework by strengthening the capacity of health facility and community health workers to provide effective and quality infant and young child nutrition interventions.

While activities with MOH will focus at Central Level, the IYCN) project will hire local technical staff to provide ongoing monitoring and evaluation and technical support to facilities and partners in all provinces in Mozambique. IYCF will also hire a local staff person to be seconded to the MOH to coordinate activities such as training, policy development and training/job aids development. This individual will also help to ensure dissemination of the most up to date information and move the national nutrition rehabilitation program forward.

IYCN will support the development of curricula and job aids that build the skills of health staff to support key infant feeding messages defined by the MOH, taking into account cultural norms and constraints. Technical assistance will promote PMTCT services and compliance with treatment regimes by developing behavior change strategies that clearly link essential nutrition actions for HIV-positive women and their children to PMTCT services. IYCN will also focus on improving referral links between PMTCT and other health services (e.g. antenatal care, growth monitoring and promotion, and community outreach programs, such as home-based care). IYCN will use its experience in Zambia and Cote d'Ivoire to introduce a collaborative, evidence-based quality improvement approach to strengthen the nutritional aspects of PMTCT services. To further improve PMTCT attendance, training and materials for clinical staff will encourage male participation in PMTCT services, emphasizing the importance of family support for infant feeding.

Support for monitoring and evaluation will demonstrate the added value of infant and young child feeding promotion and support in health facilities, communities, and national media strategies. Through experience in a wide range of countries, IYCN has worked extensively on monitoring and evaluation approaches that allow the MOH to assess the effectiveness of interventions, target problems areas, and use simple tools to minimize the burden on human resources. These tools, which are used for follow-up to staff training, include an assessment of provider performance through observations of counseling sessions, review of key counseling skills, exit interviews with mothers, and a review of the flow of PMTCT services to identify inefficiencies in service delivery.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Food and Nutrition: Policy, Tools, and Service Delivery | 200,000 |
| Human Resources for Health | 550,000 |

## Key Issues

Addressing male norms and behaviors
Child Survival Activities
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12145** |
| **Mechanism Name:** | **Infant & Young Child Nutrition (IYCN)** |
| **Prime Partner Name:** | **Program for Appropriate Technology in Health** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 750,000 | |

**Narrative:**

IYCN will assist the MOH and partners to develop or strengthen activities, training, and job aids for community health agents, HIV activists, and community support groups for breastfeeding, PMTCT, or persons living with HIV/AIDS. First, IYCN will identify gaps in training, activities and job aids for

community volunteers that address infant and young child feeding in coordination with PMTCT sites. IYCN's technical assistance would focus on developing action-oriented, pictorial job aids for group or individual counseling, particularly developing the volunteers' capacity to support infant feeding while involving partners and other family members. All content, messages, and materials will link infant and young child feeding support to PMTCT clinical support services (e.g., CD4 monitoring, antiretroviral therapy, nutrition services, food-based supplementation, and post-natal services)

The project will offer support for implementing the Plan for Communication and Social Mobilization to Promote, Protect, and Support Breastfeeding, which outlines behavioral messages for communication, target audiences (mothers, grandmothers, other family members and community members) and key activities. IYCN will provide assistance to develop an educational kit about breastfeeding for the media in order to facilitate the preparation of articles and commentaries by print media or radio programs. Additionally, IYCN may also offer technical assistance on infant and young child nutrition to organizations with specialized experience in social communications but less nutrition expertise. The project may also provide broader support to design, test, and produce the materials.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12146** | **Mechanism Name: Capacity Plus** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: IntraHealth International, Inc | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 400,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 400,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This is a new activity to develop the Human Resources Information System (HRIS). Through HRIS, the USG aims to strengthen the leadership and management of the MOH and develop the MOH's ability to plan, manage, regulate, supervise, monitor, and evaluate the entire human resource health system. With FY 2009 funds, Jpheigo is currently carrying out an assessment of the existing HRIS. The MOH has informed USG that the current system does not meet its MOH, as it does not include information on health workers at district or facility levels, training, or management and therefore it is not used for workplace planning.

This new activity, to be completed by Intrahealth International, will use the findings of the Jphiego assessment to modify and improve the current HRIS, or develop a new system if appropriate and accepted by the GOM.

The HRIS strengthening process implemented by IntraHealth International (follow on to the Capacity Project) comprises five key elements as follows: 1) build HRIS leadership; 2) improve existing systems; 3) develop HRIS software solutions; 4) support managers and decision-makers to effectively use and analyze data; and 5) ensure sustainability and continuous improvement of the HRIS.

The activity directly supports acheivement of Partnership Framework Objective 3.2, as it will develop the HRIS to improve HRH management and support the use of data for decision-making.

The geographic coverage is national as the HRIS will be used from the central to district level and will improve HRH management throughout the country. The target population will be MOH, provincial and district HR managers, although the entire health workforce will benefit from having relevant and timely data to improve deployment, training, and retention strategies.

The contribution to health systems strengthening is by allowing a critical and missing link in the building blocks, HRIS, to be functional, thereby improving service delivery and human resources planning and management. Human resources for health is a cross-cutting issue. HRIS will help improve the capacity of the MOH to plan, manage, and allocate resources, increase human capacity; strengthen health information; and monitor and evaluate health services.

The activity will aim for cost-efficiency by building local capacity to use and manage the HRIS, and will build upon and link existing information systems. The project has developed three free Open Source core software solutions licensed under General Public License. This Open Source software allows developers to download the source code and freely modify it.

The partner will submit a monitoring and evaluation plan, which will monitor the progress of the project.

USG Mozambique staff will be closely involved in the implementation.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 300,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12146** |
| **Mechanism Name:** | **Capacity Plus** |
| **Prime Partner Name:** | **IntraHealth International, Inc** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 400,000 | |

**Narrative:**

The system barrier addressed is the lack of a functioning HRIS to plan and manage human resources for health. The existing system collects information on health workers only down to the provincial level, not district or facility levels. Other information systems are used for payroll and in-service training. This activity will address this system barrier by improving the HRIS and adapting it to the needs of the MOH to effectively plan, monitor, and manage health workforce issues, such as timely deployment, training, promotions, performance, and supervision.

There are linkages across the functional areas of information systems, human resources, and leadership/governance, as the HRIS links each of these. Use of HRH data for decision-making will allow the GOM to make appropriate policy decisions. There is an intentional spillover effect as the HRIS will benefit the whole health system, and is not disease-specific. The USG will be the only donor working to improve the HRIS, although it will ensure coordination with WHO, which will develop a Health Workforce observatory, which is a forum for partnership, sharing experience and advocacy.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12147** | **Mechanism Name: Maternal Child Health Integrated Program (MCHIP)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: JHPIEGO | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 3,115,180** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 3,115,180 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall objective of the Maternal and Child Health Integrated Program (MCHIP), a project administered by JPHIEGO, is to provide technical assistance to the MOH at the central, provincial and district and health facility levels to enable the continued roll out of the National Action Plan for MCH/RH throughout the country. In Mozambique, the PMTCT program is an integral component of the National Action Plan for MCH/RH. Therefore with PEPFAR funding, JPHIEGO/MCHIP will support PMTCT programming in the MOH efforts of establishing an integrated Maternal Child Health and Reproductive Health program.

JPHIEGO/MCHIP will provide technical assistance to the MOH and training to PEPFAR clinical implementing partners to improve the quality of integrated PMTCT and reproductive health and maternal and child health services via training of trainers and in-service training. The package of training, supported by wrap-around health funding and PMTCT funding, will be comprehensive including Essential Maternal and Newborn Care (EMNC) and Basic Emergency Obstetric and Newborn Care (EmONC) for healthcare workers that work in maternity services (labor & delivery rooms, postpartum ward), Antenatal and Postnatal Care, and Family Planning.

JPHIEGO is the lead national policy advisor for the MOH an integrated comprehensive MCH/RH package

of services. JHPIEGO/MCHIP will support the MOH to address policies, guidelines and training in all aspects of an integrated PMTCT/MCH, which ensures continuity with pediatric and adult HIV care and treatment packages. In addition, they will provide technical assistance to the MOH to print MCH and PMTCT data recording tools, data reporting forms, and IEC materials. PEPFAR clinical partners will continue to be responsible for provincial, district and clinic level implementation of quality MCH/RH comprehensive package.

Moreover, JPHIEGO/MCHIP will assist the MOH PMTCT team to develop communication activities and strategies to increase treatment availability and uptake by HIV positive pregnant women and their infants, reduce stigmatization and improve male involvement.

This project supports the goals of the Partnership Framework with its focus on assisting to improve the quality of services to increase PMTCT geographic coverage, building local capacity and community, supporting country ownership and leadership and strengthening the health systems to deliver and monitor integrated health services for HIV positive pregnant women and their newborns.

Technical assistance for each technical component will come from JPHIEGO/MCHIP's pool of technical experts, based in Mozambique, the region or international.

JPHIEGO/MCHIP will contribute to health system strengthening through a comprehensive approach to care based on simplification, standardization, and integration to scale-up interventions and strengthen health systems to support integrated service delivery and improve quality of care.

JPHIEGO/MCHIP will develop a monitoring and evaluation plan, as well as a performance monitoring plan with appropriate MOH and next generation indicators

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Safe Motherhood
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12147** | | |
| **Mechanism Name:** | **Maternal Child Health Integrated Program (MCHIP)** | | |
| **Prime Partner Name:** | **JHPIEGO** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | MTCT | 3,115,180 | |

**Narrative:**

Priorities in FY 2010 are coordination with MOH and scale up of PMTCT services within an integrated MCH system. MCHIP's goal is to accelerate the reduction of maternal, newborn, and child mortality through advancing integrated PMTCT and maternal newborn and child health programs in Mozambique. JPHIEGO is the lead national policy advisor for the MOH in the integration of a comprehensive MCH/RH package. JHPIEGO will support the MOH to address policies, guidelines and training in all aspects of an integrated PMTCT/MCH, including crosscutting modules on gender (i.e. male norms and behavior), which ensures continuity with pediatric and adult HIV care and treatment packages. In addition, they will provide technical assistance to the MOH to print MCH and PMTCT data recording tools, data reporting forms, and IEC materials. PEPFAR clinical partners will continue to be responsible for provincial, district and clinic level implementation of quality MCH/RH comprehensive package. These efforts will be supported with additional health funding as a wrap-around to truly create a comprehensive approach to both training and service provision under the platform of MNCH/RH.

JPHIEGO/MCHIP's role as lead technical advisor will support PEPFAR implementing partners' objectives of 1) expanding PMTCT services to new sites; 2) providing greater support for low-performing sites; 3) increasing community demand for these services; 4) expanded provider-initiated counseling and testing and couples counseling; 5) improving ART initiation and more effective treatment regimens; 6) improving HIV+ pregnant women's access to cotrimoxazole prophylaxis; 7) establishing linkages with pediatric care and treatment programs for early infant diagnosis; 8) focusing on prevention of unintended pregnancies among HIV+ women; 9) providing support to PLHIV through community involvement; 10) promoting safe infant nutrition interventions that are integrated into routine services; and 11) disseminate nationally approved IEC materials developed. This collaborative effort will contribute to the scale up of PMTCT services to achieve 80% coverage and reduce under 5 mortality rate and maternal mortality ratio 25% by 2013.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12148** | **Mechanism Name: SCIP Nampula** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pathfinder International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 5,625,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 5,625,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The SCIP project is comprised of two results-oriented projects in Nampula, directed by Pathfinder International, and Zambézia, directed by World Vision, that aim to integrate health, HIV, water/sanitation, and rural enterprise program components to contribute to an overall objective of strengthening communities. The SCIP Project aims to bring together, in conjunction with funds from other sectors, income growth, increased use of child survival and reproductive health services, community based safe-motherhood programs, and programs to reduce the transmission of HIV. The goals under this program are to implement new methodologies for collaboration with existing programs, avoiding duplication of efforts and ensuring maximum impact. The SCIP program aims to strengthen capacity of the public health system, NGOs, and CBOs to support facility-based services through improved service delivery and management and supervision systems.

Pathfinder will carry out activities at the provincial, district, and community levels in 14 districts of Nampula in a coordinated, complementary manner with other USG funded development activities. USG resources will support strategic health behavior change targeting the main drivers of the epidemic including multiple concurrent partnerships (MCP), trans-generational and transactional sex and low condom use among the general population and youth. Prevention strategies will also be targeted to reach mobile populations and commercial sex workers (MARP's), OVC, PLHIV, and underserved populations. HIV preventions will be promoted through multiple behavioral approaches that are complementary and

reinforcing, including community outreach, peer group education and other media outlets like radio. The SCIP program provides excellent opportunities to wraparound other behavior change and prevention activities, including hygiene education, safe water use, and other healthy behaviors to create a strong health promotion program and better informed communities that are motivated to improve their health status. Additional programming will address child survival and safe motherhood with other development funding. Furthermore, Pathfinder will provide training and support for integrated programs including malaria and TB. Additional activities will be geared towards sustained community social infrastructure through a range of allies and networks of support they can draw upon to solve community health problems.

SCIP Pathfinder programs will address several key gender issues. Pathfinder works with the MMAS to promote gender equality and HIV prevention among women aged 10-24, especially focused on gender-based violence. HIV prevention activities will mainstream gender by explicitly addressing power in relationships, strengthening women's self-efficacy in negotiating healthy partnerships, and addressing male and female behavioral norms that contribute to widespread concurrent partnerships and cross-generational sexual relationships. Community behavior change communication (BCC) (including public theatre) and facility counseling services will call on men to be responsible husbands and fathers who practice safe sex, and will engage couples in condom use for mutual protection. Also, SCIP will provide technical assistance (TA) to NGOs/CBOs to design messages and activities that attract boys and men to address male involvement in prevention activities. Water-related programming is designed for women to gain access to water resources in the community. Finally, SCIP will reach mobile populations and other high-risk populations such as commercial sex workers with specially tailored programming to address their higher risk lifestyle and related HIV prevention needs.

The SCIP program will support achievement of goals outlined in the Partnership Framework by strengthening both the clinical and community-based capacity of health care workers; strengthening linkages between services working towards comprehensive health care; and decentralization and strengthening of health systems. The Project Team will work closely with Nampula Provincial Government officials including the Health Directorate and the DPS to improve the quality of services and to implement an integrated community-based approach. These packages are designed to horizontally and synergistically integrate project activities across geographic regions and technical sectors, providing coordinated, efficient implementation, complete with stakeholder engagement.

Pathfinder will bring proven models, tested materials, and appropriate products and technologies, or 'Best Buys', to the project, thereby saving development costs and offering the best use of scarce resources. SCIP will support local, district, and provincial stakeholders to transfer knowledge, improve skills, and establish linkages for positive change and sustainability. Furthermore, Pathfinder aims to reduce

constraints to the development and growth of the value chains for focus commodities.

The project will develop a performance management plan and data collection and analysis system based on project needs which will include a) developing a computerized management information system (MIS) to facilitate data analysis and use to project stakeholders at community, district, and province levels and ensure quality reporting to multiple funding streams; b) conducting regular data audits to ensure quality, including non-duplication of reporting; and c) disseminating monitoring & evaluation information to all partners and funders, including required reports.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12148** | | |
| **Mechanism Name:** | **SCIP Nampula** | | |
| **Prime Partner Name:** | **Pathfinder International** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | 1,000,000 | |
| **Narrative:** | | | |

To promote collaboration with other USG and GOM supported activities, SCIP will aim to strengthen community-facility linkages and increase referrals and follow-up of patients for improved continuum of care, specifically through training on linkages with community services, home based care (HBC), antenatal care (ANC), antiretroviral therapy (ART), and child-at-risk testing and consultations. Pathfinder will work in close collaboration with organizations providing HBC services for PLHIV. Program beneficiaries who are sick will be referred to ART services and if needed, referred to a HBC program to ensure continuum of care. Pathfinder will collaborate with the MOH HBC focal person, as well as with both focal PEPFAR clinical service partners in Nampula province, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the International Center for AIDS Care and Treatment Programs (ICAP), both focal PEPFAR clinical services partners in Nampula province, to facilitate referrals and improve health outcomes of patients. SCIP will facilitate increased access to CT and provide counseling and referrals to facilities or HBC services for those who test positive.

The project will work with community/home-based interventions to improve nutrition; vaccinations; healthy spacing & timing of pregnancy; exclusive breastfeeding; complementary feeding/breastfeeding counseling; micronutrient supplementation; long lasting insecticide treated nets.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 1,700,000 | |

**Narrative:**

Pathfinder, through the SCIP project, will establish linkages to OVC programming. Economic opportunity strengthening will be addressed through support to the development of youth farmers clubs linked to schools and Community Youth Centers from Geração Biz, OVC and other youth programs. The SCIP agricultural staff will learn from Multi Year Assistance Program (MYAP) agricultural extension agents and OVC will operate and make use of MYAP demonstration conservation farming plots. SCIP partners will identify OVC and their caregivers to participate in the MYAP farmer associations.

In addition to strengthening MOH and MMAS-linked Community Leadership Councils (CLCs) and Community Health Workers (CHWs) that will support community mobilization for health, SCIP will begin the preparation to organize one Inter-faith Network (IFN) per district, specifically for community support of PLHIV and OVC. Activities will include the identification of OVC and foster families and linking them with junior farmer's associations, advocating on behalf of OVC during property right issues, and assisting them to obtain school and health documentation. They will also organize activities targeting project related health and livelihood support. IFN members will collectively engage community groups to promote acceptance of OVC and PLHIV. Pathfinder will provide direct TA and assistance to IFN, and encourage them to obtain legal FBO status, in order to be eligible for sub-grants for implementation of community

HIV/OVC activities. Meanwhile care group animators when visiting households will initiate the identification of OVC and foster families, linking them with junior farmer's associations, advocating on behalf of the OVC during property right issues, and assisting to get OVC school and health documentation.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 75,000 | |

**Narrative:**

Activities will actively promote CT and advocate for the increased use of CT facilities and ensure appropriate treatment linkages. Peer educators/activist/volunteers will be trained in skills-based interpersonal communication (IPC) implementation for HIV prevention and promotion of CT. At the district, health facility and community levels, Pathfinder will support the promotion of all methods of family planning and the importance of counseling and testing, including at adolescent health clinics. Finally, Pathfinder will promote inter-personal communication and HIV counseling and testing activities aimed at couples.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 1,200,000 | |

**Narrative:**

Focusing on both health facilities and community partners as key points of entry, SCIP will promote healthy behavior change through local media, IPC, and IEC materials, to be monitored through sub-partner Population Services International (PSI)'s TRaC methodology. Specific behaviors promoted will include delay of sexual debut, abstinence, fidelity, and reduction in concurrent partnerships, based on formative research and appropriately tailored to each population segment. SCIP interventions will adopt The Choose Life curriculum for youth aged 10-25 which includes a Be Faithful manual for married youth, and addresses multiple concurrent sexual partners, sexual networks, cross generational and transactional sex, gender, alcohol, and drugs. SCIP will also use these curricula with faith-based groups, and will also use materials developed for youth HIV prevention under the Geração Biz project for school and community activities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 900,000 | |

**Narrative:**

The project seeks to reduce HIV transmission by encouraging the adoption or continuation of lower risk sexual behaviors and on changing societal level norms to support risk reduction. Behaviors promoted

include correct and consistent condom use and partner reduction. Target groups will include men and women engaged in MCP and/or cross-generational relationships, populations living or working in districts along major transport corridors including PLHIV. Combination prevention campaigns implemented under SCIP will be aligned with national level campaigns using a behavior change approach that relies on best practices from Mozambique and neighboring countries in Southern Africa, and that combines various media outlets and interpersonal and community outreach and events tailored to each population group, to ensure optimal exposure and reach throughout 14 districts in Nampula.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 750,000 | |

**Narrative:**

Prevention of Mother to Child Transmission interventions are integrated with USAID funded child survival (CS) and reproductive health (RH) programs, including family planning (FP), and within primary health care services. This approach will help to increase the uptake of services for HIV+ pregnant women and provide them with comprehensive care. These complementary services are therefore key areas of importance to increase the quality and availability of goods, services, and information, increasing demand for goods and services, and increasing the social infrastructure to support communities. Activities will include emphasis on primary prevention of HIV among women of childbearing age and access to quality FP services as a major strategy to reduce vertical transmission. Pathfinder will enhance the role of lay counselors in Nampula to strengthen linkages with and enhance capacity of civil society groups involved in primary prevention. A strategy for male involvement in HIV+ women's RH/Maternal Child Health (MCH) needs will be promoted including couples' counseling and testing, promotion of male involvement in reproductive health decision and childcare, and the promotion of condom use during pregnancy. Furthermore, Pathfinder will enhance capacity of health workers to identify and counsel on RH needs of HIV-infected pregnant women and couples, including the implementation of provider initiated testing and counseling (PITC) within FP.

Wraparound activities include improved maternal and child nutrition practices, especially for HIV-exposed infants, as major strategy to improve maternal survival (MS) and CS and reduce vertical transmission. Pathfinder will integrate the maternal & child nutrition module in PMTCT training and will provide nutrition counseling training to health staff. Finally, the Pathfinder program will implement a framework for psychosocial support for HIV+ pregnant women and their families, including education about stigma reduction and the prevention of gender based violence.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12149 | Mechanism Name: SCIP Zambezia |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: World Vision International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 5,425,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 5,425,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Strengthening Communities through Integrated Programming (SCIP) project is comprised of two results-oriented projects in Nampula, directed by Pathfinder International, and Zambézia, directed by World Vision, that aim to integrate health, HIV, water/sanitation, and rural enterprise program components to contribute to an overall objective of strengthening communities. The SCIP project aims to bring together, in conjunction with funds from other sectors, income growth, increased use of child survival and reproductive health services, community-based safe motherhood programs, and programs to reduce the transmission of HIV. The goals under this program are to implement new methodologies for collaboration with existing programs, avoiding duplication of efforts and ensuring maximum impact. The SCIP project aims to strengthen capacity of the public health system, NGOs, and CBOs to support facility-based services through improved service delivery and management and supervision systems

World Vision will carry out activities at the provincial, district, and community levels in16 districts of Zambézia in a coordinated, complementary manner with other USG funded development activities. World Vision, through the SCIP project, will build on its former HIV/AIDS prevention project, MozARK, which developed comprehensive strategiestailored to the epidemic in Zambezia province and grounded in evidence based individual behavior and social change theories. The prevention strategies target the main drivers of the epidemic including multiple concurrent partnerships, trans-generational and transactional sex and low condom use. SCIP World Vision provides excellent opportunities to warp-around other behavior change and prevention activities such as immunizations, TB, malaria, FP/RH, water, sanitation

and hygiene (WASH). Addtionally, World Vision will support community activities to encourage the increase of Counseling and Testing efforts.

SCIP World Vision will support PMTCT programming at the community level, linking mothers and newborns with services for FP/RH and Maternal Child Health services. World Vision will also work with Community Health Councils to help them strengthen social protection systems. Moreover, the project provides a comprehensive and quality package of services for OVC and their families. The project will assess and encourage an array of bankable activities by community based organizations that will improve health in communities, including those that increase income to allow households to procure nutrition and health services and those that increase availability of services in the communities.

SCIP World Vision aims to increase young women's risk perception about engaging in age-disparate relationships by linking them with ongoing programs such as: (i) life skills education; (ii) training in income-generation; and (iii) identification of peer 'role models'/peer educators who will work with these young women and refer them to services for FP/RH as needed. Community Health Volunteers (CHV's) will also be trained to reach out to men, often the primary decision-makers in the traditional family. The project will use the model "Men as Part of the Solution" as conducted by MozARK, to promote changes in male behavior that can reduce HIV infection and increase their responsibility in regard to the family well-being. In addition, male-friendly environments will be facilitated at antenatal care, PMTCT, intra-partum, and newborn care services.

The SCIP program will support achievement of goals outlined in the Partnership Framework by strengthening both the clinical and community-based capacity of health care workers to deliver services; strengthening linkages between services to working towards comprehensive health care for PLHIV and OVC; strengthening organizational and technical capacity of civl society to improve local and community level response; and decentralization and strengthening of health systems. The Project Team will work closely with Zambezia Provincial Government officials including the Health Directorate and the DPS to improve the quality of services and to implement an integrated community-based approach. These packages are designed to horizontally and synergistically integrate project activities across geographic regions and technical sectors, providing coordinated, efficient implementation, complete with stakeholder engagement.

World Vision has field data collection tools, volunteers trained in data collection and use, and decentralized systems for data entry, storage, retrieval, and analysis. Monitoring & evaluation activities will be based on collective lessons learned. Data collection tools and systems will be redesigned to accommodate needs for data integration. All partners will use the same field tools. Existing data collection systems will be evaluated for ease of use, data quality features, and suitability to integrate into a data

warehouse. A baseline survey will be conducted during the first two months with a mid-term evaluation and an impact evaluation to follow.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12149** |
| **Mechanism Name:** | **SCIP Zambezia** |
| **Prime Partner Name:** | **World Vision International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HBHC | 1,000,000 | |

**Narrative:**

HBC activists provide services to PLHIV that include: 1) palliative care, 2) referrals to treatment and care services, 3) promoting adherence to treatment for HIV/TB and OIs such as CTX, and 4) follow-up care. They also provide psychosocial and spiritual support, appropriate nutritional advice, emotional counseling, and referral for food assistance. Advocacy for CT, PMTCT, and referrals to TB/HIV treatment, and FP services are integral messages for all Community Health Councils (CHCs)/CHVs

visits. World Vision networks with community based organizations, nongovernmental organizations, and other USG partners to leverage access to prevention and treatment services and facilitate treatment adherence through groups, follow-up by Home Visitors (HVs), and other community members. World Vision will collaborate with PEPFAR clinical partners to strengthen referral services for PLHIV. The project implements a transport support service (using two vans located strategically in two districts) to help PLHIV access quality health care and antiretroviral therapy.

In addition, the project is strengthening the community-based and complementary health service support structure to improve access and quality of maternal, newborn, and child health (MNCH) and family planning services for PLHIV, while improving behavior and care seeking practices. Household level support utilizes an integrated approach, occurring in the context of multiple activities:
1) Timed and Targeted Counseling using the life cycle approach and registration;
2) Using Mother/Father Groups to reach groups of people in familiar circumstances, with peer support;
3) BCC activities to enhance uptake of services, prevent spread of diseases such as malaria, diarrhea, STI, HIV and increase use of long lasting insecticide treated nets (LLIN);
4) Home visits for HBC, OVC care, and combination HIV prevention activities;
5) Community mobilized adolescent support groups to improve knowledge and practice on reproductive health (RH), family planning (FP), and prevention of STIs and HIV.

During household interactions, Community Health Volunteers (CHVs) foster antenatal care (ANC) visits, including PMTCT, for HIV+ pregnant women, encourage skilled delivery, support CT participation, and educate families in the recognition of signs of illness and complications including when and how to access skilled health care.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HKID | 1,700,000 | |

**Narrative:**

The main model for OVC support is through Community Care Coalitions (CCC) in all 16 districts. The CCC network is a model for mobilizing and strengthening community-led care for OVC. It is multi-sectoral approach that incorporates health, social welfare, education and justice. The CCC network is embedded in the community and actively involves beneficiaries (PLHIV, OVC, and women). CCCs are the primary mechanism for providing care and support to OVC, PLHIV, and vulnerable households, as well as for referring people to reproductive health/family planning (FP), CT, PMTCT, ART, and malaria and TB testing and treatment, where available. CCCs are accountable to the Health Care Councils.

The project provides a comprehensive and quality package of services for OVC and their families. CCC-

led interventions focus on HIV care and support but are not exclusively addressing only HIV issues in the community. The project works with Community Care Councils (CHCs), CCCs, and Home Visitors (HVs) to strengthen social protection systems. All the seven major OVC services: food and nutritional support, shelter and care, protection, health care, age appropriate education and vocational training, economic opportunity/strengthening and psychosocial support, are provided to children determined by need. The project ensures provision of quality, comprehensive, multi-sectoral and coordinated community care strategies for the HIV–affected, OVCs, and their households.

The project will establish loan guarantee mechanisms generating income to support health related activities. Projects may target specific groups of OVC who will be assisted to register as formal, legally binding associations with the intention of beginning income-generating activities (IGAs). Training and assistance in business planning, management, market linkage, and technical knowledge will transform these initiatives into successful business activities. IGAs will be tailored to the context of each target community and include agriculture production or processing within the framework of the value chain analysis to be performed by the project. The income and some of the produce will be used to support the educational, financial, and nutritional needs of OVCs. This project will build on previous successful experiences of the seven implementing partners.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 75,000 | |

**Narrative:**

Activities will actively promote CT and advocate for the increased use of counseling and testing facilities and ensure appropriate treatment linkages. World Vision will mobilize communities and District Health Associations (DHAs) to increase the demand and use of CT services and coordinate with USG-supported agencies to establish a two-way referral system of clients. Clients who test positive (including pregnant women) will be counseled to seek PMTCT services, ART, and family planning (FP) counseling, care, and support, referred to existing community volunteers, and made aware of existing support groups for PLHIV. The project will also integrate CT services into the mobile brigade activities, promote a door-to-door campaign, and increase community-based information, education and communication (IEC) (radio, theater) activities. Peer educators/activist/volunteers will be trained in skills-based interpersonal communication (IPC) implementation for HIV prevention and promotion of CT. At the district, health facility and community levels, World Vision will support the promotion of all methods of family planning and the importance of counseling and testing, including at adolescent health clinics. Finally, World Vision will promote interpersonal communication and HIV counseling and testing activities aimed at couples.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVAB | 1,000,000 | |

**Narrative:**

Using secondary data and baseline Knowledge, Beliefs, Attitudes, Practices (KBAP) surveys, results where knowledge and communication gaps are wide will be targeted for "doer/non-doer & barrier analysis" survey to be able to design well-targeted behavior change activities. The project will build on general community-level prevention outreach through the Community Health Councils (CHCs) and well-established network of trained Home Visitors (HVs), HBC Activists, peer educators, youth and parent's advisory groups, parent school committees, and district health associations (DHAs) to strengthen community HIV prevention and social behavioral change. Training on prevention messaging for Community Health Volunteers (CHVs) will continue and be oriented to reproductive health, abstinence, being faithful, and delay of sexual debut. The project will give special attention to the 15-24 age group (married and unmarried) where most new HIV infections are occurring, and prevent the 10-14 age group from becoming infected. Men 25 to 40 years old, married and unmarried, will be especially targeted to reduce new infections. In promoting "B" behaviors, MozARK will build upon positive and strengthen African norms of sexual fidelity. Community outreach efforts will be reinforced by mass media which will highlight sexual rights of women and portray negative consequences of age-disparate relationships in order to change young women's aspirations and motivations to seek these types of relationships.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 900,000 | |

**Narrative:**

The project will achieve sustainable shifts to appropriate healthy behaviors at the individual and community level through a combination of interpersonal communication, targeted training, outreach education campaigns, and use of various media forums such as local radio. The project seeks to reduce HIV transmission by encouraging the adoption or continuation of lower-risk sexual behaviors, focusing on most-at-risk individuals and on changing societal-level norms to support risk reduction. Behaviors promoted include correct and consistent condom use and partner reduction. Target groups will include men and women engaged in concurrent partnerships and/or cross-generational relationships, and populations living or working in districts along major transport corridors including commercial sex workers and mobile-bridge populations. PLHIV are also a target for the combination prevention campaigns used in SCIP.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | 750,000 | |

**Narrative:**

Prevention of Mother to Child Transmission interventions are integrated with USAID funded child survival

(CS) and reproductive health (RH) programs, including family planning (FP), and within primary health care services. This approach will help to increase the uptake of services for HIV+ pregnant women and provide them with comprehensive care. These complementary services are therefore key areas of importance to increase the quality and availability of goods, services, and information, increasing demand for goods and services, and increasing the social infrastructure to support communities. Activities will include emphasis on primary prevention of HIV among women of childbearing age and access to quality FP services as a major strategy to reduce vertical transmission. World Vision will enhance the role of lay counselors in Zambezia to strengthen linkages with and enhance capacity of civil society groups involved in primary prevention. A strategy for male involvement in HIV+ women's RH/Maternal Child Health (MCH) needs will be promoted including couples' counseling and testing, promotion of male involvement in reproductive health decision and childcare, and the promotion of condom use during pregnancy. Furthermore, World Vision will enhance capacity of health workers to identify and counsel on RH needs of HIV-infected pregnant women and couples, including the implementation of provider initiated testing and counseling (PITC) within FP.

Wrap-around activities include improved maternal and child nutrition practices, especially for HIV-exposed infants, as major strategies to improve maternal survival (MS) and CS and reduce vertical transmission. World Vision will integrate the maternal & child nutrition module in PMTCT training and will provide nutrition counseling training to health staff. In addition, World Vision will conduct an assessment, in coordination with the government's district level health workers, on the availability of materials, training and supplies for quality facility-based care for HIV+ pregnant women and their newborns in order to increase district-wide facility-based capacity.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12150** | **Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services (SIAPS)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Management Sciences for Health | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| Total Funding: 150,000 | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 150,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Strengthening Pharmaceutical Systems (SPS) Project is a Leader with Associates award, led by Management Sciences for Health, and includes a variety of partners, including the WHO Collaborating Center for Pharmaceutical Policy at Harvard University. SPS aims to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems. A follow on from Rational Pharmaceutical Management Plus (RPM+), SPS focuses on four key components through a more systematized approach:
1) Improve governance of the pharmaceutical sector, including policies, regulatory issues, strategic planning, and pharmacovigilance monitoring of adverse events, with a special focus on licensing and accreditation, promoting accountability and combating corruption in the procurement of medicines, and involving civil society and interest groups in the governance process;
2) Pharmaceutical systems strengthening to support public health services, with special emphasis on human resource capacity building through pre-service curriculum reform;
3) Containing the emergence and spread of anti-microbial resistance through institutional interventions, including infection control, Drug Therapeutic Committees (DTCs), and Drug Utilization Reviews (DURs), and implementation of WHO Anti-Microbial Resistance and Early Warning Indicator strategies, as well as through support for adherence and patient compliance, and support for quality control of medicines;
4) Expand access to essential medicines through the private sector using public private partnerships as well as providing support to the national drug regulatory authorities (NDRAs) to improve their prequalification and registration processes. SPS will also address financing and economic issues that create barriers to access to essential medicines.

SPS directly contributes to the goals and vision outlined in the Partnership Framework through its emphasis on strengthening health systems, human resource capacity building, and quality of care and adherence issues through pharmaceutical systems strengthening.

SPS will strengthen the capacity, leadership and governance of the MOH Department of Pharmacy, which is the drug regulatory authority for Mozambique and responsible for other aspects of the pharmaceutical sector not managed by Central Medical Stores (CMAM), including: defining drug policies, revising the

essential medicines list (EML), registration of pharmaceutical products, licensing, controlling quality of medicines, and managing a national pharmacovigilance program to identify and monitor adverse events, including for antiretrovirals (ARV). In 2010, the Pharmacy Department will become the official NDRA and will have national directorate status, ensuring independence of the MOH in pharmaceutical policy and decision-making.

USG is currently not providing any support to the Pharmacy Department for its activities. This has been identified as a gap in PEPFAR programming and is being introduced in FY 2010 planning. As a new partner, SPS will conduct an initial assessment to identify needs and priorities of the NDRA and the MOH, and gaps in existing external support, to determine follow-on activities. These activities could include support to the following areas: pharmacovigilance, accreditation, quality control and assurance; drug therapeutic committees (DTCs); systems for drug registration and licensing; rational use of medicines; and support to the Association of Pharmacists.

The geographical area will be national with an emphasis on developing or strengthening national policies and systems for the NDRA as well as strengthening the implementation of those policies and systems at provincial, district and site levels, depending on the results of the assessment and identification or priorities. The target audiences are the Pharmacy Department/NDRA, pharmacists and other health professionals, DPSs, Association of Pharmacists, pre-service institutions, and PEPFAR implementing partners.

It is envisioned that SPS will contribute to human resource capacity building through training of pharmacy staff within the pharmaceutical department and in the provinces. The training will focus on issues identified by the pharmacy department as a priority, including: quality control of medicines, and site-level identification of poor quality medicines and reporting; importation, registration and licensing of medicines; rational use of medicines, patient compliance, and anti-microbial resistance; setting up Drug Therapeutic Committees; and pharmacovigilance. Because this partner will be supporting very specific activities and needs as defined by the Pharmacy Department to transfer skills within the pharmaceutical sector, and will complement the work of supply chain management systems (SCMS), USG does not envision significant growth of this partner. Rather, based on the identified priorities, the TA approach will be through the placement of a technical advisor within the NDRA and/or periodic short to medium term technical assistance and mentoring visits and trainings. In addition, any support to adherence or patient compliance of medicines, including ARVs, will be closely coordinated with existing partners on the ground for economies of scale.

Based on the need assessment and follow-up activities, SPS will develop a monitoring and evaluation plan in conjunction with the NDRA with clear benchmarks and deliverables.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12150** | | |
| **Mechanism Name:** | **Systems for Improved Access to Pharmaceuticals and Services (SIAPS)** | | |
| **Prime Partner Name:** | **Management Sciences for Health** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | 150,000 | |

**Narrative:**

In November 2008, MOH held a 3-day national workshop to strengthen the pharmaceutical sector, culminating in a report and action plan outlining priority activities for the sector, including strengthening the pharmacy department and its role as the National Drug Regulatory Authority (NDRA), improving control of medicine quality, establishing a pharmacovigilance center, and combating corruption. A critical systems strengthening activity, SPS will prioritize assistance to the Pharmaceutical Department in line with priorities of the MOH and in coordination with other USG programs, PEPFAR implementing partners and donors.

As this is a new activity for USG in FY 2010, Strengthening Pharmaceutical Systems (SPS) will conduct a needs assessment to identify challenges and opportunities across the four key areas of SPS's work, and will engage the pharmaceutical department and other departments within the MOH, and other donors to identify the main priorities, which are not currently supported through other mechanisms. The needs assessment will also include field visits to districts and sites to understand issues around the rational use and product selection, antimicrobial resistance, medicine quality and quality reporting, and adverse event reporting systems in place at facility level for the pharmacovigilance program. Based on the findings from the assessment and the priorities outlined in the report from the national pharmaceutical conference, SPS will develop an action plan in conjunction with the NDRA and the MOH.

| |
|---|
| SPS will strengthen capacity to the Pharmaceutical Department on their role as NDRA, leadership and governance which will have impact on the health service delivery. Possible areas of follow-on support could include: support to the pharmacy department for drug registration, including strengthening and streamlining systems for registration, strengthening the pharmacovigilance program, supporting development of policies where needed and identified by the MOH, support to the department of laboratory for the quality control of medicines, support to the Association of Pharmacists, and to assess the interest of the MOH in developing an accreditation system for pharmacies. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12151** | **Mechanism Name: TBD - New RFP for Condoms and Social Marketing** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In support of the increased emphasis on HIV prevention in the GOM Strategy for Accelerated HIV Infection Prevention and contributing directly to achieving Goal 1 of the PF to reduce new infections, USG is designing a new social marketing program that combines products and services that promote health and prevent HIV, including bednets, water purification tablets, contraceptives and condoms. Condom demand and use in Mozambique have been among the lowest in the region, according to earlier DHS figures (2003) However, exposure to condom social marketing is high, and self-reports of condom use

with non-regular partners increases with exposure to communication regarding condoms and with increased knowledge of condom vending points. USG has historically procured all condoms for free distribution by the public sector, and also supported promotion and distribution costs of subsidized social marketing of male and female condoms procured by the GOM. In fact, the socially-marketed condom brand has become synonymous with the word for condom in Mozambique. USG's current agreement for condom social marketing (CSM) ends in 2010. It is therefore opportune to design a new and more comprehensive social marketing program to increase the availability and affordability of quality health products, including condoms.

The USG seeks to significantly streamline and improve efficiencies in support of promotion of male and female condoms to strengthen a Total Market Approach, one in which all sectors (public, private and NGO/ donor-financed social marketing) are integrated within one "market" that is segmented by willingness to pay. A key objective of the new program will be to improve the targeting and uptake, efficiency and sustainability of CSM, with an increased focus on making condoms widely available outside health facilities and increasing correct and consistent use among at-risk populations and communities, particularly along "hotspot" venues in urban areas and along transport corridors

Under the new program, a strategy will be developed and implemented to focus CSM on appropriate market segments, reduce costs by increasing reliance on private sector distribution networks, and expand market share of commercial brands over the long-term using a Total Market Approach. The scope of condom social marketing, including distribution of commodities, mass media, point-of-sale promotion and demand generation, will be country-wide. The program will however support greater penetration of condom outlets and promotional activities among communities along transport corridors, and within high risk venues such as bars, nightspots and drinking establishments. The CSM program will coordinate other USG supported efforts that are intended for populations at increased risk of infection, and will ensure proper education about, and availability of, condoms at "night clinics" set up to serve commercial sex workers, and "wellness centers" available to long distance truckers along transport corridors. The program will establish strong linkages between its activities in these areas and targeted behavior change activities for higher-risk populations and communities.

The program will ensure continuity in the availability of affordable condoms through retail and other outlets nation-wide, while intensifying the focus of condom promotion and sales in high-risk populations and communities, to improve prevention efforts, and reduce transmission. Regular monitoring of sales and distribution patterns will be conducted to assess increases or decreases in demand and regularity of supply, and to evaluate influences of communication and marketing efforts on demand patterns.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Malaria (PMI)

Child Survival Activities

Mobile Population

Safe Motherhood

Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12151** | | |
| **Mechanism Name:** | **TBD - New RFP for Condoms and Social Marketing** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

This new program will develop and implement a dynamic strategy for condom social marketing that continues to make socially marketed condoms increasingly available at affordable prices to appropriate market segments while gradually moving towards an expanded role for the private commercial sector. USG will support the repackaging, distribution, sale and promotion of subsidized male and female condoms through commercial and non-traditional outlets country-wide. The program will link condom social marketing with targeted outreach and risk reduction counseling in high-risk venues and workplace settings in provinces with high HIV prevalence, in order to increase condom use among MARPs and populations in communities at risk. The program will intensify the number of distribution outlets and increase targeted condom sales in high risk settings and propose a strategy that promotes long-term institutionalization and sustainability of retail sales of condoms. The programs will facilitate interpersonal communication activities to ensure adequate condom use, condom negotiation and self-efficacy skills per sub-population; support local organizations, rural supply chain distribution networks, work associations

| |
|---|
| and private sector to operate condom outlets in urban and peri-urban hot spots; and support generic campaigns to address low uptake, misconceptions and negative attitudes about condoms and harmonize messages with BCC developed by other USG partners. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12152** | **Mechanism Name: Roads to a Healthy Future Project (ROADS II)** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Family Health International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 3,609,218** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 3,609,218 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The purpose of this new program is to increase access to HIV services and reduce transmission among bridge and most-at-risk populations (MARPs), along transport corridors and "hot spot" venues, by promoting a package of interventions and preventive services tailored to their lifestyle and risk situation. Transient lifestyles often encourage a preponderance of multiple concurrent partnerships (MCP), heavy alcohol consumption, widespread sexual and gender-based violence (SGBV) all of which create an environment of elevated risk for HIV acquisition and transmission. Populations include mobile populations, such as truckers, miners and other migrant workers who engage in risky behavior, commercial, transactional or casual sex, and place their regular partners at increased risk as well; female sex workers (FSWs) and their partners, and girls and young women who engage in risky sex primarily for economic purposes. Communities at elevated risk, such as in mining towns or transit points along transport corridors and other hotspots also constitute key foci for this project. As needed, geographic

mapping and prioritization exercises will be undertaken to provide the basis for planning programmatic interventions. Programmatic emphases and resources will be allocated among population groups and localities based on analysis of existing and additional data, including formative research to better understand risk behavior patterns and design appropriate interventions. The project will benefit from experience gained under ROADS I along transport corridors in neighboring African countries to expand appropriate prevention and communication approaches most likely to be effective in promoting HIV prevention among MARPS and the communities they live in and interact with. Risk reduction interventions will also address alcohol abuse and gender based violence.

The project will also expand and increase the uptake of non-traditional HIV CT targeted to hard-to-reach populations, and strengthen the linkages of CT to other HIV and health services. Emphasis will be given to innovative approaches for expanding the availability of and the demand for CT among populations who may not have access to services at mainstream clinics.

In line with priorities of the Partnership Framework, this activity will strengthen capacity of government, civil society and the private sector to deliver comprehensive HIV services for high-risk populations and to create an enabling environment for service expansion. The project will help strengthen government coordination and multisectoral programming for MARPs, and will train local nongovernmental organizations (NGO) and community-based organizations (CBO) in advocacy, resource mobilization, and service delivery for the targeted populations.

Under this activity, USG encourages the provision of sub-agreements to local organizations, especially those which include representation by the targeted groups and populations, and developing agreements with private enterprises along transport corridors and hot spots. All approaches and activities will be carried out in collaboration with the national, provincial and district directorates and the MOH, Ministries of Labor, Transportation, the NAC and relevant Technical Working Groups, thus reinforcing the Partnership Framework's goal of strengthening the multisectoral response.

Interventions will take place in the following provinces: Maputo City, Maputo, Gaza, Manica, Sofala, Zambezia, Tete, and Niassa. Activities will target busy transport corridors and hotspot venues and will be purposefully intensified in the highest prevalence provinces of Gaza, Maputo and Maputo city. The program will include interventions in Beira where other USG partners and donors are working. The program stresses coordination with existing HIV prevention programs eg for FSWs, and complementarity with USG prevention efforts targeting other MARP groups, to ensure the widest possible coverage of different populations at increased HIV risk. In addition, collaboration will be fostered with USG partners and service providers in CT, care and support services, and others engaged in outreach to high-risk populations. Economic opportunities for high risk populations, especially women and young girls, will be

explored to reduce their exposure to risky sex.

This new award will have specific and quantifiable performance measures, indicators and targets to help document, monitor and evaluate the program's performance and achievements in extending HIV prevention and CT services to targeted MARPS along the transport corridors. Performance will also be evaluated based on the completion of specific tasks as outlined in the agreement, adherence to the work plan, and regularly submitted reports. Activities will utilize findings and recommendations from planned USG MARP size estimation studies, mapping exercises and assessments.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population
Workplace Programs

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12152** | | |
| **Mechanism Name:** | **Roads to a Healthy Future Project (ROADS II)** | | |
| **Prime Partner Name:** | **Family Health International** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HVCT | 1,403,800 | |
| **Narrative:** | | | |
| Reduced HIV transmission among MARP and bridge populations in communities and venues with high levels of risk behavior will be achieved by increasing the use of commodities, services, and adoption of safer behaviors. Efforts will expand and increase uptake at non-traditional CT sites that target mobile | | | |

and hard to reach populations and strengthen linkages to other HIV and health services. To ensure availability of a comprehensive package of prevention services for MARPs and bridge populations, the project will develop, test and scale-up innovative models for creating demand and increase uptake of CT. These models will emphasize post-test prevention counseling and establish strong STI referral systems, TB screening, HIV care, ART, and other critical HIV and health services. The technical approach will incorporate strategies that promote gender equity and address gender norms and expectations that can be detrimental and increase vulnerability to HIV infection for both men and women.

Implementation will be national in scope with interventions focused selectively on high-risk areas, particularly major transportation corridors, communities with high prevalence and high density of MARP/bridge populations, and venues with high levels of risky sexual behavior, including such communities in the highest prevalence provinces of Maputo City, Maputo Province and Gaza.

Capacity building is crucial for scale-up of interventions targeting MARPs. NGO/CBOs provide local ownership, essential for long-term sustainability. The private sector will be strongly encouraged to play its role and PPPs will be explored. Advocacy with government to create an enabling policy environment in which to effectively reach these populations and to ensure appropriate government leadership and coordination of programming for MARPs.

An M&E plan will be developed and will include process, output, outcome and impact components. Routine data quality assessments, process, and outcome evaluations will be carried out to design effective strategies for targeting CT services to reaching MARPs and the communities they interact with.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 461,474 | |

**Narrative:**

The implementing partner will design a comprehensive prevention program tailored for different categories of MARPs, and will develop approaches to discourage practices such as transactional sex, and multiple concurrent partnerships, which are particulalry common among mobile populations. The partner will also design and implement a surveillance system at designated STI night clinics established for FSW. This surveillance system will be implemented in order to provide much needed qualitative and quantitative information around specific MARPs groups in a clinical setting. Such data collection is considered a critical SI activity in that data around MARP populations in these settings has been a traditionally difficult data set to collect. As part of the need to move towards more evidence-based intervention programs, more quantitative and qualitative information around specific MARP groups is critical in the scaling-up of MARP evidence based interventions and programs. In addition, it is expected

that this surveillance activity will begin to assist both the MOH and the NAC in developing more comprehensive datasets around MARPs. Such surveillance should also provide information about the effectiveness of MARPs oriented activities and interventions supported by the USG.

The partner will be responsible for implementing the surveillance system at selected night clinics and the training of relevant clinic staff in the maintenance and effective use of the system. In addition, the partner will ensure that all required surveillance indicators and quality assurance activities related to the surveillance are implemented. The partner will also be responsible for providing ongoing reports based on this surveillance to USG and to the MOH.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 1,743,944 | |

**Narrative:**

This program focuses on high risk activity among long distance truckers, migrants, miners, other mobile populations, and FSW who live and work along the busy transport corridors and hotspot venues along the way. Interventions will be tailored to the needs and lifestyles of these most at risk populations and will increase access to, and coverage by, a comprehensive package that may include the following services and supportive interventions:

1) Targeted promotion and distribution of condoms and lubricants in close collaboration with the CSM efforts;
2) Risk reduction activities and counseling, including alcohol abuse
3) Peer education and outreach;
4) HIV counseling and testing, especially mobile and home-based services;
5) Sexually transmitted infections (STI) screening and treatment, as part of comprehensive HIV prevention and care;
6) Linkages to HIV care, treatment and PMTCT;
7) Post-exposure prophylaxis (PEP), especially for female sex workers (FSW);
8) Drop-in centers and night clinics, especially for FSW;
9) Sustainable/Alternative livelihood interventions, especially for FSW and vulnerable girls;
10) Reduction of stigma and discrimination;
11) Linkages to health services including RH/FP, PHC, psycho-social and legal support;
12) Screening for and reduction of SGBV

Capacity building at all levels is crucial for scale-up of interventions targeting MARPs. This activity will strengthen capacity of government, civil society and the private sector to deliver this comprehensive

| |
|---|
| package of HIV services for high-risk populations and to create an enabling environment for service expansion. Advocacy with government leaders is needed to create the enabling policy environment in which to effectively reach these populations, and to ensure appropriate government leadership and coordination of programming for MARPs. NGOs and CBOs can also provide local ownership essential for long-term sustainability. The private sector has a role to play in condom marketing and in supporting prevention among its workforce and leveraging of public private partnerships, which will be strongly encouraged. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12153** | **Mechanism Name: TBD Architect TA** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Infrastructures Department of the MOH's Planning and Cooperation Directorate (DPC) is responsible for all aspects of health system infrastructure development and rehabilitation. Its administrative functions include physical and financial planning, coordinating donors' infrastructures programs, setting performance targets and monitoring expenditure and progress. It is also responsible for commissioning designs for health facilities and developing technical standards.

The MOH recognizes that poor infrastructure is a major constraint to delivery of basic health care to the rural population. In recent years the Infrastructures Department has promoted standardized designs for

rural health clinics, which have been adopted by several donor agencies, including USG, and are now being replicated throughout the country. There is also recognition that new state-of-the-art facilities, such as the National Reference Laboratory and the training center to be built at Marracuene, are essential if MOH is to achieve needed improvements to the quality of its service delivery and pre-service training.

The Infrastructures Department employs 10 architects and 8 engineers, none of whom have trained recently as health facility specialists. The objective of this activity is to strengthen the capacity of the Infrastructure Department by attaching an expert health facility architect to the department for two years. Expected results of this technical assistance include:
1) Transfer of current technology and modern best practices in health facility design;
2) Updating Infrastructure Department standards and model designs to respond to recent challenges, such as PMTCT, separation of TB consultation facilities, mitigating risks of staff infections, safe handling and disposal of biological waste;
3) Technical interaction between the department and specialist consultants designing new state-of-the-art facilities.

This activity supports Partnership Framework Objective 3.5: improve and expand the public health infrastructure. The cross-cutting attribution is construction.

This technical assistance is cost-efficient as it will transfer knowledge and skills to Mozambican staff in the Infrastructure Department, so that the MOH can take leadership of developing its own infrastructure plans and policies. This person will also help ensure better coordination among the various infrastructure initiatives of the government and donors.

The technical advisor will develop a work plan in coordination with the Infrastructure Department and USG, with indicators and benchmarks to measure capacity-building progress.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12153** | | |
| **Mechanism Name:** | **TBD Architect TA** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | Redacted | Redacted |

**Narrative:**

The systems barrier addressed is weak health infrastructure in Mozambique and weak capacity of the Infrastructure Department of the MOH. This activity will provide a health facility architect technical advisor to the Infrastructures Department. The technical advisor (TA) will build the capacity of and mentor the architects and engineers in the department, who have not received any recent training as health facility architects. The TA will ensure quality standards and best practices are adhered to in construction, rehabilitation, and maintenance activities.

There are linkages among the areas of service delivery, human resources and leadership, since the technical assistance will improve the quality and coordination of health facility construction and rehabilitation; build the capacity of MOH staff to plan and manage infrastructure projects, as well as take a stronger leading role in infrastructure development. The technical assistance will have benefits for the whole health system.

There are no next generation indicators that capture the progress of this type of technical assistance, but a work plan with indicators and targets will be developed after the TA begins.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12154** | **Mechanism Name: TBD Costing Exercise** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The overall goal of this activity is to support the Mozambique USG Care and Treatment and Technical Working Group in cost analysis and projections of community based care and support services for PLHIV and OVC. Given the current rate of scale-up for care, treatment and prevention programs, there is a potential for funding constraints within the current economic crisis. A key aspect of the Partnership Framework is sustainability and coordination of GOM, USG, and other donor resources. Building on experiences of the FY 2009 antiretroviral treatment (ART) and pre-ART costing exercise, the Mozambique team seeks technical support to conduct a costing exercise of community based care for PLHIV and OVC to project HIV services costs and to inform the allocation of resources in light of scale up.

A rapid costing exercise conducted earlier this year, highlighted the need for a more comprehensive, systematic approach to capturing accurate costing data. Costing community based care services is particularly challenging due to the wide variety of services provided to OVC and PLHIV.

This costing exercise will collect information on the costs incurred by USG and non-USG implementing partners to deliver HIV community based care and support services and allow the USG to gain a better understanding of the costs incurred for services provided.

In order to ensure that quality data is available for analysis, a consultant will work with implementing partners and USG to ensure that tools and systems are in place to collect costing data.

Costing information is key to supporting the Mozambican Government and Civil Society in budget planning and projections which will ensure that resources are available over the long-term to mitigate the response to HIV/AIDS.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12154** | | |
| **Mechanism Name:** | **TBD Costing Exercise** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HBHC | Redacted | Redacted |
| **Narrative:** | | | |
| In FY 2010, USG will conduct a costing exercise for HIV community-based care services for people living with HIV. With adequate systems in place to work with partners on cost data collection, USG Mozambique expects to have unit cost calculations and cost projections under different scenarios.<br><br>Activities for the costing exercise include but are not limited to:<br>6) Providing assistance to and technical oversight during collection of information on clinical services costs, coverage, and activity description from PEPFAR-funded implementing partners in Mozambique;<br>7) Design cost survey forms, in collaboration with partners and USG, to be completed and submitted by USG implementing partners;<br>8) Estimate unit costs of HIV clinical and community care services, according to implementing partner and health system level;<br>9) Use unit costs data, in collaboration with local USG program managers, in making cost projections and to estimate future resource needs under a range of scenarios<br>10) Refine survey tools and processes to inform future costing activities.<br>With adequate systems in place to work with partners on cost data collection, the USG expects to have unit cost calculations and cost projections for HIV community-based care services under different scenarios. | | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HKID | Redacted | Redacted |
| **Narrative:** | | | |
| In FY 2010, USG will conduct a costing exercise for HIV community-based care services for orphans and | | | |

| |
|---|
| vulnerable children. With adequate systems in place to work with partners on cost data collection, USG Mozambique expects to have unit cost calculations and cost projections under different scenarios.<br><br>Activities for the costing exercise include but are not limited to:<br>1) Providing assistance to and technical oversight during collection of information on clinical services costs, coverage, and activity description from PEPFAR-funded implementing partners in Mozambique;<br>2) Design cost survey forms, in collaboration with partners and USG, to be completed and submitted by USG implementing partners;<br>3) Estimate unit costs of HIV clinical and community care services, according to implementing partner and health system level;<br>4) Use unit costs data, in collaboration with local USG program managers, in making cost projections and to estimate future resource needs under a range of scenarios<br>5) Refine survey tools and processes to inform future costing activities.<br>With adequate systems in place to work with partners on cost data collection, the USG expects to have unit cost calculations and cost projections for HIV community-based care services under different scenarios. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12155** | **Mechanism Name: TBD DSS** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In Mozambique, like in most areas of the developing world, vital statistics, when existing, are weak and unreliable. In these areas, a considerable number of the births, deaths and migrations are missed or improperly registered, impeding the assessment of the true demographic dynamics of the population. Small area projects may more accurately measure cause-specific HIV morbidity and mortality in these settings.

Currently, Mozambique has one Health Demographic Surveillance Site (HDSS) in Manhiça, Maputo Province and a second HDSS site in development in Chokwé, Gaza Province. The Chokwé site has not yet initiated activities due to delays in receiving initial PEPFAR funding.

This implementing mechanism will fund second year operating costs and core data collection activities for the Chokwe site. Strengthening of this HDSS will allow improved calculations of health statistics needed for decision making, monitoring and evaluation of programs and interventions, including mortality due to HIV. By creating a sample frame and providing longitudinal follow up of a well-defined population, it will also create a platform for public health evaluations.

The site is housed at Chokwé Rural Hospital, a Ministry of Health facility, and will be run in close collaboration with the National Institute of Health, MOH. Chokwé will soon be expanding its research and health service provision activities at the district level. HIV incidence and behavioral studies began in early 2009, several clinical trials on Malaria, HIV, tuberculosis (TB) and co-infections are also planned to initiate in 2010. Clinical surveillance for several infectious and non-infectious diseases is going to be established at Chokwé rural Hospital and the network of health centers and other facilities in the district. In addition, Chokwé district is currently targeted with several large health interventions, covering areas like malaria, TB, reproductive health, and health system strengthening. The impact of these interventions can ultimately be better monitored through their impact on mortality, which in turn can be monitored through a HDSS.

Creation of the HDSS site in Chokwé will also build human resource capacity in public health and clinical research by providing an environment for training Mozambican Government demographers, epidemiologists, and clinicians on morbidity and mortality surveillance methods.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 12155 | | |
|---|---|---|---|
| Mechanism Name: | TBD DSS | | |
| Prime Partner Name: | TBD | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | Redacted | Redacted |

**Narrative:**

This activity includes a portion of costs for the second year of operations. The Health Demographic Surveillance Site (HDSS) is expected to be co-funded by other donors starting in the second year. Primary activities include payment of continuing salaries for a demographer, data entry personnel, and field staff, maintenance and fuel for vehicles used for fieldwork, and purchasing office consumables including questionnaire production. Data collection instruments will be developed in accordance with international standards, such as the World Health Organization (WHO) approved Core Verbal Autopsy Procedures. Field staff will visit all communities in the catchment area on a quarterly basis to count births, deaths, and in and out migrations of residents. They will complete verbal autopsy interviews for all deaths, which will be used to create cause of death indicators. Assignment of a unique identifier to every resident will allow measurement of health care utilization.

Development of the HDSS will allow routine mortality surveillance, including estimation of cause-specific mortality rates. Specific clinical trials or other research projects will be funded separately and must seek appropriate ethical reviews prior to initiation.

Through participation in the HDSS, Mozambican professionals will have the opportunity to learn demographic and epidemiology skills necessary for implementing monitoring and evaluation, and disease surveillance systems. Further, the HDSS in Chokwé will not only provide a solid basis for the implementation of the centers research agenda but will also result in an impact in the health status of the population of the district.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12156 | Mechanism Name: Project Search - OVC Evaluation |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

USG will identify a partner to implement basic program evaluation activities that will primarily be focused on investigating the impact of general population abstinence and/or be faithful (AB), other prevention (OP) and most at risk populations (MARP) prevention intervention activities that USG Mozambique will be beginning in FY 2010. The primary objectives of this multi-prevention program evaluation are to quantify and qualify the impact of the newly developed prevention interventions on behavior change, normative behaviors, beliefs and attitudes that impact behavior change and attitudes towards HIV and sexual transmission practices for general populations and for MARP populations. Another primary goal of this program evaluation will be develop rigrous costing methodologies that will allow the USG and the government of Mozambique to have better estimates and projections around prevention interventions.

This activity will also provide data around multiple concurrent partnership reduction and other quantitative data related to general population and MARP activities, that will be used for baseline, target and ongoing program monitoring.

The evaluation will be a multi-province evaluation. The evaluation will first field test various methodological and logistical questions for feasibility. The evaluation may also include interviews and focus group sessions with participants of the multiple different types of prevention interventions that took place and would provide comparative impacts of different types of interventions with different populations.

Given the crucial importance of improving the GOM and the USG's understanding of how to effectively reduce HIV incidence in Mozambique a basic program evaluation of this sort is urgently needed. The basic program evaluation content may also include collecting HIV, survey, qualitative and other data to allow for a multivariate analysis and triangulation of potential associations between self-reported behavior, exposure to interventions, and HIV incidence.

Regardless of the exact shape of the basic program evaluation, it will be critically important to employ rigorous methods for measuring behavioral outcomes in addition to HIV status and/or other biomedical indicators. Key behavioral indicators to be collected include measures of multiple concurrent partnerships, e.g.: 1) the % of adult males and females reporting two or more partners during the previous 6 month period; 2) the % of adults reporting two or more "regular" partners (defined as someone with whom one has been having sex for at least 6 months) over the previous period; and 3) normative and structural behaviors of the general population and MARP that impact people's decision to engage in high-risk behaviors.

This basic program evaluation will provide a costing component that will both provide additional information around the general costs associated with prevention programs (an area in which there is little information), costs associated with behavior change outcomes and potential methods to increase cost-efficiencies. Based on costing data and increased data availability, USG and GOM will be able to better coordinate and target specific programs based on available cost data.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12156** |
| **Mechanism Name:** | **Project Search - OVC Evaluation** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

This is a new activity. The selected partner to implement this general prevention basic program evaluation will provide qualitative and quantitative data around the impacts in the general population and MARPs populations of sexual prevention interventions. The evaluation will encompass a baseline data collection based on either secondary data sources or a primary data collection process. The evaluation will encompass rigourous data collection and analysis to be implemented during the beginning point of the interventions and carried out regulary during the life of the project.

The selected partner will be responsible for implementing the evaluation and ensuring that there are mechanisms in place for quality assurance and supportive supervision to data collection officers in the field.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12157** | **Mechanism Name: Media Strengthening Program** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This is a new activity that aims to strengthen and improve the quality of reporting about HIV prevention through the local print and broadcast media. One of the strategies that will be implemented is to forge a

coalition of media leaders who can advocate for, and contribute to, sustained interest and media investments to curb the spread of HIV. The goal is to build a media leaders' partnership which is comprehensive and includes membership from the advertising industry, print, radio, television and electronic media, including the mobile phone industry and internet carriers, to serve as advocates and trainers for improved reporting and accountability by the local media. It is expected that the partnership will be an effective advocacy mechanism to leverage private sector resources, mobilize air time contributions, human resources, generate innovative ideas and leadership that contribute to increased and improved coverage of the HIV epidemic in its different behavioral, structural, biomedical, social and clinical aspects. Gender dimensions of the epidemic will be analyzed highlighting connections between alcohol abuse, male norms, the female face of the epidemic, and the importance of engaging men for prevention efforts to be effective. The media leaders will also provide short term technical assistance to the NAC and local media outlets, in line with the development and implementation of the national HIV communication strategy which accompanies the National HIV Strategic Plan (PENIII).

In addition to creating an influential coalition of media leaders, this program will develop and implement trainings for print and broadcast journalists, including web designers and cell phone company representatives. The purpose is to increase the quality and the quantity of coverage of HIV and to improve programming that engages listeners and viewers and personalizes issues such as risky behaviors. The program will be developed in close collaboration with the Public Affairs Office, and will coordinate approaches and activities with the Tripartite program of cooperation between the USG, GOM, and the Government of Brazil in a manner to optimize inputs for capacity building. In line with the priorities of the Partnership Framework, donor coordination and harmonization will continue to ensure coordinated implementation. Although ultimately national in its scope, the new program will initially focus on the urban areas of Maputo city and Maputo, Gaza, Nampula and Zambezia provinces.

Monitoring and Evaluation plans will be developed and will include process, output, outcome and impact components. For each indicator the M&E plan will provide interim and final targets, data sources, collection methods and baseline information or a timeline for collecting it. Routine data quality assessments will also be done. Audience studies will be carried out to assess interest in various topics and document trends in coverage of HIV prevention on various media.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

Addressing male norms and behaviors

## Budget Code Information

| Mechanism ID: | 12157 | | |
|---|---|---|---|
| Mechanism Name: | Media Strengthening Program | | |
| Prime Partner Name: | TBD | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

The combination of direct educational and factual messages and entertainment can drive home public health messages about HIV. The media can be a powerful ally in the effort to reduce new infections, by increasing public attention to and debate about harmful, yet socially accepted, practices, notably multiple and concurrent partnerships. In the same vein, the media can be a positive force in creating an enabling social environment that encourages positive health behaviors such as seeking counseling and testing services, disclosing HIV status. Finally, by positively positioning effective prevention practices, such as male circumcision, the media can play an important role in shaping attitudes and opinions.

This program will be a key channel to reach influential media outlets and galvanize their interest in and commitment to HIV prevention. The media partners in this program will become allies and a resource for national prevention campaigns by securing celebrity endorsements on key HIV prevention practices and behaviors, such as partner faithfulness and discouraging the practice of risky behaviors such as transactional sex, or alcohol abuse. The program will include a strong training component to increase professional analysis, reporting, and writing across various media.

The program will build capacity of journalists to create effective and professional reporting and will implement innovative approaches, such as media awards to recognize creative leadership, to increase quality reporting and programming.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12158 | Mechanism Name: TBD Performance Based Financing |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This is a new activity to carry out an assessment on performance-based financing (PBF). The MOH has shown interest in the PBF model to improve the quality of health services. This initial assessment will gauge the readiness of the Mozambican health system to adopt such a model and provide recommendations on how it could be implemented.

In Mozambique health worker salaries are not tied to performance, one of the factors leading to low productivity, poor quality, and lack of innovation. The working definition of PBF is the transfer of money or material goods conditional on taking a measurable action or achieving a predetermined performance target. PBF aligns resource use with the motivational factors that promote hard work, innovation and results. By making payments when results are verified, PBF aims to align health worker actions with goals for increasing the volume and quality of services. Substantial improvements in key health indicators have been achieved using the PBF approach in Afghanistan, Haiti, and Rwanda. PBF also results in managers and health workers becoming more proactive, innovative and focused on being accountable for results. Other results are an increased use of data for decision-making, improved management, and increased cost-effectiveness.

As any PBF program must be tailored to the local context, and the first step of this activity will consist of an assessment to lay out the framework. This activity will assess the pre-requisites for PBF in Mozambique and lay out the next steps needed, such as policy changes or a functional Human Resource information system (HRIS), for a PBF approach to be piloted in FY 2011 or beyond.

Stakeholder engagement is critical to PBF success and the assessment will involve a broad range of stakeholders to ensure sufficient buy-in. Other essential components could be included in the assessment, e.g. how performance contracts will be designed and managed, performance indicators and targets, how payments will be tied to results and processed, and mechanisms to manage and validate performance, with recommendations. Lessons learned from other countries where PBF has been successful will be used.

The assessment will lay the groundwork for various elements of the Partnership Framework, although the benefits will not be felt until a functioning PBF model is in place. The relevant Partnership Framework objectives are Objective 2.2, as PBF will improve the GOM's capacity to use available resources to improve service delivery; Objective 3.2, as it will improve the motivation and retention of health workers; and the objectives under Goal 4, as it will improve the quality of HIV treatment. Human resources for health (HRH) is a cross-cutting focus because of the focus on health worker motivation, performance and retention.

The geographic coverage of the assessment is expected to be at central, provincial, district and facility level. Target population will include employees in the MOH and health facilities, and stakeholders such as users of health care facilities and other donors.

The contribution to health systems strengthening is by improving service delivery, motivation of the health workforce, health finance through effective use of available resources, and leadership/governance by assessing the feasibility of a national approach to strengthen the health system. Improved health outcomes will not be limited to HIV.

The activity will recommend the most cost-effective options for PBF that will allow effective use of available resources.

The partner will develop a work plan with indicators to measure progress during the assessment. USG Mozambique staff will be closely involved in the assessment. The assessment will propose a monitoring and evaluation system for a PBF approach in Mozambique.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: 12158<br>Mechanism Name: TBD Performance Based Financing<br>Prime Partner Name: TBD | | | |
|---|---|---|---|
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | Redacted | Redacted |
| **Narrative:** | | | |
| The system barriers addressed are weak incentives for health workers (low salaries, lack of incentives, no links to performance), leading to low productivity and quality of care. This activity will address these barriers by assessing the feasibility and proposing recommendations for a PBF approach, which would encourage health workers to achieve results, thereby increasing the use of health services and improving quality.<br><br>There are linkages across the functional areas of service delivery, human resources, health finance, and leadership/governance, as explained in the implementing mechanism narrative above. There is an intentional spillover effect as the assessment aims to improve overall health outcomes, health worker motivation and supervision. | | | |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12159** | **Mechanism Name: Strengthening HIV and GBV Prevention within the Police** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Improved governance, reduced corruption and increased transparency are key objectives of USG's program of assistance to the GOM, cross-cutting all development sectors, including health and HIV. Within this overall perspective, the police force constitutes an important component of the reduction of violence and preservation of law and order in the country. Every year, there are approximately 1200 men and women who are trained as police. USG is collaborating with the GOM to strengthen and increase the professionalism of the training programs for these young men and women, with the objective of ensuring that training leads to good policing and instills the values of discipline, respect for the law, and protection of citizens' safety and rights. USG is designing a democracy and governance (DG) program of support to the police which will reach all levels of the command structure and be in a position to influence norms and values throughout the system.

Based in the two provinces of Maputo and Maputo City, this DG program with the police force provides a unique and innovative wrap around opportunity for HIV prevention reaching police and new recruits. Although reliable data are not easily available, it is largely accepted in public health circles that HIV prevalence is high among members of the uniformed services in Mozambique, notably among the military, but followed closely by the police.

Largely comprised of young people, often far from home, the police force is considered a high risk population for HIV, and AIDS is thought to be the chief cause of death among the police force. In a 2005 CDC HIV/Hepatitis/STD/TB Prevention News Update, the Minister of the Interior stated that the 'AIDS-related deaths of some 1,000 police officers annually in Mozambique [were] denting its effort to deter crime'.

With the addition of moderate HIV funding to the larger DG program, it will be possible to collaborate with the selected implementing partner in the design of HIV prevention for the police to introduce key concepts of health and HIV, emphasize the value of prevention, and provide new trainees and their commanders with relevant skills and knowledge for HIV prevention . Furthermore, since the USG DG

activity will operate throughout the command structure, it presents a unique opportunity to reach the higher level officers within the police and identify influentials who can serve as positive role models for their colleagues as well as their subordinates. This activity will also build the Ministry of the Interior's organizational capacity to implement HIV prevention; de-normalize gender-based violence, whether it be within the ranks, between spouses, or towards commercial sex workers; and support the new law 29/2009 against domestic violence. The HIV component of the larger capacity building program for police will emphasize basics of HIV prevention, and highlight the key behavioral and structural drivers of the epidemic in Mozambique including unsafe sexual practices, multiple and concurrent sexual partners, and low and inconsistent condom use. The critical importance of knowing one's own status and and that of sexual partners and mutual disclosure to sexual partners will be prominent in the program, as will increased availability of testing opportunities and condom distribution and promotion. Gender relations and norms that influence risky behaviors and HIV transmission will be an integral component of the prevention intervention. Furthermore, as police are a first point of contact in cases of domestic and gender based violence, the program will include training and skills building within the police force to better equip them to deal with these cases. Activities will emphasize risks of transactional sex and sensitize police about gender-based violence in interactions with commercial sex workers. As this is a new and large initiative, needs assessments and monitoring and evaluation to track progress and effectiveness are priorities and will be developed in close collaboraton with the selected partner. This activity supports three of the Partnership Framework goals: reduce HIV infections; strengthen the multi-sectoral response; and ensure care and support for pregnant women, adults and children infected or affected by HIV in community and health and social welfare systems.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing women's legal rights and protection
Workplace Programs

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12159** |
| **Mechanism Name:** | **Strengthening HIV and GBV Prevention within the Police** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

Every year, there are approximately 1200 men and women who are trained as police. USG is collaborating with the GOM to strengthen and increase the professionalism of the training programs for these young men and women, with the objective of ensuring that training leads to good policing and instills the values of discipline, respect for the law, and protection of citizens' safety and rights. This program presents an innovative wrap around opportunity to include HIV prevention. The HIV component of the larger capacity building program for police will emphasize basics of HIV prevention, and highlight the key behavioral and structural drivers of the epidemic in Mozambique including unsafe sexual practices, with a strong focus on multiple concurrent sexual partners and transactional sex. An overall assessment will be designed and conducted to gauge the needs for prevention among the police force and the development of interventions for the police force will rely on formative research to determine current knowledge, attitudes, values and practices among the different levels of officers. The HIV prevention intervention will include training and skills building within the police force to better equip them to handle cases involving domestic and gender based violence. The program will begin in the city and province of Maputo which include a majority of the police force including ACIPOL, the Police Academy.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Funds from FY 2010 will support a comprehensive prevention program for a population at increased risk such as the police force. USG is collaborating with the GOM to strengthen and increase the professionalism of the training programs for young men and women police recruits, with the objective of ensuring that training leads to good policing and instills the values of discipline, respect for the law, and protection of citizens' safety and rights.

The HIV component of this larger capacity building program for police will emphasize basics of HIV prevention, and highlight the key behavioral and structural drivers of the epidemic in Mozambique including unsafe sexual practices, especially low and incorrect condom use. An overall assessment will be designed and conducted to gauge the needs for prevention among the police force, and to the extent

| |
|---|
| possible, development of interventions for the police force will rely on formative research to determine current knowledge, attitudes, values and practices among the different levels of officers. The program will include training and skills building within the police force to better equip them to handle cases involving domestic and gender-based violence. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12160** | **Mechanism Name: TBD PPP Financial TA** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The lack of sufficient health care workers is the greatest challenge to scale-up and sustainability of service delivery and quality of care. The weak administrative capacity of health training institutions, including medical schools (i.e. Lúrio University, Catholic University in Beira and University of Eduardo Mondlane) and polytechnics (e.g. ISCISA), continues to be a major limiting factor in producing an adequate quantity and quality of health personnel. Likewise the Central Medical Stores (CMAM) requires support to effectively manage its various sources of funding.

This activity will build the financial management capacity of public and private training institutions and CMAM to ensure that they have the policies, procedures and systems in place to adequately manage their various funding sources (e.g. state budget, donor funding, user fees). Where appropriate, the USG will engage private sector partners from the banking sector (e.g. Standard Bank, BIM) and other

companies (e.g. Pfizer) through a public-private partnership (PPP) to provide relevant expertise. This activity will tailor its support in order to enable participating institutions to directly receive USG resources for human resources for health support in FY 2011.

The scope of these partnerships is national. Training institutions will include both public and private facilities, and will include medical schools and polytechnic institutions. CMAM is based in Maputo, buts its reach is national.

This activity will directly contribute to the following goals of the Partnership Framework:
Goal 2: By utilizing innovative approaches to mobilize additional resources (Obj 2.2), by engaging private-sector partners (Obj 2.3), and by strengthening the organizational capacity of local institutions to strengthen the multisectoral response to HIV;
Goal 3: By improving the capacity and quality of training facilities (Obj 3.1).

These initiatives will contribute to health system strengthening by mobilizing additional resources through the private sector and by providing direct technical assistance in the area of financial management capacity building to key health institutions. This capacity building will have the additional effect of increasing the quality and quantity of human resources for health and commodity management.

This activity impacts key cross-cutting themes. This activity will improve human resources for health by strengthening the capacity and quality of training facilities (e.g. medical schools, polytechnic institutions) through technical assistance provided by private-sector partners. This activity will improve the quality of education in participating institutions by building their capacity to more effectively manage and generate funds.

These partnerships will promote cost efficiency by mobilizing significant private-sector resources for HIV service delivery. As part of the requirements for a PPP, the private-sector resource partner will provide at least a one-to-one match of USG resources through its in-kind and/or cash contribution. This partnership will be sure to capitalize on their unique strategic advantages, including staff, services, structures and unique, enduring relationships with communities.

Next generation indicators will be used to monitor progress and track contribution to USG goals. The USG will also track the private-sector contribution of all PPPs.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Education | Redacted |
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| Mechanism ID: | 12160 | | |
|---|---|---|---|
| Mechanism Name: | TBD PPP Financial TA | | |
| Prime Partner Name: | TBD | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | Redacted | Redacted |

**Narrative:**

This activity will build the financial management capacity of at least two training institutions and CMAM in order to enable them to directly receive USG resources as of FY 2011. This support will have the spillover effect of improving overall financial systems of the participating institutions and by forging enduring links between the private sector and key health services.

Capacity building will be based on a detailed needs assessment of the participating institutions in order to identify unique weaknesses and opportunities within the existing systems and to better tailor technical support. Technical assistance will focus on the operating systems, policies and procedures to adequately manage, monitor and report on various sources of funding. Institutions will improve their capacity to develop unit cost information for planning and budget development. Institutions will be able to relate financial data to performance data and will apply the required controls and tracking for budget execution. Where not already developed, institutions will develop written procedures for financial management, and will have established systems in place for cost accounting records supported by source documentation, disaggregation of costs by source of funding, and progress reporting. Other areas of focus will include organizational structure, network structure, staff capacity and communication. This assistance will prepare the training institutions for an eventual pre-award audit to enable them to directly receive USG funds.

The USG will engage the private-sector to provide this support. USG has experience collaborating with banking institutions to provide financial management TA to USG implementing partners. Private sector

| |
|---|
| partners will apply their expertise in financial management through formal trainings, ongoing technical support, the development of relevant tools and/or the secondment of staff. These partnerships will meet the 1:1 leverage requirement for PPPs. For those instances where a private-sector partner is not available, USG or a current implementing partner will contract with an agency that has the relevant expertise and experience to providing this type of institutional capacity building. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12161** | **Mechanism Name: Ecohealth Project** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Gorongosa EcoHealth Initiative is a public-private partnership (PPP) with the Goronogosa National Park (GNP). GNP is located in Sofala Province, which has a prevalence of HIV infection of 23%, and is near a major transportation corridor. Sofala province has one of the highest rates of orphans (both single and dual) orphans in the country, and 59% of children live in absolute poverty. The Gorongosa Restoration Project (GRP), formerly called the Carr Foundation, has a twenty year agreement with the GOM to restore GNP, focusing on wildlife conservation, ecotourism and human development in the Park and in the surrounding communities in the four bordering districts (i.e. Gorongosa, Nhamatanda, Muanza, Cheringoma). This PPP that is currently being jointly developed by USG, GRP, local government authorities, (i.e. DPS and SDSMAS of bordering districts) and local community-based organizations will capitalize on GNP's existing structures, services and linkages with communities and other agencies (e.g.

Mount Sinai University) to promote HIV prevention and mitigation strategies. Building the capacity of families and communities to care for OVC will be integrated into the Park's conservation activities, including sustainable natural resource based micro-enterprise development, community mobilization/education, and community-based resource management strategies.

Goal
To preserve the health of the ecosystem and its inhabitants of the area in and around Gorongosa National Park (GNP)

Objectives
1) To prevent new HIV infections in communities living in the GNP buffer zone and GNP park employees;
2) To strengthen the linkages between communities and health facilities;
3) To improve livelihoods of caregivers and families affected by HIV through ecologically sustainable income-generating activities linked to the GNP.

GRP's project will directly contribute to the following goals of the Partnership Framework:
Goal 1: By reducing sexual transmission of HIV (Obj. 1.1) and by increasing geographic coverage and improving facility-community linkages for CT and PMTCT services (Obj 1.2 & 1.3);
Goal 2: By utilizing innovative approaches to mobilize additional resources (Obj 2.2) and to engage private-sector partners (Obj 2.3) for HIV services;
Goal 5: By increasing access to a continuum of HIV care services through better community-facility linkages (Obj 5.1) and by strengthening the economic capacity of vulnerable families and individuals through income generating activities (Obj 5.5).

GRP's EcoHealth Initiative will target the buffer zone communities surrounding in the four surrounding districts in Sofala Province. Prevention activities will target the general population living in these communities in addition to the GNP's 400+ employees. Economic strengthening activities will target individual older OVC, families caring for OVC, and caregiver groups living near Mount Gorongosa.

The Initiative will strengthen health systems by improving facility-community linkages and by mobilizing additional resources for public health services. This activity will also impact the following cross-cutting programs:
Economic Strengthening
The EcoHealth Initiative will improve the livlihoods of older OVC, families caring for OVC, and caregiver groups by expanding its sustainable micro-enterprise development program linked to GNP's activities (e.g. honey production, agroforestry) on Mount Gorongosa.

Food & Nutrition:  Policy, Tools, and Service Delivery
The livlihoods component of the Initiative will focus on improved nutrition through basic nutritional education and counseling and the promotion of locally appropriate, nutritious foods.

Gender
The Initiative will promote gender equity by encouraging female participation in income-generating activities (at least 50% of participants will be women), and by addressing gender specific barriers to HIV services (e.g. encouraging male involvement in antenatal care (ANC) and counseling and testing (CT).

The EcoHealth Initiative will use the following strategies to become more cost efficient over time:
1) Mobilizing significant private-sector resources for HIV service delivery. As part of the requirements for a PPP, GRP will provide at least a one-to-one match USG resources through its in-kind and/or cash contribution.  By linking HIV activities to the Park's agricultural extension program and mobile clinic, this PPP will leverage significant wrap around resources in the areas of child survival, family planning, malaria and safe motherhood.  This partnership will be sure to capitalize on its unique strategic advantages, including its staff, services, structures and unique, enduring relationships with communities;
2) Adapting promising practices and lessons learned from other initiatives in Mozambique and internationally, rather than "reinventing the wheel";
3) Strengthening linkages with public health services and taking full advantage of the facility- and community-based services in the target area;
4) Integrating HIV service delivery into the long-term conservation strategy of GNP to ensure scale-up and sustainability of the Initiatives activities.

GRP, USG and implementing partners will develop a joint M&E plan that will monitor progress in relation to the HIV prevention and mitigation objectives set above.  Reporting systems will be established to track the number of persons reached through the mobile clinic, community education and productive activities. GRP and USG will ensure that reporting systems are harmonized with the national system and avoid duplication to the greatest extent possible.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |
| Food and Nutrition: Policy, Tools, and Service Delivery | Redacted |

## Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Malaria (PMI)
Child Survival Activities
Safe Motherhood
Workplace Programs
Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12161** | | |
| **Mechanism Name:** | **Ecohealth Project** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HKID | Redacted | Redacted |

**Narrative:**

Gorongoza Restoration Project (GRP) is developing sustainable natural resource-based micro-enterprises linked to the Gorongoza National Park's (GNP) activities (e.g. honey production, agroforestry) on Mount Gorongosa. Carr Foundation will ensure that a portion of these activities will directly target older orphans and vulnerable children (OVC) and family members, while linking productive activities (e.g. food, income) to community care groups. These activities will focus on improved nutrition and increased income for target households. Training components will include basic education and counseling for psychosocial support, utilization of locally appropriate, nutritious foods, and hygiene & sanitation. These activities will be linked with clinical and community care providers in the nearby communities.

GRP currently runs a mobile clinic in partnership with the SDSMAS of Gorongosa, and will ensure that basic health care is provided to OVC in the 16 communities reached by the clinic in the Parks' buffer zone. Likewise, the Portuguese Government development agency (IPAD) has financed the construction of the Community-Education Center (CEC) within the park limits and with easy access to various communities in the park's buffer zone. GRP will use this resource as a means to educate and mobilize communities to promote the care of OVC by integrating HIV mitigation strategies into health & conservation trainings targeting school teachers, health personnel, community-leaders and GNP staff.

Community conservation capacity building efforts, which include PLHIV and OVC, will be sure to incorporate an HIV mitigation component and will take into account new social structures caused by HIV in the community. HIV mitigation will also be integrated into the Community Development Committees being catalyzed by GNP in the buffer zone communities as part of its conservation efforts to ensure that communities continue to take the lead in caring for OVC.

GRP will also pilot a bicycle ambulance program in 16 buffer zone communities to strengthen the linkage between these communities and health facilities.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

Prevention efforts will be integrated with conservation/health and will target GNP staff, school teachers, health personnel, community-leaders and traditional healers in buffer zone communities. Interpersonal communication activities will educate individuals about HIV risks, self perception of risk and locus of control, and will promote messages on reducing MCP, increasing condom use and increasing service uptake of CT and other health and HIV services. HIV prevention topics will raise awareness about sero-discordancy and positive prevention.
Community conservation capacity building efforts will be sure to incorporate an HIV component and will address increased vulnerabilities that may result from the park's rehabilitation. HIV prevention will also be integrated into the Community Development Committees being catalyzed by GRP in the buffer zone communities to promote prevention and community mobilization to mitigate the impact of HIV on communities. HIV prevention education will also be integrated into the economic strengthening training conducted through GRP's sustainable natural resource-based micro-enterprise program, which will target primarily women. GRP currently runs a mobile clinic in partnership with the SDSMAS of Gorongosa, and will ensure that HIV prevention, counseling, testing and follow-up services are integrated into the primary health care outreach offered by the clinic and will increase male uptake of CT and ANC services. GRP is completing the construction of a Community-Education Center (CEC) that will serve as a valuable community education resource. Likewise, a health Peace Corps volunteer with USG experience will be posted at the CEC as of January 2010 to help coordinate the GRP's HIV prevention outreach.

GRP will also create an HIV work place policy to support peer-based work place prevention programs and services. GRP will seek and adapt existing IEC materials and curricula rather than developing new materials. To address sustainability, GRP will also use these funds to build community-level capacity to mobilize community-centered, integrated conservation/prevention efforts. GRP will actively link with prevention efforts implemented by other partners in the four districts.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12162** | **Mechanism Name: Improved Reproductive Health and Rights Services for Most at Risk Populations in Tete** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This PPP will provide a comprehensive package of HIV prevention services to workers & their families, resettled households, high-risk groups associated with mining/construction activities (i.e. construction workers, miners, transporters, sex workers) and the general population of Moatize. Moatize is situated along a major corridor, and transportation activities will increase once the rail line is complete and construction activities are well underway. This partnership will promote the reduction of HIV acquisition and transmission in these populations by increasing the adoption of safer sexual behaviors and changing social, economic and cultural factors that facilitate high risk of HIV. The USG and Vale Foundation (VF) will prioritize activities and approaches that strengthen the capacity of civil society to design and implement combination prevention programs. All activities will be developed and coordinated with provincial and district health and social welfare directorates (DPS and SDSMAS), and with the full participation of community members, target groups, and PLHIV.

Goal

To capitalize on a unique relationship between Vale, local government and civil society to prevent HIV

infection along the Moatize Corridor

Objectives
1) To improve knowledge and practices regarding HIV transmission amongst the general population of Moatize
2) To increase access to HIV prevention and sexual reproductive health services for high risk groups (e.g. construction workers, miners, transporters, sex workers)

The Vale PPP will directly contribute to the following goals of the Partnership Framework:
Goal 1: By reducing sexual transmission of HIV (Obj. 1.1) and increasing access to CT (Obj 1.3) along the Moatize corridor;
Goal 2: By utilizing innovative approaches to mobilize additional resources (Obj 2.2) and to engage private-sector partners (Obj 2.3) for HIV services;
Goal 5: By increasing access to a continuum of HIV care services through better community-facility linkages (Obj 5.1).

The Vale PPP will target the Moatize corridor in Tete Province, including Moatize town and the two Vale resettlement areas. Prevention activities will target Vale/Odebrech employees & their families, sex workers, long-distance truck drivers, and the general Moatize population.

The Initiative will strengthen health systems by improving facility-community linkages and by mobilizing additional resources for public health services. This partnership will address gender-specific barriers to HIV information and services. Vale will promote HIV education and proper health seeking behavior among men by specifically targeting its largely male workforce of construction workers and miners. Likewise, the Night Clinic supported by this target will increase access to basic HIV and reproductive health services for sex workers.

This PPP will use the following strategies to become more cost efficient over time:
1) Mobilizing significant private-sector resources for HIV service delivery. As part of the requirements for a PPP, Vale will provide at least a one-to-one match USG resources through its in-kind and/or cash contribution. This partnership will be sure to capitalize on its unique strategic advantages, including its staff, services, structures and unique, enduring relationships with communities;
2) Adapting promising practices and lessons learned from other initiatives in Mozambique and internationally, rather than "reinventing the wheel";
3) Strengthening linkages with public health services and taking full advantage of the facility- and community-based services in the target area;
4) Integrating HIV service delivery into the long-term extraction activities of Vale to ensure scale-up and

sustainability of activities.

Vale, USG and implementing partners will develop a joint M&E plan that will monitor progress in relation to the HIV prevention objectives set above. The partnership will support a baseline study to understand how the start-up of construction/mining activities in Moatize is affecting the dynamics of the community in relation to HIV, which will also help tailor HIV prevention activities. Vale and USG will ensure that reporting systems feed into the national system and avoid duplication to the greatest extent possible.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
Workplace Programs
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12162** |
| **Mechanism Name:** | **Improved Reproductive Health and Rights Services for Most at Risk Populations in Tete** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | Redacted | Redacted |

**Narrative:**

This PPP will increase access to and use of effective and quality combination HIV prevention services through a combination of mass media/IEC/BCC/IPC activities for health and HIV behavior communication and social change. Vale and USG will coordinate closely with local stakeholders (e.g. SDSMAS, local CBOs) to optimize the use of available resources, for example, staff and volunteers (activistas) with the

requisite knowledge, skills and experience in interpersonal communication in communities. This activity will expand HIV counseling & testing to the community and the workplace, and ensure that a full range of HIV prevention services (e.g. IEC materials, peer counseling, HIV testing) are available to the 4000 construction workers of the Odebrecht company contracted by Vale. This activity will also promote community mobilization through existing groups and interpersonal communications for behavior change, both collective and individual, with primary emphasis on reducing the practice of multiple and concurrent partnerships (MCPs), increasing the perception of associated risks among individuals and communities and reaffirming the benefits of mutual fidelity of HIV negative partners. Particular emphasis will be given to changing the male-dominated norms and attitudes that perpetuate the practice of MCP. Communications for behavior change will link formally to clinical HIV and related services, all of which have information, education and/or counseling components that address specific risk and prevention behaviors.

Relevant data from mapping exercises, socio-cultural assessments (including the extensive assessment conducted by Vale), program monitoring and other data needed for planning programs in these areas will inform evidenced-based HIV prevention strategies.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

The comprehensive package of MARP services will include targeted promotion and distribution of condoms/lubricants, peer education & outreach among MARPs, and risk reduction activities & counseling. HIV counseling and testing services will be extended to the community and in the workplace. Vale will strenghten linkages to other health services, including reproductive health and family planning, primary health care, HIV care & support, and psychosocial support.

Vale and USAID will support the Night Clinic currently operating near the truck stop in Moatize. The Night Clinic's services include STI screening & treatment in accordance with national guidelines, free distrubition of condoms, information, education and communication (IEC) on sexual and reproductive health, HIV counseling & testing. Approximately 75% of its clients are sex workers or long-distance transporters and the number of clients is increasing (currently at 250/month). The SDSMAS of Moatize currently manages the Clinic and provides staff and materials (i.e. medical supplies, drugs, basic IEC materials), and the Municipality provides the containers in which the container is located. PEPFAR resources will be used to expand the opening hours and service package provided. In addition, USG resources will support a team of trained peer educators to promote clinic attendance, expand IEC activies and ensure a good liaison with the targeted populations. The Clinic will also expand its qualitative

| |
|---|
| research activities to gain better understanding of gaps and needs in service provision as the most at risk populations (MARPs) landscape changes as Vale's activites come to scale.<br><br>Relevant data from mapping exercises, socio-cultural assessments (including the extensive assessment conducted by Vale), program monitoring and other data needed for planning programs in these areas will inform evidenced-based HIV prevention strategies. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12163** | **Mechanism Name: TBD PPP Nampula** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This public private partnership (PPP) will provide a comprehensive package of HIV prevention services to workers & their families, and at-risk youth (15-29 years) living in the communities near the Coca Cola bottling plan in Nampula City. Nampula is the primary commercial hub for the northern region and is situated along the Nacala corridor. This partnership will promote the reduction of HIV acquisition and transmission among at-risk youth by increasing the adoption of safer sexual behaviors and changing social, economic and cultural factors that facilitate the transmission of HIV. USG and Coca Cola will support innovative strategies to engage youth and to decrease their vulnerability to HIV. Potential activities include school-based activities, sporting activites linked with HIV and lifeskills education, and income generating activities. All activities will be developed and coordinated with provincial and district

health and social welfare directorates (DPS and SDSMAS), and with the full participation of community members, target groups, and PLHIV.

Goal
To capitalize on a unique relationship between Coca Cola, local government, civil society and youth to prevent HIV infection among at-risk youth in Nampula City

Objectives
1) To improve knowledge and practices regarding HIV transmission amongst at-risk youth in Nampula;
2) To empower youth in order to decrease their vulnerability to acquiring HIV.

The Coca Cola PPP will directly contribute to the following goals of the Partnership Framework:
Goal 1: By reducing sexual transmission of HIV (Obj. 1.1) and increasing access to CT (Obj 1.3) in Nampula city;
Goal 2: By utilizing innovative approaches to mobilize additional resources (Obj 2.2) and to engage private-sector partners (Obj 2.3) for HIV services;
Goal 5: By mitigating the socio-economic determinants of HIV by strengthening economic capacity of at-risk youth (Obj 5.5).

The Coke PPP will target the urban communities surrounding the Coca Cola factory in Nampula City. Prevention activities will target Coke employees & their families and high-risk (e.g. out-of-school, low-income) youth in nearby communities.

This initiative will strengthen health systems by mobilizing additional resources for public health services and by facilitating linkages between the national health service, communities and the private sector. This partnership will address gender norms among high-risk youth by helping youth identify how these norms influence the vulnerability of youth to HIV. Particular emphasis will be placed on interpersonal communication, self-awarness and nonviolent forms of expression. This partnership will promote economic strengthening by decreasing the vulnerability of high-risk youth to acquire HIV through income-generating activities.

This PPP will use the following strategies to become more cost efficient over time:
1) Mobilizing significant private-sector resources for HIV service delivery. As part of the requirements for a PPP, Coke will provide at least a one-to-one match USG resources through its in-kind and/or cash contribution. This partnership will be sure to capitalize on its unique strategic advantages, including its staff, products, expertise in marketing and sales, and its enduring relationships with communities;
2) Adapting promising practices and lessons learned from other initiatives in Mozambique and

internationally, rather than "reinventing the wheel";
3) Strengthening linkages with public health services and taking full advantage of the facility- and community-based services in the target area;
4) Integrating HIV service delivery into the long-term activities of Coke to ensure scale-up and sustainability of activities.

Coca Cola, USG and implementing partners will develop a joint M&E plan that will monitor progress in relation to the HIV prevention objectives set above. Coca Cola and USG will ensure that reporting systems are harmonized with the national system and avoid duplication to the greatest extent possible.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Economic Strengthening | Redacted |

## Key Issues

Mobile Population
Workplace Programs

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12163** | | |
| **Mechanism Name:** | **TBD PPP Nampula** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVAB | Redacted | Redacted |
| **Narrative:** | | | |
| This activity will increase access to and use of effective and quality combination HIV prevention services by at-risk youth (10-29 years) in Nampula City through a public-private partnership with the local Coca Cola bottling facility. Priority will be given to evidenced-based activities incorporating a combination of mass media/IEC/BCC/IPC activities for health and HIV behavior communication and social change that will provide these youth the skills and attitude to delay sexual initiation and to reduce risk (e.g. secondary abstinence, mutual monogamy, partner reduction) for older youth that are already sexually active. | | | |

| |
|---|
| Relevant data from mapping exercises, socio-cultural assessments, program monitoring and other data needed for planning programs in these areas will inform these strategies. A strong M&E component, supportive supervision and standardized tools/curricula will ensure quality programming and the identification of best practices.<br><br>Coke will coordinate closely with local stakeholders (e.g. SDSMAS, local CBOs) to optimize the use of available resources, including trained volunteers with the requisite knowledge, skills and experience in interpersonal communication, and referral services (e.g. testing & counseling, STI diagnosis & management). Coca Cola will collaborate with a local community-based implementing partner to promote behavior change amongst at-risk youth through targeted interpersonal communication and youth-oriented educational entertainment. Particular emphasis will be given to changing social norms that facilitate the spread of HIV among youth, including gender norms and alcohol & substance abuse. Communications for behavior change will link formally to clinical HIV and related services, all of which have information, education and/or counseling components that address specific risk and prevention behaviors. Sporting activities will be considered to promote lifeskills, such as self-discipline and self-esteem. Likewise, Coke and the local partner will address structural barriers to prevention by supporting a income-generating activity for at-risk youth through employment as vendors of Coke products. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12164** | **Mechanism Name: TBD RFP Infrastructure Warehouse** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The goal of this implementing mechanism is to construct pharmaceutical warehouses at the provincial and district levels. This activity links to Partnership Framework objective 3.5 for improving and expanding the public health infrastructure. The USG program has already made a considerable contribution to infrastructure development in Mozambique. By July 2008, it had supported the renovation or construction, and equipment, of 15 laboratories, 48 health centers and maternity units, 25 hospital consulting rooms, 3 staff houses, and 23 administrative offices. In addition, 34 transportable pre-fabricated laboratories and diagnostic facilities had been deployed and equipped. A further 15 houses, 7 maternity units, 5 health centers and 1 rural hospital are scheduled for completion by the end of 2009. This work was implemented through USG's clinical and laboratory partners.

The public works sector in Mozambique is strictly regulated. Technical standards ensure that buildings are properly designed and fit for purpose, and materials meet minimum standards. Engineers and supervisors must be appropriately qualified and registered. The procedures for awarding contracts through public tender, aimed at ensuring transparency, are rigorous. PEPFAR-funded building projects are also subject to USG legislation, such as the Foreign Assistance Act, and environmental scrutiny.

FY 2009, for the first time, treated infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality and cost-effectiveness of implementation. These arrangements relieved USG's clinical and laboratory partners of the burden of managing major construction activities, although they will continue to receive funding to make necessary repairs and carry out routine rehabilitation at facilities.

Currently, the country is facing significant warehousing and distribution challenges, for which the USG through Supply Chain Management System (SCMS) is providing technical assistance and financial support. A September 2008 warehousing and distribution needs assessment conducted by SCMS identified a series of steps leading up to the preparation of the 5-year Pharmaceutical Logistics Master Plan (PLMP), which was published and approved by the MOH in 2009. The PLMP covers the policy, infrastructure, supply chain, and financial needs of Central Medical Stores (CMAM) to achieve lasting improvements in HIV commodity security. Support for building and expanding warehouses links to the Partnership Framework objective 3.3 for improving commodity procurement and distribution systems at all levels, as well as to objective 3.5 for improving and expanding the public health infrastructure.

Geographic focus will be Nampula in Nampula Province, Beira in Sofala Province, and Zimpeto in Maputo Province, but they will target the whole population. The key cross-cutting program is construction.

These new or improved warehouses will reduce the MOH cost burden of renting and securing store facilities lessen wastage by improving commodities security, thus ensuring cost-efficiency gains.

USG will also support CMAM's endeavors to improve capacity and efficiency by constructing several modern, efficient, and relatively low-cost pre-engineered warehouses at provincial and district levels. USG will determine a single design-and-build contract through a Request for Proposals (RFP) process, based upon outline designs and specifications furnished by SCMS warehouse consultants. Contract terms and conditions will ensure smooth implementation of this activity, including day-to-day monitoring by an independent construction overseer.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12164** |
| **Mechanism Name:** | **TBD RFP Infrastructure Warehouse** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

Quality HIV services demand a good supply chain system. The focus of this activity is on developing commodities warehouse capacity in select locations: Beira, Nampula, and Zimpeto. Also included is building of a 5 district warehouse network around an existing provincial warehouse.

An assessment identified the poor physical state of Beira warehouse and its limited capacity as major constraints to the efficient distribution and conservation of pharmaceuticals within the central provinces. It recommended that the existing Beira warehouse be repaired or replaced, and a new extension built and fitted out. This activity covers the construction of the new extension, with FY 2009 funding and is a

| |
|---|
| leveraging activity with UNFPA procuring racking and equipment.<br><br>The northern provinces are currently served by warehouses in Nampula. The MOH facilities are too small and in poor condition, so additional warehouse space is rented from a private company. The Ministry intends to transfer operations to a new, purpose designed facility. This activity covers the construction and fit-out of the new warehouse, with FY 2009 funding.<br><br>CMAM is transferring its southern provinces distribution operations to a single new warehouse complex at Zimpeto, near Maputo. The design of this new warehouse is dated, and makes poor use of the building's extensive floor area. SCMS warehousing consultants have introduced improvements to space usage, but capacity is insufficient for immediate requirements, and seriously inadequate to meet medium and long-term projections. This activity covers the construction and basic fit-out of a new warehouse within the Zimpeto compound, providing sufficient capacity to meet CMAM's projected needs for ten years with FY 2010 funds.<br><br>The assessment and subsequent PLMP determined that many of the district pharmaceutical warehouses are in a decrepit state and unfit for purpose. While some may be rehabilitated, the most economical solution in many cases is to replace them with new, low-cost, purpose-designed structures. This activity covers the construction of an initial five small district warehouses with FY 2010 funds. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12165** | **Mechanism Name: TBD SI APS** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The USG SI team will develop an Annual Program Statement (APS) that will solicit proposals from international and Mozambican NGOs. This mechanism is proposed in response to a comprehensive review of the SI M&E TA portfolio in country which demonstrated multiple areas of redundancy within USG and between USG and other donors and areas of untapped potential for collaborations with other stakeholders. The APS offers the opportunity to strategically redesign USG technical assistance for M&E to include more local partners, to better align with national institutions and other donors, and to have more flexible funding mechanisms that leverage USG efforts in other areas such as malaria and maternal child health to provide more effective TA and thus build more capacity for M&E within all levels of the HIV multisectoral response. The APS will align with the Partnership Framework goals of engagement, flexibility, and decentralization with a primary goal of ensuring a focused and comprehensive approach to TA in all M&E activities where USG supports GOM at the central and provincial levels. The APS will focus on capacity building and TA to the NAC and the Ministry of Women and Social Action (MMAS) and improving linkages to the better-developed data systems of the MOH to improve coordination within the national response. Activities will include training and harmonization of information systems related to M&E, and enhancement of technical and financial capacity of provincial and local units of both GOM and civil society institutions related to the NAC (provincial level Multisectoral Working Groups). To be determined partner(s) will be required to engage other stakeholders such as UNAIDS and ensure that activities are complementary and well-coordinated.

Under this APS, preference will be given to local partners and all international partners will be required to include capacity building activities and to delineate a clear strategy for transition of knowledge and skills to local staff institutions and staff. Activities will focus primarily on the central and provincial level capacity building. While it is expected that the geographic coverage will be in at least 6 of the 11 national provinces, these decisions will be coordinated with the partners based on their regional capacity and the specific areas of geographic need as defined by the NAC. In line with priorities provided to USG by NAC and MMAS, the APS will focus on M&E capacity building and support in the two areas covered by these two Ministries, support and coordination for the multisectoral HIV response in Mozambique and for all activities related to OVC, respectively.

The implementing partner(s) of this APS will be responsible for developing a work plan that will provide benchmarks and critical performance indicators that will be regularly reported during the life of the APS. Benchmarks combined with quantitative indicators will provide a nuanced assessment of partner performance for the range of activities.

The APS will provide cross-cutting M&E support to both GOM institutions and selected civil-society organizations. Activities will specifically include development/improvement/implementation of data systems and tools and training and mentorship in data analysis and use and evidence-based program planning. The APS activities will ensure that critical GOM and civil society staff have the M&E skills necessary for a robust multisectoral response to the HIV epidemic in Mozambique and a response that is managed and driven by Mozambicans.

It is expected that this APS will provide cost-efficiencies over time after initial investments in infrastructure and training yield more efficient systems and help define best practices. All APS activities will be assessed for compatibility and coordination with other USG and other donor activities to eliminate duplicative resource allocation. In particular, the APS activities will seek to harmonize and institutionalize M&E training to ensure that the right people are trained on the right content within defined national standards and programs.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12165** | | |
| **Mechanism Name:** | **TBD SI APS** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HKID | Redacted | Redacted |
| **Narrative:** | | | |
| The implementing partner(s) will work with central- and provincial level MMAS staff throughout Mozambique and community based organizations working in the area of OVC programs to increase M&E capacity and technical assistance. Specifically, the implementing partner(s) will work with both the | | | |

central- and provincial-level MMAS staff to develop and implement a tool that will lead to the collection and reporting of a national OVC data set. Currently, there is very little information around the level of OVC services being provided by the GOM. The implementing partner(s) will work with MMAS to develop this tool and ensure its utilization at the provincial-level. In addition, the implementing partner(s) will be reponsible for supporting the implementation of a standardized set of OVC patient-tracking tools at the point-of-service level. In addition, the implementing partner(s) will be responsible for ensuring M&E capacity at the provincial-level MMAS and civil society and community organization offering OVC services.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | HVSI | Redacted | Redacted |

**Narrative:**

As a new initiative and as a central focus for FY 2010 M&E activities, this APS and the associated implementing partner(s) will provide national-level capacity building to GOM institutions and select Mozambican NGOs. At this central level, the implementing partner(s) will continue to work with critical staff at NAC and MMAS to support the development of strategic implementation plans and methods. In addition, the implementing partner(s) will identify critical Mozambican NGOs and work towards increasing M&E capacity. It is expected that these selected Mozambican NGOs can potentially become prime SI USG implementing partner(s) in the future.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

A key priority of this APS will be for the implementing partner(s) to increase the capacity of local institutions to design, implement and develop monitoring and evaluation activities that respond to the Mozambican epidemic. The program should enhance the technical and organizational capacity of local nongovernmental organizations (NGO), community based organizations (CBO), faith based organizations (FBO), community members, and/or government institutions.

The primary areas of focus will include knowledge and skills of monitoring and evaluation, epidemiology, surveillance, data quality assurance and assesment and program management and leadership. The implementing partner(s) will follow-up on other M&E systems strengthening activities taking place in Mozambique to ensure the continued harmonization and institutionalization of M&E core concepts and technqiues at selected learning institutions and within key goverment of Mozambique institutions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

The implementing partner(s) will be responsible for ensuring increased M&E capacity and strengthened systems at both the central- and provincial-level around HIV Other Prevention activities. In this capacity, the implementing partner(s) will develop a plan of M&E capacity building and technical assistance that will reach both GOM and civil society staff. Specifically, the implementing partner(s) will focus on ensuring that M&E systems are supported to allow for accurate and timely data collection and monitoring around OP activities at the provincial and point-of-service level. In addition, the implementing partner(s) will ensure that provincial-level staff are equipped with the capacity to utilize data for evidence-based programming around OP activities. In addition, the implementing partner(s) will work with the NAC to identify and hire provincial-level technical advisors that will support the provincial-level NAC offices in improved OP intervention planning and development. The implementing partner(s) will also work with these staff providing technical assistance to the provincial-level NAC to ensure that data collection activities and data quality assurance activities are able to be implemented at the district and point-of-service level. In addition, the implementing partner(s) will work with NAC and provide support in increasing the capacity and scope of the district-level staff structures and knowledge base. Provincial and district level outlets of the NAC have limited resources and are not empowered to provide the leadership necessary for a multisectoral response at a local level. Activities will focus on training in the technical aspects of M&E but also emphasize systems development and use of local data to drive programming at the local level.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12166** | **Mechanism Name: CMAM Agreement** |
|---|---|
| Funding Agency: U.S. Agency for International Development | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Central de Medicamentos e Artigos Medicos (CMAM) | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 1,250,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 1,250,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Ministry of Health (MOH) Central Medical Stores (CMAM) is responsible for managing logistics for all medicines and medical supplies, including commodities for all priority programs such as HIV, TB, and Malaria. CMAM currently reports to the MOH National Medical Care Department (DNAM) but also has a direct line to the Minister. CMAM is responsible for leading the forecasting of needs, conducting procurement, coordinating importation, warehousing, and the distribution of all public health commodities to the provincial warehouses and hospitals. All USG-funded commodities enter the CMAM importation and distribution system when they arrive in Mozambique, and become MOH property. Virtually all other donor support for commodities is also managed by CMAM, including Global Fund. These funds are monitored through the Medications Technical Working Group (GTM), a SWAp working group, of which CMAM is the vice-chair.

CMAM had previously been semi-autonomous, and all procurement, warehouse management, and distribution had been outsourced to Medimoc, a parastatal institution. In 2007, CMAM assumed direct responsibility for conducting procurement, distribution and central warehouse management in 2008 and all financial and administrative autonomy was removed. As a fully public institution, CMAM has had significant challenges managing its operations due to significant infrastructure, human and financial resource constraints, as well as its dependence on the MOH and MOH/Department of Administration of Finance for resources and approvals.

Following a Warehousing and Distribution Needs Assessment conducted by SCMS in 2008, SCMS supported CMAM to complete the new Zimpeto warehouse, to be launched at the end of 2009. In addition, CMAM with SCMS technical assistance developed a 5-year Pharmaceutical Logistics Master Plan. This plan, which covers the policy and legislation, infrastructure, human resource, supply-chain, and financial needs of CMAM that will be needed to strengthen the supply chain, was recently approved by the MOH. Key outcomes of the PLMP include providing CMAM with administrative and financial autonomy; revision of the procurement laws to allow multi-year contracting; support for human resource needs to manage a supply chain, including recruitment and retention schemes and pre- and in-service logistics training; active distribution managed fully by CMAM to the districts; implementation of a warehouse management information system (MACS) and LMIS; and improved coordination between CMAM and other departments with in the MOH.

CMAM's main objective is to "ensure the availability and accessibility of safe and quality medicines,

reagents and other consumables" by "guaranteeing procurement, warehousing and distribution in line with applicable laws, best practices, and international and national standards to ensure the highest level of service to the Mozambican population, and making the best use of the available resources and budget of the MOH."

Providing direct funding to CMAM will give them more control over implementation of the PLMP and its operations: to directly hire needed staff, to conduct training and supervision to the provinces and districts, for distribution of medicines, and procurement of requisite supplies and equipment to manage operations. USG has highlighted support for the PLMP as a key goal within the Partnership Framework with the GOM and a significant activity within the overall health systems strengthening budget. Engaging in a direct agreement with CMAM is an initial step in the transfer of capacity and ownership to the GOM and local institutions, a key principle within the PFIP. This new Agreement with CMAM coupled with external TA through SCMS, enables the USG, to over time, reduce the need for significant external assistance from international partners, including for procurement of commodities. .

To support CMAM to manage the Agreement, USG will broaden its systems strengthening portfolio to include training in financial and administrative management of CMAM through a possible public private partnership (PPP) with Standard Bank. This is also in line with the PLMP recommendations to increase CMAM skills in other areas, such as finance, administration and management.

USG will work with CMAM to develop a monitoring and evaluation plan, and will be managed by the USAID technical advisors. SCMS recently supported CMAM to develop Key Performance Indicators (KPIs), which will be the main tool for CMAM to monitor and evaluate the performance of its own staff and operations. In addition, since early 2009, CMAM has conducted joint supervision and on-the-job training visits to provinces and districts with SCMS and USG. The M&E plan will include at least quarterly reporting on activities, justification of expenditures, and documentation of site visits.

Cross-cutting budget attribution includes contributions to HRH, for hiring additional staff and training activities, and contributions for SI for implementing KPIs, implementing an LMIS, and using data for strategic information purposes.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 50,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12166** |
| **Mechanism Name:** | **CMAM Agreement** |
| **Prime Partner Name:** | **Central de Medicamentos e Artigos Medicos (CMAM)** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 1,250,000 | |

**Narrative:**

CMAM receives funding for its various activities through the health donor supported common fund budget (PROSAUDE), which includes funds for procurement of medicines as well as for costs of operations. This funding, in addition to the MOH State funds, is budgeted into an annual plan for the Health Sector for carrying out activities, and allocated across various MOH institutions, including CMAM. As resources are limited, CMAM priorities and operations budgets, including PLMP implementation, are not always adequately funded.

This cooperative agreement will complement the existing State and PROSAUDE funds that CMAM receives to carry out key functions to manage the supply chain of medicines, laboratory reagents and other supplies. These funds will be used to support supervision visits to 11 provinces; training for provincial warehouse and laboratory staff, districts and sites in line with a national training plan developed by CMAM; hiring additional staff and monitoring staff performance using the KPIs. In addition, these funds will also be used to support operations costs, such as clearance fees, fuel for transport, medicine distribution and other operational costs. These funds will be used to support additional components of the PLMP, such as travel and per diem costs for overseeing the roll out of the PLMP implementation, for participating in factory inspections of manufacturers supplying essential medicines, including OI and STI drugs, contracting technical assistance or training as needed to support development of policies outlined in the PLMP, to implement an LMIS, and to carry out assessments identified by CMAM and the GTM. Finally, to strengthen the use of the supervision and supply planning update information in program monitoring and to improve coordination, CMAM will hold bi-annual or quarterly seminars with partners, USG and MOH programs to present findings from supervision visits as well as updates of supply plans to address programmatic challenges and estimated forecasting.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12167** | **Mechanism Name: CLSI** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Clinical and Laboratory Standards Institute | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 400,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 400,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The Clinical and Laboratory Standards Institute's (CLSI) mandate is to develop best practices in clinical and laboratory testing and promote their use throughout the world. To achieve this CLSI, works together with the CDC/GAP Laboratory coalition partners to build laboratory capacity and implement quality improvement strategies in resource-constrained settings through detailed assessments, training and education based on critical needs, and the implementation of laboratory "best practices." Driven by accepted clinical and laboratory standards and guidelines, CLSI is committed to facilitating the development of quality systems in the laboratory, and providing on-going advisement to sustain quality improvements.

CLSI works strategically to provide accreditation preparedness and capacity building assistance aligned with USG goals as outlined in the Partnership Framework to strengthen laboratory support services for HIV diagnosis and management through improved quality diagnostics. In addition, CLSI strengthens the capacity of countries to collect and use surveillance data and manage national HIV, TB, and malaria programs by expanding surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease-monitoring and HIV screening for blood safety. Additionally, CLSI supports broader country goals by developing mechanisms to strengthen individual laboratories, while supporting the enhancement of the national laboratory systems as a whole.

Goals and objectives: CLSI's overall goal is to use a standardized approach to raise the operational quality of laboratories leading up to laboratory accreditation through implementation of CLSI and other internationally accepted best practices and standards. Their work is scalable to the level of the laboratory and acceptable to various accreditation agency models.
1) Implement Quality Management Systems (QMS) and internationally recognized laboratory standards in 8 provincial laboratories and 3 central level hospitals, ensuring the sustainable strengthening of national laboratory systems to achieve accreditation;

2) Develop master trainers, assessors, and laboratory operational and quality management personnel to ensure:

a. sustainability of the QMS and the achieved laboratory accreditation status
b. continued expansion of QMS and accreditation to all laboratory tiers

3) Assist with the implementation of the national strategic plan through this activity.

CLSI's standards-driven approach, together with the implementation of QMS bridges the gap between pre-service training and in-field application. This foundation prepares laboratory personnel to successfully implement and sustain the technical assistance of lab coalition partners across all lab disciplines.

The geographic coverage is national, through the development of master trainers from laboratory staff working in the clinical laboratories to cascade expertise through all laboratory tiers.

CLSI will contribute to health system strengthening by improving the quality of national, provincial and central laboratories with increased capacity to augment service quality at all laboratory levels. Apart from that they will build human resource capacity to train in quality implementation and improvement as well as to supervise and manage the implementation process.

CLSI's program strategy targets the training of master trainers and assessors and the development of Laboratory Operational and Quality Management staff on the application of QMS. Effective implementation of QMS is critical to continued accreditation preparedness and improved quality of service. Building capacity of local laboratory personnel ensures the continuation of accreditation preparedness activities allowing a timely exit of the technical assistance providers. With local experts coverage of programs can be increased as well as ensures sustainability in the long run.

CLSI uses a six phased approach to building lab capacity that can be scaled and adapted to specific

country needs, providing on-going monitoring, conducted remotely and in-country. Their curriculum is driven by standards and best practices. They work collaboratively in-country to customize training to meet local needs. In all cases, individuals and organizations will be mentored through on-going advisement and support to ensure the sustainability and effectiveness of all interventions.
CLSI will work in close cooperation with the MOH, the USG, and USG supported implementing partners to ensure that determined goals are met successfully and in a timely manner in working toward the institution of Quality Management Systems and relevant standards and guidelines.

A key process in the monitoring and evaluation plan is the implementation of a QMS is internal and external audits or assessments. The program is 'self evaluating" as these assessments are built into the system to ensure continual improvement and adherence to best practices and set standards.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12167** |
| **Mechanism Name:** | **CLSI** |
| **Prime Partner Name:** | **Clinical and Laboratory Standards Institute** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Treatment | HLAB | 400,000 | |

**Narrative:**

The Clinical Laboratory Standards Institute (CLSI) will commence support to Mozambique in FY 2010 to strengthen laboratory support services for HIV diagnosis and management, through the implementation of a standards based Quality Management System (QMS). The QMS aims to raise the operational quality of laboratories with the end goal of leading the laboratory to accreditation. This will be done through implementation of CLSI and other internationally accepted best practices. CLSI will implement the following activities:

1) Implement Quality Management Systems (QMS) and internationally recognized laboratory standards in 8 provincial laboratories and 3 central level hospitals in Maputo, Beira, and Nampula, ensuring sustainable strengthening of national laboratory systems to achieve accreditation. This will be done through assessments of the selected laboratories, training and education based on critical needs, followed by implementation of laboratory best practices. Achieving a level of laboratory accreditation will demonstrate: existence of processes, systems and procedures that ensure consistent, sustainable and quality lab performance; utilization of appropriate quality monitoring indicators and the essential engagement of the laboratory administration/management;

2) Develop master trainers, assessors, and laboratory operational and quality management personnel to ensure: the sustainability of the QMS and the achieved laboratory accreditation status; as well as expansion of the QMS and accreditation to all laboratory tiers. Development of Master Trainers and Quality/Management at the selected laboratories should ensure the cascading of expertise to all levels of lab services throughout the country with minimal outside support.

In the implementation of these activities which support the National strategic plan, CLSI will structure a scalable program to meet the needs of each specific lab, regardless of technical discipline or tier within the national lab structure. This will give each laboratory the ability to achieve the goal of laboratory accreditation regardless of its circumstances or unique challenges.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12168** | **Mechanism Name: HIV Prevention among Students and Faculty at Pre-Service Institutions in the Republic of Mozambique - Pathfinder** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Pathfinder International | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

**Total Funding: 900,000**

| Funding Source | Funding Amount |
|---|---|
| GHCS (State) | 900,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Pathfinder is active in a broad range of HIV-related interventions in Mozambique. In FY 2010, Pathfinder will be initiating new activities to establish a replicable model for reaching students at pre-service institutions with HIV prevention, testing, care and treatment, while building on existing HIV activities among incarcerated populations; Pathfinder is uniquely positioned to reach this most-at-risk population in Mozambique.

The objectives of the pre-service institutions project are to increase the number of pre-service students in intra- and extracurricular HIV prevention activities, including information on TB and opportunistic infections; increase the number of pre-service students, faculty, and staff that use prevention services and commodities such as counseling and testing, condoms; increase the number of preservice students, faculty and staff referred for care, treatment, and support; and strengthen the capacity of the respective ministries to manage HIV prevention activities within pre-service institutions. These objectives fall under the Partnership Framework goal to reduce new HIV infections in Mozambique where use of behavior change communication campaigns with emphasize on gender dynamics and increased access to counseling and testing are employed. While the goal of this project is to work nationally, FY 2009 activities focused on preservice institutions for health and education in Nampula and Maputo.

While the goal of this project is to work nationally, the first year of this project is focused on pre-service institutions for health and education in Nampula and Maputo. In FY 2010, additional funds will be provided to expand to other provinces per guidance from Ministry of Education and Culture (MEC) and the MOH. Wraparound activities will be developed in family planning through other USG agreements with Pathfinder (Strengthening Communities through Intergrated Programs). The target populations are students and faculty at pre-service institutions.

The key contribution to health systems strengthening is in preventing HIV tranmission among students attending government pre-service institutions thereby diminishing the loss of future teachers and health workers. Emphasis is on educating current faculty who are in a position to support the pre-service system through their own behavior and mentoring of students regarding health related decisions.

Under the cross-cutting programs and key issues, this implementing mechanims' activities address human resources for health and education. One of the activities planned is conducting "The We Are Together Campaign" where teachers commit to developing egalitarian teacher-student relationships. In preparation for this campaign, faculty undergo training that includes use of participatory teaching methods and tools; information around healthy lifestyles, HIV prevention, TB, OIs and STIs; and how to deal with problems when initiating behavior change among students. Another activity led by faculty is establishing a formal mentoring program where teachers will be challenged to look at their own behaviors and beliefs. Approximately 10% of faculty at each institution will be identified as leads for this program. In order to support the use of current information, a technical resource center will be established at each institution. Activities for students include the piloting of a self-directed learning package for students living off campus focused on health decision-making and prevention. Another activity will be preparing students as peer educators and developing support groups. The peer educators will be mentored by faculty. BCC materials, use of media and public events will be employed, promoting HIV prevention and CT as well as addressing factors that increase vulnerability to HIV such as gender inequity, intergenerational sex, multiple concurrent partners. In FY 2010, a plan for achieving cost efficiency will be developed. The implementing mechanism plans to use a 3 pronged approach beginning with monitoring performance followed by securing buy-in and mid-course corrections leading to evaluating impact to guide project management and improvement. This will be achieved through the monitoring of outcome indicators to evaluate program effectiveness and impact, provincial-level meetings to assess progress, lessons learned and solutions; comprehensive reviews at the end of years 2&3 and use of an internal program monitoring system for monitoring basic operations. Data collected will be analyzed and reports provided to stakeholders especially the MOH and MOEC. Gender will be mainstreamed within all activities including addressing barriers to preventative behavior change, maximizing young women's participation and using Pathfinder's experiences in gaining male involvement.

In FY 2010 Pathfinder will also support HIV services for incarcerated populations and prison guards in Mozambique. HIV is a significant health threat to prison populations. HIV infection, hepatitis, TB and STI present significant challenges for prison and public health authorities since prevention measures are rarely provided in these settings. In FY 2010 Pathfinder will build on prior activities and expand services in line with USG priorities based on the Partnership Framework goal to reduce new HIV infections through comprehensive prevention interventions, including prevention activities and increased access to HIV CT for MARPs. Pathfinder will support prevention interventions in prison settings through implementation of a risk reduction and motivational counseling project with prisoners just about to be released, and will also support implementation of activities for prisoners included in the National Strategy for Accelerated Prevention of HIV Infection operational plan.

This activity will directly contribute to the following goals of the Partnership Framework:

Goal 1:  Reduce new HIV infections in Mozambique by getting to know the HIV status and expanding access to confidential HIV counselling and testing (Obj 1.3)
Goal 2: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care and treatment goals.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | 500,000 |

## Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12168** |
| **Mechanism Name:** | **HIV Prevention among Students and Faculty at Pre-Service Institutions in the Republic of Mozambique - Pathfinder** |
| **Prime Partner Name:** | **Pathfinder International** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 100,000 | |

**Narrative:**

Most of the pre-service institutions students are young people below 25 years old. Including staff and faculty, these groups correspond to more than 15,000 people who represent the future workforce for both health and education. Also these are strategic sectors to ensure sustainability of the National Health and Educational Systems as well as the development of the country in order to reduce the poverty. Between 2000-2010, it is estimated that 13% of teachers and 15% of HCW will have ceased working and/or died due to HIV complications. Roughly half of pre-service students are female and most are between the ages of 17-29; because the risk of contracting HIV is up to 3 times greater for females and those aged 15-29 account for half of the total HIV infections in Mozambique, intervening at the pre-service level could avert many new infections. VCT Centers at pre-service Institutions could play an important role in

providing the full spectrum of services for youth, integrating many of health issues that affect these groups as well as promoting gender-sensitive, youth friendly, optimizing personnel and potentially becoming an integrates site for internships. In those cases, a CT center can meet the need for testing services for youth following these main principles: providers have a respectful, non-judgemental attitude; the facility has a strong privacy and confidentiality policy; environment is comfortable and non-threatening; and fees are waived for all clients.

For FY 2010 Pathfinder will operate CTH sites in 1 pre-service institutions in Nampula with potential expansion to Beira, Zambezia and Maputo in 2011. Three pre-services institutions will be covered for education sector, 2 in Nampula and 1 in Maputo Province.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 400,000 | |

**Narrative:**

Prevention and testing of teachers and health workers for HIV is critical to maintaining a healthy workforce. While systematically there are activities focused on existing health workers, there has not been a system of prevention, care or treatment for health and education preservice institutions. The activities under this budget code are focused on increasing the number of preservice students reaching in intra- and extracurricular HIV prevention activities, including information on TB and opportunistic infections; increasing the number of preservice students, faculty, and staff that use prevention services and commodities such as counseling and testing, condoms; increasing the number of preservice students, faculty and staff referred for care, treatment, and support; and strengthening the capacity of the respective ministries to manage HIV prevention activities within preservice institutions. The activities under this budget code and those under counseling and testing are complementary. These objectives fall under the Partnership Framework goal to reduce new HIV infections, through use of BCC campaigns with emphasis on gender dynamics and increased access to counseling and testing. In FY 2010, additional funds will be provided to expand to other provinces per guidance from MEC and MOH. The MOH has recently hired a technical advisor for workplace safety to coordinate and direct all workplace programs supported by the donors and GOM. These activities would be part of the workplace safety portfolio and coordination.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | 400,000 | |

**Narrative:**

In many countries including Mozambique, HIV is a significant health threat to prison populations. HIV infection, hepatitis, TB and STIs present significant challenges for prison and public health authorities

since prevention measures are rarely provided in these settings. The risk of contracting infections behind bars is increased due to risk behaviors, including sexual coercion and the continuation and initiation of injection drug use, but prevention measures are rarely provided in prisons. HIV in this most-at-risk population may also impact the generalized epidemic in Mozambique, through linkages between incarcerated populations and communities (e.g. through prisoner release programs).

In FY 2010 Pathfinder will support prevention interventions in Mozambican prisons settings through implementation of a risk reduction and motivational counseling project with prisoners just about to be released. The partner will also support implementation of activities for prisoners included in the National Strategy for Accelerated Prevention of HIV Infection operational plan. Key activities for FY 2010 include:
1) Adaptation and implementation of an individual risk reduction package;
2) Ensure access to services for reduction of HIV and STI transmission through support for specific elements of the prisons operation plan, including trainings and IEC materials;
3) Scale up access to HIV counseling and testing, with linkages to care and treatment;
4) Coordinate prevention activities in prisons through support for specific elements of the prisons operation plan, including HIV epidemiologic surveillance, M&E, and regional educational exchange visits;
5) Advocacy activities, including development of partnerships between the government and civil society organizations for prevention activities in prisons and advocacy to make condoms available in prisons.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12169** | **Mechanism Name: Families Matter Program (FMP)** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: Samaritans Purse | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 425,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 425,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Samaritan's Purse has been implementing community-based interventions targeting adults, youth, and adolescents through local institutions including schools and churches to respond to HIV in the southern region of Mozambique over the past seven years. Ongoing knowledge, attitude and practice (KAP) and lot quality assurance sampling (LQAS) data collected since 2003 have demonstrated programmatic success in significantly increasing knowledge of HIV, testing rates, care of PLHIV, and stigma reduction.

Samaritan's Purse's goal through this proposed program is to reduce the risk of HIV infection and STIs among youth along the Maputo and Zambezia corridors. Activities will support USG's Partnership Framework goal 1, to reduce new HIV infections; and goal 2, to strengthen the multisectoral HIV response, through engaging civil society. Furthermore, it is in direct alignment with objective 10.3 stated in MOH's Strategy for Accelerated Prevention of HIV Infection, which is to improve the education of adolescents regarding sex. The main objectives and outputs of the proposed program are designed to assist the USG and the MOH with the achievement of the results they seek under these goals.

The organizational objectives for this activity are to:
1) Provide skills based training of parents and guardians;
2) Develop and disseminate information, education and communication on HIV and reproductive health issues;
3) Implement interventions targeting primary behavior change among adolescents and youth;
4) Enhance the capacity building of local institutions (schools, churches and clinics);
5) Increase linkages and community access to health and social services;
6) Cultivate strategic partnerships and coordination; and
7) Develop quality information systems, utilization of monitoring and evaluation data to inform program implementation and adoption of evidenced-based strategies.

In FY 2010 Samaritan's Purse will also support community / home-based HIV counseling and testing in Inhambane province. The main emphasis of this activity is community mobilization and access to counseling and testing services. Target populations include students, families, community and religious leaders, traditional birth attendants, and traditional healers. Training activities under the supervision of provincial and district health authorities will contribute to strengthening integrated health networks, and activities will be aligned with partnership framework objectives to expand access to HIV counseling and testing.

This activity will directly contribute to the following goals of the Partnership Framework:
-Goal 1:  Reduce new HIV infections in Mozambique by getting to know the HIV status and expanding access to confidential HIV counseling and testing;
-Goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care and treatment goals.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | 10,000 |
| Human Resources for Health | 25,000 |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12169** |
| **Mechanism Name:** | **Families Matter Program (FMP)** |
| **Prime Partner Name:** | **Samaritans Purse** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HVCT | 100,000 | |

**Narrative:**

During FY 2009 Samaritan's Purse (SP) was trained by Jhpiego on the implementation of home-based HIV counseling and testing as a complementary intervention to the existing implemented activities related to prevention and home-based care. This funding will provide resources to continue community based counseling and testing in Massinga and Zavala districts of Inhambane Province.  This service will reinforce SP's current Family Matters program and will help to further achieve PEPFAR's five year strategic prevention objective of "Strengthening Access to the Ministry of Health's Integrated Health Networks".

The main emphasis area of this new activity is community mobilization/participation and increased access to counseling and testing. Through networks and relationships built through SP's existing

interventions, individuals will be easily identified for participation in community-based CT. Target populations include Secondary School students, Adults, HIV affected families, community and religious leaders, traditional birth attendants, and traditional healers. Training of counselors and integration of CT activities under the supervision of both Provincial and District level health services contributes to strengthening access to MOH's "Integrated Health Networks." The training of counselors and partnership with health facilities at the district level in monitoring quality assurance of testing activities and defining referral mechanisms between community and clinic activities enhances the capacity of both health systems and health care workers.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVAB | 325,000 | |

**Narrative:**

The Families Matter! Program (FMP) is an evidence-based intervention designed to promote positive parenting and effective communication for parents of 9-12 year olds. This family prevention program strives to foster enhanced protective parenting practices that support the reduction of sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children. A preliminary analysis of an assessment conducted in Kenya 15 months post-intervention, found sustained positive effect in terms of parenting and communication skills reported by participants and their children separately.

FY 2010 funds will be used to implement FMP in Gaza and Zambézia Provinces, along high density, high HIV prevalence transport corridors. Samaritan's Purse will train FMP facilitators to deliver the five consecutive, three-hour sessions for parents and caregivers. The intervention curriculum, adapted specifically for Mozambique, focuses on: raising awareness about the sexual risks many teens face; encouraging parenting practices that decrease the likelihood that children will engage in risky sexual behaviors; and improving parents' ability to effectively communicate about abstinence, sexuality and sexual risk reduction. An additional emphasis will be placed on training parents to address the role of gender-based norms in adolescent sexual decision-making and risks associated with transgenerational sex for girls. FMP activities will be linked with other youth-focused interventions implemented in and out of schools by Samaritan's Purse and others. In addition, Samaritan's Purse will use the opportunity to reach adults during the FMP training and will include messages about fidelity, multiple concurrent partnerships and substance use. Community-based activities with provincial leaders will be initiated to foster changes in social norms that support protective behaviors for adolescents.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12170** | **Mechanism Name: TBD - FOA for SI Technical Assistance** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This is a new activity that will be competed through a Funding Opportunity Announcement to continue activities that have been implemented by University Technical Assistance Program (UTAP) providers in the past. Because of severe limitations in human, technological, and financial resources, Mozambique will require outside technical assistance for the foreseeable future to implement health information systems, but TA providers will be required to identify counterparts within Mozambican institutions and actively provide and document knowledge and skills transfer to allow an eventual move towards more internally sustainable implementation.

The objective of these activities is to provide technical assistance to USG Implementing partners, including the MOH to develop, strengthen, deploy, and support strategic information (SI) systems for planning and monitoring the national HIV response. This activity will support development and enhancement of the information systems within Mozambican institutions and the USG program in order to ensure data are available for monitoring the activities of the Partnership Framework. It will specifically contribute to Goal 2 of strengthening the multisectoral response to HIV and Goal 3 of strengthening health systems and human resource capacity in strategic information. In FY 2010 the USG is prioritizing coordination both between USG programs and other donors. These activities will be shared and coordinated with UNAIDS and other donors to minimize redundancy and achieve maximum efficiency.

As there are no specific SI quantitative targets, milestones will be monitored against a set of deliverables and qualitative outputs that are agreed upon between USG, MOH, and the implementing partner.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12170** | | |
| **Mechanism Name:** | **TBD - FOA for SI Technical Assistance** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | HVSI | Redacted | Redacted |

**Narrative:**

A technical assistance provider will be selected to implement the following:

1) Provide technical assistance to USG implementing partners, including the MOH to develop, modify, deploy, and/or support new or existing health information systems to improve the integration, stability, and functionality of systems. This may include activities related to informatics assessments, database design, development of system documentation, development of training materials and resources, and coordination of these activities at various levels of the MOH (e.g. district, provincial).

2) Provide technical assistance to USG implementing partners, including the MOH in strengthening national monitoring and evaluation (M&E) systems to improve the quality of services and quality of data. This may include design of forms, databases and systems, development of national M&E related standards, policies, and systems and roll out of these components to all levels of the Mozambican health sector.

| |
|---|
| 3) Provide technical assistance to USG implementing partners, including the MOH in developing and disseminating data use and data translation products on an ad hoc basis. This may include compiling datasets related to HIV or other health issues; generating maps, tables, and other graphical representations to be used for program monitoring and evaluation.<br><br>4) Provide training in information systems, M&E, data use and translation, and other areas in SI to build the capacity of Mozambican staff and counterparts in Mozambique.<br><br>As there are no specific SI quantitative targets, milestones will be monitored against a set of deliverables and qualitative outputs that are agreed upon between USG, MOH, and the implementing partner. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12171** | **Mechanism Name: TBD - Blood Safety TA** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

This implementing mechanism seeks to reduce medical transmission of HIV and other transfusion-transmissible infectious disease through technical support to the Mozambican Ministry of Health (MOH) and the National Blood Transfusion Program (NBTP) for the provision of adequate supplies of safe blood to all health care facilities in Mozambique.

The TBD technical assistance to the MOH's National Blood Transfusion Program is for the Rapid Improvement of the Safety and Adequacy of the National Blood Supply that is outlined in four strategic objectives. Under each strategic objective are Intermediate Results in support of the Strategic Objectives.

Strategic Objective #1 – Strengthen infrastructure of national blood program
1.2 Legal framework for national blood program established
1.3 Management Structure defined and implemented
1.4 Appropriate National Standards adopted
1.5 Blood Bank facilities improved and equipped
1.6 Local networks strengthened to ensure sustainability

Strategic Objective #2 – Improve Blood Bank operations through implementation of National Standards:
2.1 Improved Process developed for donor screening
2.2 Improved Process developed for blood collection
2.3 Improved Process developed for preparation of blood components
2.4 Improved Process developed for infectious disease and red cell serology and compatibility testing
2.5 Improved Process developed for the storage, transport, and distribution of blood.
2.6 Effective process to ensure critical equipment is installed, operated, maintained, and serviced properly
2.7 Effective Process for delivery and documentation of training
2.8 Comprehensive Quality program developed

Strategic Objective #3 – Increase collections from voluntary, non-remunerated blood donors:
3.1 Donor Recruitment Activities defined and strengthened
3.2 Strategies developed for recruitment of low-risk voluntary blood donors
3.3 Improved process for mobile blood collection developed
3.4 Improved donor retention strategies developed
3.5 Effective Donor Management system established
3.6 Improved Process for donor counseling and notification developed

Strategic Objective #4 – Improve Transfusion Practice:
4.1 National Guidelines for the appropriate use of blood developed
4.2 Appropriate training and education programs developed for nurses and prescribing physicians

TBD 2010 Proposed Activities:
1) Plan and organize external committee review meeting to include stakeholders form MOH, WHO, TBD, CDC, representatives from other African countries to review and advance the adoption of the legal framework blood legislation, regulation and policy guidelines.

2) Provide focused workshops to provide guidance to NBTS, MOH and hospital clinicians on implementation of national standards related to blood collection, testing and transfusion.
3) Develop organizational structure, job descriptions and training strategy for new reference center to be built
4) Arrange mentorship training for National Quality officer
5) Provide technical assistance to the NBTP to implement and conduct baseline Knowledge, Attitudes and Perception Study.
6) Assist NBTP in developing Information Education Communication materials.
7) Assist the MOH NBTP in identification and establishment of linkages for fellowship opportunities for physicians and nurses in Transfusion Medicine
8) Provide TA to donor recruitment personnel in implementing recruitment strategy
9) Provide TA for revision of Mozambican guidelines for Blood Transfusion
10) Facilitate a workshop on Transfusion Medicine for Medical Students and other health care professionals.
11) Assist NBTP in the development of National Strategic Plan for blood safety
12) Provide key TA to NBTP in the acquisition and implementation of Blood Establishment Computer Software for the management of blood donors and donations.
13) Assess provincial blood bank cold-chain equipment infrastructure.
14) Continue development of Train-of-Trainer (TOT)material
15) Conduct TOT for selected Mozambican blood bank staff.

The implementing mechanism's geographic coverage and target population(s).
This implementing mechanism targets blood bank staff and health care workers in transfusion health facilities.

Key contributions to health systems strengthening, if appropriate.
At least 100 health care workers will be trained in blood safety through in-service training and continuing education delivered through workshops, on-the-job training, mentoring and symposiums.

A description of the implementing mechanism's cross-cutting programs and key issues: if a cross-cutting attribution is entered or key issue selected it should be described in this narrative.
Human Resources for Health: at least 100 health care workers will receive in-servicetraining.

Monitoring and evaluation plans:
Monitoring and Evaluation will occur by TBD defined process of submitting Terms of Reference prior to the initiation of an activity to both CDC and NBTP. Once an activity is concluded, the deliverables defined in the Terms of Reference are reviewed before submission to the stakeholders. In addition, all TBD

contracted consultants and/or country coordinators are required to submit a TBD Trip Report that outlines the success of completing the defined objectives and any challenges, limitations or constraints encountered during the performance of the activity. It is the responsibility of the TBD USG PEPFAR Management team to review each of these items for performance indicators and any key issues that need to be addressed with stakeholders.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12171** | | |
| **Mechanism Name:** | **TBD - Blood Safety TA** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HMBL | Redacted | Redacted |

**Narrative:**

The TBD technical assistance to the Ministry of Health's National Blood Transfusion Program is for the Rapid Improvement of the Safety and Adequacy of the National Blood Supply. The TBD TA will take a multi-pronged approach to improve all aspects of the NBTP. These areas include the recruitment of voluntary non-remunerated blood donors, collection, processing, distribution and testing of blood.
The TBD will continue with four approaches to achieve these goals: (1) short-term, in-country training; (2) long term trainings and exchanges abroad; (3) mentorship programs involving 3-6 month stays of visiting transfusion medicine and/or blood bank professionals working in NBTP sites providing oversight, insight and repeated mentoring and tutelage of the NBTP staff; (4) long-term management and technical coaching of NBTP management by TBD Country Coordinators. The goal of these trainings is to strengthen the capacity of the NBTP and its staff in the aforementioned areas to fulfill the goal of the NBTP, which is to collect and supply adequate and safe blood to Mozambique.
Plans for this performance period include: data collection from national and provincial blood centers;

| |
|---|
| Quality Management Systems (QMS) workshop for ten staff as well as a QMS focused long-term mentorship program in implementing quality systems; in anticipation of implementation of the Blood Establishment Computer System (BECS), NBTP staff will be sensitized to computerization and receive training in basic computer skills, an Information Technology (IT) individual will be identified for further training in IT for NBTP, and blood center buildings will be evaluated for required number of BECS workstations in Maputo, Nampula and Beira;<br>TBD TA training methods will promote long term change by increasing the knowledge and skills of the NBTP and its staff. Simultaneously providing knowledge/skills and creating an internal NBTP infrastructure to advance best practices and knowledge transfer through Training of Trainer programs; sustainability of this knowledge and the transfer of knowledge is the ultimate goal. NBTP is a critical element of the Mozambican health system. The technical capability of the NBTP to identify HIV positive donors and refer them to appropriate counseling and care is an essential element of prevention and treatment that adds to other USG funded efforts. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12172** | **Mechanism Name: Field Epidemiology and Laboratory Training Program (FELTP)** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The TBD partner will receive funding through a cooperative agreement to provide technical and logistical support for the development of the Mozambique Field Epidemiology Laboratory Training Program (FELTP) at the University of Eduardo Mondlane (UEM) and the MOH. The purpose of the FELTP is to strengthen Mozambique's capacity to respond to public health emergencies, improve laboratory participation, strengthen the link between field epidemiology and public health laboratory practice, provide current public health data for decision makers to support evidence based decision-making, and to provide epidemiologic service to the MOH and others. Specifically, the program is designed to assist the MOH in building a sustainable network of highly skilled field epidemiologists who will measurably improve public health services.

FELTP activities include the provision of technical support to assist in the establishment of the FELTP, mobilization of international and Mozambican resources, curricula and training materials for the short course and Master in FELTP. In addition, administrative, logistical and technical assistance to MOH and UEM to strengthen the Mozambique laboratory network at the national, provincial and district levels for surveillance activities will also be supported under this cooperative agreement. The support to Mozambique FELTP aligns with the objective III of the Partnership Framework of strengthening the public health system, including human resources for health by supporting training and other development programs. The FELTP will have national coverage as it will include participants from all provinces as participants in the short course and Masters of FELTP. Initial investments in curricula design and adaptation, computers, and training of public health leaders/implementers are expected to increase the capacity of the government health system thus reducing the need for outside technical assistance in the future.

In Mozambique the level of vulnerability to epidemic diseases and natural disasters is very high. The country has witnessed high incidence of cholera outbreaks, particularly during the wet season, mainly in urban settlements. Other ailments such as malaria, diarrhea, and meningitis are also yearly threats to the health of many in the country. However, the National Health System has had great challenges in detecting these outbreaks promptly resulting in higher rates of morbidity and mortality.

The impact of FELTP will be felt on an individual basis as individuals gain skills in conducting outbreak investigations, analyzing real time data and presenting findings. Also the contributions of the FELTP will be felt programmatically as policy and public health practice is influenced. It is anticipated that the FELTP will address the surveillance and epidemiology human resources gap while strengthening the epidemiological and laboratory capacity of the health system. The success of FELTP will be monitored and evaluated using the following parameters: a) ensuring timely and effective outbreak investigation response, b) creating a culture of evidence based decision-making in public health, and c) developing a well trained public health workforce comprised of leaders and implementers.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12172** |
| **Mechanism Name:** | **Field Epidemiology and Laboratory Training Program (FELTP)** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

In FY 2009, SI funds supported an assessment visit to ascertain the readiness and interest of the MOH and UEM for a FELTP, and OHSS funds supported design and offering of the first short course to MOH participants and initial design of the curriculum for the Masters of FELTP course. In FY 2010, 60 public health professionals will be trained in 2 short FELTP courses while the first group of Masters of FELTP will begin their studies with the goal of graduating in 2012. FY 2010 funds will support the offering of these courses, finalization of the curriculum and initiation of the Masters program.

Under this new implementing partner, technical and logistical support to the MOH and Faculty of Medicine at the University of Eduardo Mondlane (UEM) to develop and strengthen a Field Epidemiology Laboratory Training Program (FELTP) will be provided. Given the lack of Mozambicans with experience and knowledge in surveillance, epidemiology and outbreak investigations, it is critical to the success of this program to secure ongoing technical support in these areas to support the FELTP short courses and Masters program. In addition, through this new mechanism, graduates from the FELTP will be linked to fellowship programs, within and outside country that provide opportunities for young scientists to develop their skills and competencies in field epidemiology and public health.

The intentional spillover is in developing the surveillance, epidemiology and outbreak investigation skills

| |
|---|
| of existing health workers. Mozambique is a large country and it is common for health problems/emergencies to manifest each year, often ones that have impact on those with HIV and on the health system's capacity to support HIV affected citizens. Using more real time data could improve response rates and mobilize needed resources.<br><br>Monthly meetings with the partner will take place to assure quality of activities. Monitoring and evaluation of activities will be provided through USG quarterly reporting form and continuation request for cooperative agreement in accord with standard report.<br><br>Currently the USG is the sole donor supporting this activity. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12173** | **Mechanism Name: TBD - Technical, Logistic and Administrative Services to address SI, assessments, mappings type of activities** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The USG Mozambique Epidemiology and Strategic Information team supports the GOM and the USG team to develop and maintain HIV-related information and reporting systems, monitor and evaluate HIV

prevention, care, and treatment initiatives, strengthen in-country capacity to conduct HIV surveillance, and performs epidemiologic investigations. Compilation, synthesis, and dissemination of relevant information from multiple sources is imperative to strategic planning, program development, accountability, and allocation of resources in support of the national HIV response. This activity directly supports Goals II and III of the Partnership Framework by strengthening the multi-sectoral response and harmonizing national M&E systems.

In previous years, all administrative and logistical support for in-country surveys and technical assistance activities had been done through the General Services Office (GSO). The volume of these purchase orders (PO) has increased drastically in the last year and these POs have become increasingly complex and complicated for award through the GSO. The purpose of this contract is to provide technical, logistical and administrative support for USG-funded global HIV activities and programs with respect to training, capacity building, civil society development, surveillance, monitoring and evaluation (M&E), public health evaluation, and HMIS.

Services provided under this contract consist of a) assessing, analyzing, and reporting on the performance of SI teams, projects, and systems supported by USG in Mozambique; b) providing technical, logistical and/or administrative assistance for USG-funded surveys and other activities; c) providing capacity building, technical assistance, and other administrative assistance for USG-supported activities; d) providing translation services, as needed, in the context of survey implementation, training materials, and report development.

Many activities under the PEPFAR mandate involve strategic partnerships with partners and other bilateral and multi-lateral international donors. For example, in 2009 the USG will enter into a Trilateral Agreement with the Governments of Brazil and GOM with objectives including training in monitoring and evaluation, training and capacity building in health sector commodities logistics, development of national plans and strategies for key program areas, and strengthening of civil society.
Additionally, in 2010 the USG will continue to work with South-to-South providers to develop and strengthen the capacity of our Mozambican counterparts to conduct assessments and evaluations to better understand their HIV epidemic. USG Mozambique will contract services related to technical content and logistics of these activities.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12173** | | |
| **Mechanism Name:** | **TBD - Technical, Logistic and Administrative Services to address SI, assessments, mappings type of activities** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Many of the factors driving HIV infections and contributing to behavioral risk in Mozambique are poorly understood and typically not very well defined. Efforts to clearly understand the context of HIV infection in the country are complicated by the fact that there is provincial and regional variation with quite different HIV prevalence rates and, as a result, infection patterns and reported risk behaviors.

The focus of these funds is to support routine evaluations and exploratory assessments to understand factors that contribute to HIV risk and infection. In FY 2010, one of the primary areas of exploration will be to continue support for small and medium scale social and behavioral science projects and to support training in appropriate methodologies for local investigators. Areas of exploration will include: studies that evaluate innovative approaches for reaching key populations at risk for HIV; anthropological studies of unique cultural practices and beliefs that impact HIV prevention and service delivery; process evaluation of public health interventions and HIV service delivery; developing novel methods for detecting and investigating risk behaviors and at risk populations; and studies related to public health programs, law, or policies (i.e., structural approaches).

Another important area of focus in FY 2010 is the finalization and dissemination of results from two previously funded assessments. The first addresses the role of men who have sex with men (MSM) on the HIV epidemic and the second explores the degree to which alcohol use and abuse contributes to sexual risk behavior.

Finally, these funds will be used to initiate a new activity to comprehensively assess the lives of PLHIV. The findings from this assessment will guide prevention with positives program activities, which have as a

| |
|---|
| primary goal to reduce the transmission of HIV from PLHIV to their sexual partners. Data from this activity will also contribute information that can be used to tailor care and treatment services. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 12174** | **Mechanism Name: TBD - Improving the capacity of University based medical education and superior training institutions to provide high quality education in Mozambique** |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Mozambique has one of the lowest provider to patient ratios in the world with 3 physicians and 21 nurses per 100,000 population (WHO 2007). The lack of human resources is also felt in other sectors of the health care system in areas such as laboratory, M&E, management, and pharmacy. In Mozambique, higher education can take the form of universities, superior training institutions and pre-service training institutions. The MOH oversees the work of 13 pre-service institutions that produce clinical officers, nurses, laboratorians, auxiliary health care workers, and pharmacists. In addition, the MOH oversees superior institutions where the goal is to prepare graduates for work in line with that of university graduates. The Ministry of Education oversees 4 medical schools (3 government and 1 private). One of these medical schools has been in operation since the mid-70s and the other two began in the last 2

years. The private medical school began educating students in 2000. In the past few years, there has been a small but growing number of private superior education institutions. The superior institutions provide much needed education in areas such as public health, nurses, surgical technicians, hospital administrators, dentistry, pharmacy, and laboratory. Regardless of whether the university-based medical programs or superior institutions are public or private, most are in need of additional resources in order to accomplish their mission. Resources needed include: scholarships for students; faculty preparation; additional faculty; curricula re-design or updating; equipment and books; student fees for transportation and accommodation to their practicum site; and salary support for field supervisors. The focus of this new implementing mechanism would be on developing sustainable locally maintained health services and strengthening of the higher education institutions, whether private or government. Strengthening of these institutions will be done through revision of curricula, as needed; faculty development (technical and increased teaching skills capacity); purchase of teaching and reference materials, clinical equipment for practicums and minor renovations; salaries for part time classroom and field supervisors; student transportation and accommodation to practicum sites; provision of scholarships; and improving the teaching skills of classroom and field faculty. Other donor support is provided primarily via technical assistance and some scholarship support.

The mechanism is linked to Goal 3 of the Partnership Framework: strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care and treatment goals. The benchmarks would be number of new health workers graduating by cadre, number of inhabitants per doctor and clinical technician and number of new social worker graduates.

The cross cutting program is human resources for health given the emphasis on the development of new health professionals. The geographic coverage is national and target populations are faculty and students at university based medical schools and superior learning institutions.

This activity is cost-efficient because it will fund local medical schools and superior institutions directly rather than through an international partner. The aim is that as the local institutions gain experience managing funds and programs, the USG direct funding to them can increase compared to that provided through international partners.

This new implementing mechanism has a list of measurable outcomes for both medical schools and superior training institutions and will be described in the budget code narrative for the first year of the cooperative agreement once awarded.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12174** |
| **Mechanism Name:** | **TBD - Improving the capacity of University based medical education and superior training institutions to provide high quality education in Mozambique** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | Redacted | Redacted |

**Narrative:**

There is a huge lack of health workers at the superior and medium level across cadres and supporting medical schools and superior training institutions helps to address this lack. This cooperative agreement offers two tracks for funding: university-based medical programs and superior education institutions. Although all the medical schools have changed their name to Faculty of Health Sciences therefore including physicians, nurses, laboratory technicians, nutritionists and dentistry, the emphasis will be on medical student education. The second track, superior training institutions, is open to courses that support the health sector such as nursing, laboratory, pharmacy, nutrition, dentistry and hospital administration. The activities under this budget code include strengthening of their faculty's capacity to teach, hiring additional faculty in order to offer more courses, developing new curricula, purchasing additional or new equipment and didactic materials, and providing resources to support local transportation for clinical rotations of students. There are linkages across human resources for health and service delivery as development of more health workers who are current in their knowledge and skills is beneficial to the country. These are leveraged activities as there are other donors such as WHO, Tropical Medicine Institute at Antwerp, UCLA, and University of West Virginia who are supporting specific activities at the medical schools in Mozambique. There is limited donor support for the superior training institutions primarily focused on surgical technicians.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 12175** | **Mechanism Name: TBD - Implementation of Programs for Care & Treatment of HIV/AIDS in the Republic of Mozambique Under the President's Emergency Plan for AIDS Relief (PEPFAR)** |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In Mozambique, two partners received Track 1 awards in 2004 for expansion of ART services: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Mailman School of Public Health of Columbia University (Columbia). These two partners have played a critical role in mobilizing the scale-up of ART treatment in Mozambique. By September 2009, both Track 1 partners were supporting approximately 67,000 patients on treatment (more than 40% of all patients on ART in the country). In FY 2009, a three-year non-competitive extension of the Track 1 program was granted that requires Track 1 partners to transition management of their programs to "local partners" by February 2012.

The goal of this new funding mechanism is to initiate the handover of specific HIV care and treatment activities that have been until now supported by international USG partner organizations (Track 1 partners) to provincial governments in Mozambique. This transition needs to occur while sustaining and continuing to scale up care and treatment services for PLHIV without life-threatening disruptions of

services.
Activities towards achieving this goal will focus on the areas of (1) HIV care, support, and treatment; and (2) human resource capacity and infrastructure development, especially for disease surveillance and training.

The activities of this implementing mechanism are linked to Partnership Framework (PF) goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV care, prevention and treatment goals. The benchmark for this goal is number of inhabitants per doctor and clinical technicians.
This activity is also linked to PF goal 4: improve access to quality HIV treatment services for adults and children.

HIV infected children, women and men, and local government and non government organizations implementing HIV prevention care and treatment programs are the targeted groups/

This mechanism will make key contributions to health systems strengthening that include development of sustainable locally maintained health services through: training, supervision and mentoring of health workers in provision of quality HIV care and treatment services; and procurement and logistics management of health related commodities needed for operations of health facilities.

Cross cutting programs within this new mechanism include logistics management of commodities that include lab, OI and antiretroviral drugs and medical equipment.
The long term gains in cost efficiencies result from the transfer of program funding and implementation from international NGO partner organizations to local organizations which eliminates overhead costs.

An M&E plan that includes benchmarks such as meetings held, reports submitted will be used to track program implementation. In addition, the next generation indicators will also be used to monitor prevention, care and treatment outcomes including those related to quality of service provision.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12175** |
| **Mechanism Name:** | **TBD - Implementation of Programs for Care & Treatment of HIV/AIDS in the Republic of Mozambique Under the President's Emergency Plan for AIDS Relief (PEPFAR)** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Care | HTXS | Redacted | Redacted |

**Narrative:**

As part of the Track 1 transition process, this funding will be awarded through a competitive process to a new partner to implement program activities in 2-3 provinces in Mozambique. The goal of this award is to increase provincial government ownership of programs, using existing systems to channel funds for program activities and promoting Mozambican run programs. Through a transition process, the grantee will be responsible for managing program implementation of prevention, care and treatment activities in 2-3 provinces in Mozambique. These activities will focus on Antiretroviral therapy (ART), Prevention of mother to child transmission (PMTCT); HIV and tuberculosis collaborative activities (TB/HIV); expansion of HIV counseling and testing (CT), linkages between community based and HIV programs; and comprehensive HIV care and treatment services.

USG activities will include: orientation on USG regulations and requirements; review and approval of i) grantee processes for selection of key personnel and sub grantees and ii) grantee annual work plans; review expenditures, technical and financial progress reports; provide technical assistance and in country administrative support; and collaborate with grantee on project design and planning.

Grantee activities include:
1) Training of technical staff from at all districts in the province in the provision and M&E of quality HIV services;
2) Conduct quarterly supervision visits to monitor implementation of activities by District Health Teams;
3) Procure medical equipment and commodities needed for health centers, provincial and District health sites. This activity also includes providing the necessary logistical support;
4) Reproduce and distribute HIV prevention, care and treatment training, monitoring, and supervision tools, and clinical guidelines as needed;
5) Program monitoring and evaluation including holding of monthly provincial ART committee meetings;

| |
|---|
| 6) Hire additional staff including clinical, technical and administrative staff (e.g. accountants, financial managers and administrators) as required for the DPS's and care and treatment sites to provide quality services. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12176** | **Mechanism Name: TBD - HIV Prevention for Most-at-Risk-Populations (MARPS)** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Although the majority of new HIV infections in Mozambique occur in the general population, some population sub-groups are at significantly elevated risk, including persons engaged in sex work; clients of persons engaged in sex work; drug-using populations; men who have sex with men (MSM); military/police and other uniformed services; men and women engaging in transactional sex; incarcerated persons; mobile populations (e.g. migrant workers, truck drivers); street youth; and persons who engage in alcohol-associated HIV sexual risk behaviors.

In general, these most-at-risk populations (MARPs) and bridge populations have not been priority groups for prevention activities in Mozambique. Related USG Mozambique support to date has included training with focus on innovative behavior change communication (BCC) strategies. Peer education for female

sex workers (FSW) is being implemented, and with the full participation of FSW a video tracing their life stories was produced to support BCC messaging with their peer sex workers and, another is being produced for drug users.

In this context, the goal of this project is to improve HIV prevention activities among MARPs and ultimately impact HIV transmission rates in Mozambique. An effective program for MARPs and bridge populations in Mozambique will require a combination approach building on available information, existing activities, addressing gender related vulnerabilities and innovative approaches to expand the scope and coverage of interventions for key populations. Priority groups include, but are not limited to, FSW and clients; MSM; and drug users (IDU and NIDU including alcohol abuse). Recipients (grantees) will be expected to collaborate closely with the GOM and implementing partners to continue the implementation of existing services, based on achievements in Mozambique and seeking to improve interventions and scale up access to services. The geographic focus of this activity will be in Cabo Delgado, Nampula, and Inhambane Provinces.

There is substantial evidence for the effectiveness of a core set of interventions for populations at high risk for HIV. These interventions illustrate a minimum package of services for MARPs. Activities should focus on MARP populations that represent the most significant burden of disease, based on population size estimate and impact of HIV. Activities should be conducted as part of comprehensive programming that includes a minimum package of services: implementing, monitoring, and improving comprehensive HIV prevention programs for MARPs and other vulnerable populations. These programs include core public health components of outreach, HIV counseling and testing (CT), risk reduction counseling, condom distribution, education and promotion, screening and treatment of sexually transmitted infections (STI), and for those who are HIV-infected, referral to prevention of mother to child transmission (PMTCT) services and HIV care and treatment. For sex workers, more comprehensive programs can also include referral to family planning and other reproductive health services, psychosocial and legal services including substance abuse treatment, and linkages to income generation programs for those wishing to quit sex work. Activities will be designed to include gender equity programming as well as information and screening for gender-based violence interventions.

Activities are expected to help build capacity in Mozambique for sustainable implementation of relevant interventions, through close work with non-governmental organizations (NGOs) and community-based organizations (CBOs) reaching higher risk populations that advocate for and provide targeted services to marginalized, clandestine and mobile populations. All activities are to be pursued in coordination with the USG team, the GOM, and other implementing partners. New activities will build upon and replicate successful MARP programs currently supported.

Activities will also include design and implementation of a surveillance system at designated STI night clinics established for FSW, to provide much needed qualitative and quantitative information around specific MARPs groups. These activities will be conducted in additional provinces where STI night clinics are currently operational.

This activity support Partnership Framework goal 1, to Reduce new HIV infections in Mozambique (Objective 1.1: Reduce sexual transmission of HIV through comprehensive prevention interventions, including activities with MARPs).

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Gender: Reducing Violence and Coercion | Redacted |
| Human Resources for Health | Redacted |

## Key Issues

Increasing women's access to income and productive resources
Mobile Population
Family Planning

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12176** |
| **Mechanism Name:** | **TBD - HIV Prevention for Most-at-Risk-Populations (MARPS)** |
| **Prime Partner Name:** | **TBD** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

Activities will be conducted at central level with GOM, and in three provinces: Cabo Delgado, Nampula, and Inhambane. Activities will include detailed mapping of MARP/bridge population interventions in relevant geographic areas; elaborated/adapted curricula for IEC, BCC, risk reduction, etc.; approved and disseminated policy and materials for MARP interventions, either at national level or individual provincial level; and demonstrated strengthened linkages of MARPs with care and treatment facilities (referral

| |
|---|
| charts, monitoring instruments), establishment of moonlight clinics, etc.<br><br>Measurable outcomes of the program will be based on number of individuals trained to implement MARP interventions; number of individuals reached with MARP interventions; and capacity building for sustainable interventions, including demonstrated evolution of organizational capacity of local organizations.<br><br>Activities will also include design and implementation of a surveillance system at designated STI night clinics established for FSW. This surveillance system will be implemented in order to provide much needed qualitative and quantitative information around specific MARPs groups in a clinical setting. Such data collection is considered a critical SI activity in that data around MARP populations in these settings has been a traditionally difficult data set to collect. As part of the need to move towards more evidence-based intervention programs, more quantitative and qualitative information around specific MARP groups is critical in the scaling-up of MARP evidence based interventions and programs. In addition, it is expected that this surveillance activity will begin to assist both the MOH and the NAC in developing more comprehensive datasets around MARPs. Such surveillance should also provide information about the effectiveness of MARPs oriented activities and interventions supported by the USG. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12177** | **Mechanism Name: TBD - Scaling Up Comprehensive Positive Prevention** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Including HIV-infected individuals in the effort to prevent new HIV infections ensures the prevention needs of HIV-infected individuals are incorporated into HIV responses and recognizes that changes in the risk behaviors of HIV-infected individuals are likely to have a greater impact on the spread of HIV than comparable changes in the risk behaviors of HIV-negative individuals. The objectives of prevention efforts with PLHIV, referred to as prevention with positives (PwP), are to prevent the spread of HIV to sex partners and infants born to HIV infected mothers, as well as to protect the health of infected individuals as part of a comprehensive HIV prevention approach.

The rapid scale-up of HIV care and treatment in resource limited settings has provided an opportunity to reach many HIV infected individuals with prevention messages and interventions within HIV settings. While behavioral interventions effective for HIV negative persons may be adaptable in some ways to interventions for HIV infected persons, the needs and motivations for HIV infected persons are likely to be quite different. These differences include disclosure to partners, preventing transmission to partners or unborn children, stigma of HIV infection, and negotiating sexual relationships as an HIV infected individual. In addition, community based services for PLHIV are integral for accessing PLHIV who are not treatment eligible and who do not receive clinical services. Community based services can provide an opportunity to reinforce messages that PLHIV receive from their providers.

However, in both clinical and community settings, HIV prevention is rarely incorporated into services for PLHIV, resulting in missed opportunities to reach PLHIV with programs to reduce HIV transmission to others. The purpose of this activity is to support a comprehensive PwP strategy that incorporates all relevant interventions to prevent the onward transmission of HIV. Interventions will also protect participating PLHIV against possible HIV re-infection, acquisition of sexually transmitted infections, and unintended pregnancies which could lead to mother-to-child transmission. Relevant evidence based interventions that comprise a comprehensive PwP strategy include STI management, family planning counseling and services, adherence counseling, alcohol reduction counseling, HIV counseling and testing for partners and families, education for correct and consistent condom use, condom promotion and distribution and disclosure counseling and support. Appropriate referrals should also be part of the strategy, including linkages to care and treatment services for HIV-infected individuals, as well as linkages to HIV prevention services (e.g. male circumcision) among HIV-negative individuals. Related wrap-around programming, such as income generation and food support, should be considered to maximize programmatic impact.

Currently, USG is supporting a PwP demonstration project that targets providers in facility and community based settings in Maputo and Sofala Provinces, including physicians, nurses, counseling and testing staff, home-based care staff, adherence support staff, support groups, and other site staff who were trained using country specific materials. PwP training materials have been adapted to represent the context of risk and HIV care in Mozambique, including the following eight modules: (1) Course overview and introduction to PwP; (2) Introduction to prevention counseling; (3) risk reduction and prevention messages; (4) Discussing disclosure; (5) Sex and sexuality, negotiation, and family planning; (6) Prevention of vertical transmission; (7) Living positively; and (8) Conclusion.

The overall goal of this activity is to implement a PwP program that will address the prevention needs of PLHIV and ultimately impact HIV transmission rates in Mozambique. In FY 2010 the PwP program in Mozambique uses three key approaches towards attaining this goal:
1) Provide training and technical assistance on PwP to HIV service providers, including USG clinical services partners. Service providers can include healthcare workers, testing and counseling staff, and peer educators;
2) Integrate HIV prevention into existing HIV program activities, including facility-based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.), and community-based settings (community HIV counseling and testing, peer support programs, etc);
3) Work closely with the GOM to support planning, implementation, and monitoring and evaluation of PwP interventions.

FY 2010 activities will focus on scale up access to PwP (e.g. through integration of PwP services in existing HIV activities, and expansion in both geographical and technical scope) in addition to maintaining existing USG activities in Mozambique, in line with GOM and USG Mozambique goals. Training activities will be expanded to build skills and increase capacity and sense of responsibility among service providers to address HIV prevention needs with HIV infected clients. All activities will be conducted in provinces supported by CDC clinical services partners in Maputo City and the Provinces of Maputo, Gaza, Inhambane, Zambézia, Nampula, and Cabo Delgado. Ongoing activities in Sofala Province will continue as well.

These activities are linked to the Parnership Framework goal 1, to reduce new infections in Mozambique. Prevention is a high priority for both USG and GOM, and PwP is one of the key areas to be expanded and integrated within the national care and treatment program.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

Family Planning

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12177** | | |
| **Mechanism Name:** | **TBD - Scaling Up Comprehensive Positive Prevention** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | Redacted | Redacted |

**Narrative:**

In FY 2010 training and implementation activities will be expanded. Key approaches will be to provide training and technical assistance on PwP to HIV service providers, including USG clinical services partners; to integrate HIV prevention into existing HIV program activities, including facility-based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.), and community-based settings (community HIV counseling and testing, peer support programs, etc); and to work closely with the GOM to support planning, implementation, and monitoring and evaluation of PwP interventions.

Activities will focus on scale up access to PwP (through integration of PwP services in existing HIV activities, and expansion in both geographical and technical scope) in addition to maintaining existing HHS/CDC activities in Mozambique, in line with GOM and USG goals.

Measurable outcomes of the program will be in alignment with the following performance goals for PEPFAR:
1) Number of individuals (healthcare providers and counselors) trained to implement PP interventions;
2) Number of individuals reached with minimum package of PP interventions.

Other measurable outcomes will include approved and disseminated policy and materials for PP interventions, either at national level or individual provincial level; and capacity building for sustainable PP interventions.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | HVOP | Redacted | Redacted |

**Narrative:**

In FY 2010 training and implementation activities will be expanded. Key approaches will be to provide training and technical assistance on PwP to HIV service providers, including USG clinical services partners; to integrate HIV prevention into existing HIV program activities, including facility-based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.), and community-based settings (community HIV counseling and testing, peer support programs, etc); and to work closely with the GOM to support planning, implementation, and monitoring and evaluation of PwP interventions.

Activities will focus on scale up access to PwP (through integration of PwP services in existing HIV activities, and expansion in both geographical and technical scope) in addition to maintaining existing HHS/CDC activities in Mozambique, in line with GOM and USG goals.

Measurable outcomes of the program will be in alignment with the following performance goals for PEPFAR:
1) Number of individuals (healthcare providers and counselors) trained to implement PP interventions;
2) Number of individuals reached with minimum package of PP interventions.

Other measurable outcomes will include approved and disseminated policy and materials for PP interventions, either at national level or individual provincial level; and capacity building for sustainable PP interventions.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| Mechanism ID: 12178 | Mechanism Name: HIVQUAL |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |

| | |
|---|---|
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The importance of quality assurance (QA) and quality improvement (QI) of programs can not be overstated. The QA/QI program supports the Partnership Framework as it aims to improve the quality of data to improve programming and the quality of treatment and care services (Goals 4 and 5).

A robust adult care and treatment QA/QI program has been in place in Mozambique since 2006 and to date, two rounds of QA/QI of adult HIV care and treatment programs have been conducted in all provinces. Significant deficiencies in care and treatment were identified, solutions were proposed and implemented. The MOH has requested that QA/QI activities be expanded to cover many more sites, with the eventual goal of establishing a QA/QI system in every health centre providing HIV related services. In FY 2010, QA/QI activities will expand to an addition 18 sites, bringing to total number to 64. The third round of QA/QI will begin in the first quarter of FY 10.

The QA/QI TBD partner team will perform an annual Organizational Assessment (OA) on each new facility. The OA assesses the current program and infrastructure in place to support and sustain the QI program at the facility level. The OA includes the following components: Leadership training of the need to support QI activities, planning, measurement, consumer involvement, staff involvement and education, QI projects and an assessment of the facilities information systems capability.

Building on the success of the initial program QA/QI on adult HIV care and treatment, the MOH has requested QA/QI of PMTCT services and pediatric HIV care and treatment services.

The pediatric QA/QI activity is scheduled to take place as part of round 3 in the first quarter of FY 10 and will be implemented in all 64 existing and new sites. Please note that the previous partner will use FY 09 funds to conduct this activity.

Some preliminary work has already been done to prepare for the upcoming PMTCT QA/QI programme.

The previous implementing partner, in conjunction with partners and the MOH, developed PMTCT indicators, held a key stakeholders meeting, identified pilot facilities, gathered baseline data for analysis and conducted QI training for PMTCT providers. The programme is scheduled to begin in the second quarter of FY 10.

In line with the Partnership Framework principles and goals, an essential component of the TBD implementing partner's approach must be a model of active and continuous MOH participation. The previous QA/QI partner coordinated the collation of data by MOH staff and analyzed it in order to provide useful and actionable feedback to health teams in a timely manner regarding the quality of the care they are providing. The process provides continuous feedback to the MOH in order to ensure an incremental improvement in the quality of service received by patients accessing the HIV care and treatment program.

The benefits of the currently employed approach for QA/QI is that it draws on existing MOH resources and builds upon them. By only gathering data using MOH staff and then involving them every step of the way until the improvements are implemented ensures that the MOH takes ownership of the process and in so doing embeds the notion of QA/QI in the culture of healthcare professional in Mozambique. It is very encouraging that the MOH, at the highest level, has forcefully voiced its support for QA/QI programs.

The cross cutting attributions of QA/QI are human resource for health strengthening and SI.

This QA/QI is cost-effective since the majority of the human resources are drawn from the MOH as part of their routine responsibilities. As such, the overhead and administrative costs for implementing this type of activity are low. There are also downstream effects that result in improved utilization of resources as a result of the improvement in the quality of care being provided.

Key Activities for FY 2010:
1) meetings of key stakeholders;
2) implementation of project workplan/timeline;
3) expansion of QA/QI activities to new facilities
4) training of new facilities in data collection methodology and Quality Improvement Methodology following baseline data collection analysis, and report generation
5) review and finalization of PMTCT indicators;
6) update existing software package;
7) support for ongoing Quality Improvement Projects at pilot facilities and implementation of QA/QI projects in new facilities.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12178** | | |
| **Mechanism Name:** | **HIVQUAL** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Care | HTXS | Redacted | Redacted |

**Narrative:**

In FY 2010, the MOH plans to include an additional 14 sites in the adult care and treatment QA/QI activity to enable regular measurement of quality in adult care and treatment services.

This activity will build on the ongoing QA/QI programs that were implemented starting in FY 2006 through HIVQUAL. The main objective is to build local capacity to support clinical data collection and analysis at the clinical level, linking these activities to building systems that improve quality of care and treatment for HIV positive adults.

2 rounds of data collection will take place in FY 2010.

1) include additional performance indicators in collaboration with MOH and other stakeholders, for adult care and treatment;
2) Select additional pilot sites with the guidance of the MOH;
3) Conduct site visits with organizational assessments;
4) Implement Quality Improvement Projects aiming to improve service delivery at health facilities;
5) Update data collection update data collection every six months.

Established and newly adopted indicators will be measured through the QA/QI TBD to determine the level of continuity of care, access to antiretroviral therapy, CD4 monitoring, TB screening, prevention

education, cotrimoxazole prophylaxis, adherence assessment, and post-exposure prophylaxis (PEP) implementation. The specific focus of this activity is at the clinic level, adapting the methods of quality improvement to each facility's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each clinic is used, and measures the growth of quality management activities as well as guides the coaching interventions. Facility-specific data that are collected every six months are aggregated and provide population-level performance data that indicate priorities for national quality improvement activities and campaigns.

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Prevention | MTCT | Redacted | Redacted |

**Narrative:**

Quality assurance programming for PMTCT activities will be aligned with overall FY 2010 priorities, focusing on coordination with MOH and scale up of PMTCT services within an integrated MCH system.

While access to PMTCT services has increased dramatically in Mozambique, a mechanism to monitor the quality of the services provided is critical. A continuous quality improvement project supported by USG has included development of indicators, key stakeholders meeting, identification of pilot facilities, and baseline data collection for analysis and QI training for PMTCT providers.

Activities in FY 2010 will build on this program to further develop a framework to assess the quality of PMTCT services. Core components include performance measurement and quality improvement. This model promotes a balance between data and improvement activities and emphasizes the importance of national, provincial, district and site level leadership to promote and support quality activities in a sustainable way.

The following activities will be conducted during the project period:
1) Continued meetings of key stakeholders;
2) Review and expansion of relevant, reliable and improvable indicators related to PMTCT and coordination of these services in concert with MOH;
3) Training of new facilities in data collection methodology;
4) Collection of baseline data at expanded group of facilities, analysis and report generation;
5) Training of new facilities in quality improvement methodology following baseline data collection;
6) Completion of an annual assessment at facility level, including the current program and infrastructure in place to support and sustain the QA/QI program at the facility level, including the following components: Leadership understanding of the need to support QI activities, planning, measurement, consumer involvement, staff involvement and education, QI projects and an assessment of the facilities

| |
|---|
| information systems capability. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 12179** | **Mechanism Name: UEM Master of Public Health (MPH) and Field Epidemiology & Public Health Laboratory Management (FELTP) Support** |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: University of Eduardo Mondlane | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: No | Global Fund / Multilateral Engagement: No |

| **Total Funding: 350,000** | |
|---|---|
| **Funding Source** | **Funding Amount** |
| GHCS (State) | 350,000 |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

The University of Eduardo Mondlane (UEM) will receive USG funding for a variety of activities related to training of public health professionals. The major activities include: 1) support to the Master of Public Health program (MPH) by strengthening its MPH curricula in the area of monitoring and evaluation and strategic information, providing direct support to students through scholarships and 2) linking with the Faculty of Medicine at UEM to develop and adapt the Field Epidemiology and Laboratory Training Program (FELTP) curriculum to Mozambique and establish an FELTP program culminating in a 2 year Masters degree; additionally, UEM will provide some TA to MISAU related to the implementation of the FELTP program. Support to UEM exemplifies the Partnership Framework principles of broader engagement with and strengthening of Mozambican institutions to enhance the multi-sectoral response and specifically aligns with Goal 3 to strengthen to Mozambican health system through human resource development. Initial investments in curricula development, purchase of computers, and training of

facilitators and mentors for FELTP will result in providing internal capacity that will reduce the need for outside technical assistance in the future. UEM has a national reach by accepting students from all 11 provinces, but its location in the extreme south of the country is a barrier to access for students from some regions. The USG support to UEM includes initiatives for establishing and enhancing distance learning programs that will mitigate some of these geographical challenges.

## Cross-Cutting Budget Attribution(s)

(No data provided.)

## Key Issues

(No data provided.)

## Budget Code Information

| | |
|---|---|
| **Mechanism ID:** | **12179** |
| **Mechanism Name:** | **UEM Master of Public Health (MPH) and Field Epidemiology & Public Health Laboratory Management (FELTP) Support** |
| **Prime Partner Name:** | **University of Eduardo Mondlane** |

| Strategic Area | Budget Code | Planned Amount | On Hold Amount |
|---|---|---|---|
| Other | OHSS | 350,000 | |

**Narrative:**

FY 2010 funds (25%) will be used to strengthen the existing MPH program at the University of Eduardo Mondlane by continuing to support the strengthening of the library, bringing in guest lecturers and exposing students to a more internationally diverse curricula and academic experience in the areas of monitoring, evaluation, health informatics, surveillance and epidemiology. Additionally, a proportion of students will receive a small stipend to conduct their thesis and practicum work. The second part of funds (75%) will be used to support UEMs faculty of Medicine to help develop the Field Epidemiology Laboratory Training Program (FELTP) at the University of Eduardo Mondlane (UEM) – adaptation and editing of the curricula to Mozambique's context, and validating the curricula with MISAU and other key government partners. The FELTP program will result in a Masters level degree.

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| | |
|---|---|
| **Mechanism ID: 12180** | **Mechanism Name: TBD - Building Mozambican capacity to implement quality HIV/AIDS prevention, care and treatment programs in the Republic of Mozambique** |
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Cooperative Agreement |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

In Mozambique, two partners received Track 1 awards in 2004 for expansion of ART services: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and Mailman School of Public Health of Columbia University (Columbia). These two partners have played a critical role in mobilizing the scale-up of ART treatment in Mozambique. By September 2009, both Track 1 partners were supporting approximately 67,000 patients on treatment (more than 40% of all patients on ART in the country).
In FY 2009, a three-year non-competitive extension of the Track 1 program was granted that requires Track 1 partners to transition management of their programs to "local partners" by February 2012.

The goal of this new funding mechanism is to provide technical and capacity development support to Mozambican organizations that will be tasked with implementing HIV care and treatment activities that have been, until now, supported by international partner organizations funded by the USG through the Track 1 treatment mechanism. This transition needs to occur while sustaining and continuing to scale up care and treatment services for PLHIV without life-threatening disruptions of services.
Activities towards achieving this goal will focus on three main areas:

1 Activities towards achieving this goal will focus on three main areas:
1) Building capacity of Provincial Health Directorates (DPS) and districts to plan, manage and supervise quality HIV clinical services, as well as to manage USG funding awards
2) Creating and building capacity of indigenous technical assistance prime partners to provide focused technical assistance to the government of Mozambique for a broad range of comprehensive HIV related clinical services provided at different levels of service delivery.
3) Building capacity of national NGOs and community based organizations to successfully compete for funds, as prime partners from donor agencies including the USG for the purposes of implementing adherence support and community care program activities.

The activities of this implementing mechanism are linked to the Partnership Framework goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV care, prevention and treatment goals. The benchmark for this goal is number of inhabitants per doctor and clinical technicians.
This activity is linked to other capacity building activities done by PEPFAR Clinical Partners working with the Mozambique government in strengthening the human resources, managerial capacity, and logistics management across health fields and programs.

The target populations that will ultimately benefit from this activity are HIV infected children, women and men through improved capacity of local government and non government organizations implementing HIV prevention care and treatment programs in Maputo, Gaza, Inhambane, Nampula, Zambezia and Cabo Delgado provinces of Mozambique.

This mechanism will make key contributions to health systems strengthening that include development of sustainable locally maintained health services through: capacity building of provincial and district MOH staff in program, financial and grants management; development of local Mozambican NGOs' capacity to plan, implement, and monitor programs; financial grants management according to donor requirements.

Cross cutting programs within this new mechanism include human resources for health. The long term gains in cost efficiencies result from the transfer of program funding and implementation from international NGO partner organizations to local organizations which eliminates overhead costs.

An M&E plan that includes benchmarks such as people trained, strategic plans developed, and financial reports completed and submitted will be used to track program implementation.

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Human Resources for Health | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12180** | | |
| **Mechanism Name:** | **TBD - Building Mozambican capacity to implement quality HIV/AIDS prevention, care and treatment programs in the Republic of Mozambique** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | Redacted | Redacted |

**Narrative:**

The purpose of this new activity is to provide technical assistance and service support to 3-4 Mozambican government organizations and community organizations in order to build capacity and sustainability within these organizations to manage quality HIV programs. The systems barrier addressed is the weak program and financial management of these local organizations.

Assistance funded through this activity may include but is not limited to: 1) Training and mentoring in organizational development, 2) developing/validating/evaluating organizational systems, 3) development of assessment tools for measuring organization systems and levels of organization development.

Organizational management activities include:
1) Leadership/governance; financial management; human resource management systems; grants management; logistics and facilities management systems, grants related property management systems; and monitoring and evaluation and Quality Management Systems (QMS).

Capacity-building activities include:
1) Assistance in building local staff competencies in health strategic planning, evaluations and other program areas;
2) Training and ongoing mentoring of provincial health officials, local partner staff as needed;

| |
|---|
| 3) Provision of training materials and programs including development, implementation of training of public health, facility-based and community based service providers;<br>4) Training of staff in organizational and financial management: financial and accounting practices; internal financial controls; monitoring and evaluation of program activities.<br><br>The expected results of these interventions are that Mozambican provincial and district health directorates and NGOs will have developed sound financial monitoring systems and program planning and implementation systems to enable their successful application for USG and other donor funds to support program activities.<br><br>This is a spillover activity, since the government and community organizations will be strengthened to play a role in the overall health system. Strengthening them will also benefit service delivery, human resources for health, and health finance. |

## Implementing Mechanism Indicator Information

(No data provided.)

## Implementing Mechanism Details

| **Mechanism ID: 12181** | **Mechanism Name: TBD - National Public Health Reference Laboratory** |
|---|---|
| Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention | Procurement Type: Contract |
| Prime Partner Name: TBD | |
| Agreement Start Date: Redacted | Agreement End Date: Redacted |
| TBD: Yes | Global Fund / Multilateral Engagement: No |

| Total Funding: Redacted | |
|---|---|
| **Funding Source** | **Funding Amount** |
| Redacted | Redacted |

## Sub Partner Name(s)

(No data provided.)

## Overview Narrative

Funds for FY 2010 are proposed to be allocated to a TBD to fund the construction of a new fully integrated National Public Health Reference Laboratory (NPHRL).

In general, the role of a NPHRL is to provide leadership and coordination for public health laboratory and surveillance systems at the national level and to support evidence-based decision and policy making. In Mozambique, this role is severely hampered by the fact that the existing National Reference Laboratories and surveillance units are spread across multiple departments of the MOH), with no common strategy, management and oversight structure. Furthermore, Reference Laboratories, including bacteriology and parasitology, are housed within the MOH administrative building which lacks appropriate biosafety features and barriers to protect laboratorians and non-laboratorians alike. A recent assessment of Mozambique's public health system found that lack of appropriate physical infrastructure was a significant impediment to the countries ability to implement, manage, and maintain essential public health activities in the country.

To address these deficiencies, the MOH invited the International Association of National Public Health Institutes (IANPHI), FIOCRUZ (Brazil's national public health agency), and USG to assist the MOH to develop a National Public Health Strategic Plan which describes the organizational structure and function for the country's NPHRL. In this plan, the #1 priority identified was the construction of a new, fully integrated NPHRL facility.

In previous years, separate infrastructure investments into individual Reference Laboratories (HIV, bacteriology, parasitology) were made as an "emergency fix" so that these Laboratories could remain functional, in even a limited capacity. With FY 2009 Partnership Framework funds and FY 2010 funds the USG proposes to partner with IANPHI, FIOCRUZ, Global Fund, and the architectural firm, Design for Others, to make a consolidated investment in the country's public health infrastructure by supporting the construction of a new, integrated, state of the art NPHRL which will co-locate the country's National Reference Laboratories and serve as the headquarters for public health surveillance and research, laboratory quality assurance, and public health training. In this way, USG investments in HIV-related health systems strengthening will be leveraged with those of other partners as well as across diseases to achieve greater public health system strengthening impact then smaller investments into individual labs or systems.

The process to establish a NPHRL was initiated in 2008 when IANPHI sought the assistance of archtectural firm, Design for Others, and the USG to work with the GOM National Health Institute to develop a laboratory design which meets all of the requirements of a NPHRL as set forth in the Strategic Plan. The Design for Others architectural design work was done pro bono through a public private partnership with IANPHI. The MOH-approved design was then costed by a local architect and results

were used to plan for FY 2009 and FY 2010 funding to support the construction of the new facility. IANPHI will support human resource development, FIOCRUZ and the USG will continue to provide technical assistance in implementation of the Strategic Plan, and Global Fund will buy furniture and equipment.

Through this unique partnership of multiple donors/partners, the proposed USG infrastructure investment will be leveraged to achieve significant impact in creating and strengthening Mozambique's ability to manage the HIV epidemic and provide quality care and treatment services in a sustainable way. This IM is in alignment with the PF Objective to "Improve and expand the public health infrastructure".

## Cross-Cutting Budget Attribution(s)

| | |
|---|---|
| Construction/Renovation | Redacted |

## Key Issues

(No data provided.)

## Budget Code Information

| | | | |
|---|---|---|---|
| **Mechanism ID:** | **12181** | | |
| **Mechanism Name:** | **TBD - National Public Health Reference Laboratory** | | |
| **Prime Partner Name:** | **TBD** | | |
| **Strategic Area** | **Budget Code** | **Planned Amount** | **On Hold Amount** |
| Other | OHSS | Redacted | Redacted |
| **Narrative:** | | | |
| Laboratory systems strengthening to improve quality of diagnostic testing and increase collection of surveillance data to guide policy and decision making has been hampered by the lack of a National Public Health Reference Laboratory (NPHRL). A NPHRL serves as the head of the National Laboratory Network and public health surveillance capacities, houses the country's National Reference Laboratories, manages the country's Quality Assurance Programs, and serves as a center of excellence for reference testing and specialized training. Each of these capacities intersects with the USG's programmatic priorities and is critical for Mozambique to prevent new HIV infections and provide quality care and treatment services for those infected and affected by HIV. To achieve this goal, the USG is partnering | | | |

with other organizations (IANPHI and FIOCRUZ) to support the construction and operationalization of a NPHRL in Mozambique. PEPFAR's parallel FY 2010 investments in lab strengthening, quality assurance, technical training, field epidemiology and surveillance for diseases of public health importance, will be complimented and maximized by the investment in an integrated NPHRL. Furthermore, consolidated investment into an integrated NPHRL instead of separate investments into existing weak and decentralized reference labs is more cost effective and sustainable over time. FY 2009 funding for the architecture and engineering phase and FY 2010 funding for construction of an integrated NPHRL will address the need to build sustainable lab capacity and develop local expertise to continue strengthening health systems in the country once the USG has phased out its support to build laboratory capacity.

Funding from IANPHI and FIOCRUZ along with technical assistance from the USG will be used to strengthen public health leadership and management, establish systems for surveillance and support human resources to staff the NPHRL, while USG investments will support the construction of the NPHRL itself. This project also supports the Partnership Framework which calls for USG and GOM partnership to strengthen the public health infrastructure and expand laboratory diagnostic testing capacity, including early infant diagnosis.

## Implementing Mechanism Indicator Information

(No data provided.)

# USG Management and Operations

**1.**

Redacted

**2.**

Redacted

**3.**

Redacted

**4.**

Redacted

**5.**

Redacted

## Agency Information - Costs of Doing Business

## U.S. Agency for International Development

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Computers/IT Services | | | | 376,000 | | 376,000 |
| ICASS | | | | 179,830 | | 179,830 |
| Institutional Contractors | | | | 637,550 | | 637,550 |
| Management Meetings/Professional Developement | | | | 672,987 | | 672,987 |
| Non-ICASS Administrative Costs | | | | 1,315,190 | | 1,315,190 |
| Staff Program Travel | | | | 345,000 | | 345,000 |
| USG Renovation | | | | 186,000 | | 186,000 |
| USG Staff | | | | 7,553,108 | | 7,553,108 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Salaries and Benefits | | | | | | |
| **Total** | **0** | **0** | **0** | **11,265,665** | **0** | **11,265,665** |

## U.S. Agency for International Development Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Computers/IT Services | | GHCS (State) | | 376,000 |
| ICASS | | GHCS (State) | | 179,830 |
| Management Meetings/Professional Developement | | GHCS (State) | | 672,987 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 1,315,190 |
| USG Renovation | | GHCS (State) | | 186,000 |

## U.S. Department of Defense

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| ICASS | | | | 25,000 | | 25,000 |
| Management Meetings/Professional Developement | | | | 20,000 | | 20,000 |
| Staff Program Travel | | | | 20,000 | | 20,000 |
| USG Staff Salaries and Benefits | | | | 62,751 | | 62,751 |
| **Total** | **0** | **0** | **0** | **127,751** | **0** | **127,751** |

## U.S. Department of Defense Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| ICASS | | GHCS (State) | | 25,000 |
| Management Meetings/Professional Developement | | GHCS (State) | | 20,000 |

## U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Capital Security Cost Sharing | | | | 968,792 | | 968,792 |
| Computers/IT Services | | | | 554,000 | | 554,000 |
| ICASS | | | | 1,506,846 | | 1,506,846 |
| Management Meetings/Professional Developement | | | | 100,000 | | 100,000 |
| Non-ICASS Administrative Costs | | | 171,500 | 729,943 | | 901,443 |
| Staff Program Travel | | | | 1,056,201 | | 1,056,201 |
| USG Staff Salaries and Benefits | | | 2,165,500 | 4,934,681 | | 7,100,181 |
| **Total** | **0** | **0** | **2,337,000** | **9,850,463** | **0** | **12,187,463** |

## U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Capital Security Cost Sharing | | GHCS (State) | | 968,792 |
| Computers/IT Services | | GHCS (State) | | 554,000 |
| ICASS | | GHCS (State) | | 1,506,846 |
| Management Meetings/Professional Developement | | GHCS (State) | | 100,000 |
| Non-ICASS Administrative Costs | | GAP | | 171,500 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 729,943 |

## U.S. Department of State

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Computers/IT Services | | | | 10,000 | | 10,000 |
| ICASS | | | | 5,000 | | 5,000 |
| Non-ICASS Administrative Costs | | | | 22,000 | | 22,000 |
| Staff Program Travel | | | | 75,000 | | 75,000 |
| USG Staff Salaries and Benefits | | | | 380,000 | | 380,000 |
| **Total** | **0** | **0** | **0** | **492,000** | **0** | **492,000** |

## U.S. Department of State Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Computers/IT Services | | GHCS (State) | | 10,000 |
| ICASS | | GHCS (State) | | 5,000 |
| Non-ICASS Administrative Costs | | GHCS (State) | | 22,000 |

## U.S. Peace Corps

| Agency Cost of Doing Business | Central GHCS (State) | DHAPP | GAP | GHCS (State) | GHCS (USAID) | Cost of Doing Business Category Total |
|---|---|---|---|---|---|---|
| Non-ICASS Administrative Costs | | | | 16,800 | | 16,800 |
| Peace Corps Volunteer Costs | | | | 815,700 | | 815,700 |
| Staff Program Travel | | | | 40,400 | | 40,400 |
| USG Staff Salaries and Benefits | | | | 110,500 | | 110,500 |
| **Total** | **0** | **0** | **0** | **983,400** | **0** | **983,400** |

## U.S. Peace Corps Other Costs Details

| Category | Item | Funding Source | Description | Amount |
|---|---|---|---|---|
| Non-ICASS Administrative Costs | | GHCS (State) | | 16,800 |