



Mozambique
Operational Plan Report
FY 2011



Operating Unit Overview

OU Executive Summary

Background

Mozambique faces a severe generalized HIV epidemic which has adversely affected growth and development in the country, and has taxed a fragile health system. The prevalence of HIV among Mozambican adults aged 15-49 is 11.5% (2009 national seroprevalence survey), with prevalence among women higher than men (13.1% vs. 9.2%). Young women, particularly in the Sofala and Gaza provinces, are disproportionately affected at rates five and six times higher in comparison to men. Prevalence among children aged 0-11 years is 1.4%. Regional prevalence varies substantially from 17.8% in southern provinces to 5.6% in northern provinces HIV, with disproportionately higher rates in urban settings in the North. An estimated 1.6 million Mozambicans are living with HIV, with an additional 510,500 orphaned and vulnerable children directly affected by the epidemic. Although almost every Mozambican (98.5%) has heard of HIV, only one-third of the adult population has a comprehensive knowledge of the epidemic. Key drivers of Mozambique's HIV epidemic are risky sexual behaviors, low rates of male circumcision, low and inconsistent condom use, mobility and migration, and sex work.

The impact of HIV and other major preventable diseases (e.g. malaria, tuberculosis and water-borne diseases) has reduced life expectancy for Mozambique's 22.3 million people to 41 years and has contributed to Mozambique's low ranking (172 of 182) in the latest United Nations Human Development Index.

Reconstructing and building the health system especially human resources for health (HRH) continues to pose a major challenge to the stability of Mozambique's health system. Mozambique has only three medical doctors and 21 nurses per 100,000 people, and 30 social workers at the central level (WHO 2007). This shortage reflects one of the most dire health personnel shortages in the world and an enormous demand on a weak system. In addition, weak infrastructures, commodity and procurement insecurity, poor 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.

In line with the Partnership Framework, this year's FY 2011 Country Operational Plan (COP) continues the shifts in resource allocation to increase focus on the priority areas of prevention, capacity building, and health systems strengthening. Investments in these areas are essential to control the epidemic in Mozambique and achieve significant results going forward. Moreover, the recently signed Partnership Framework (PF) negotiated with the Government of the Republic of Mozambique (GRM) and the developing Partnership Framework Implementation Plan (PFIP) further enshrines those priorities and lays out plans and actions to transition our program from its current heavy reliance on international non-governmental organizations (NGOs) to significant use and transitioning programs to the Mozambican government and local NGOs.

Sustainability and Country Ownership

On August 23, 2010, U.S. Ambassador Leslie V. Rowe and Oldemiro Baloi, Minister of Foreign Affairs and Cooperation for the Government of the Republic of Mozambique, signed a Partnership Framework



which articulates the expected contributions to a sustainable and coordinated response to the HIV/AIDS crisis in Mozambique over a five-year period. The Framework is consistent with Mozambique's National HIV Strategic Plan, the National Accelerated HIV Prevention Strategy, the Ministry of Health's National Plan for Health and Human Resources Development, the Ministry of Women and Social Welfare's Human Resource Plan and the USG Country Assistance Strategy (CAS) for Mozambique.

The GRM and USG intend to work together to sustain and strengthen the national response to Mozambique's HIV/AIDS epidemic through the following principles: government commitment and ownership, coordination, decentralization, strengthening of the health system, transparency, accountability, and results-based management of programs.

The Partnership Framework outlines five goals on which PEPFAR intends to focus support for the GRM :

- Goal I: Reduce new infections in Mozambique
- Goal II: Strengthen the multisectoral HIV response in Mozambique
- Goal III: 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 IV: Improve access to quality HIV treatment services for adults and children.
- Goal V: Promote measures to ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems.

The activities prioritized for support from the USG under this PF are intended to invest in key areas that will enhance sustainability of programs in the short and long term. The PF addresses critical health workforce and infrastructure needs to improve institutional functioning, identifies priority program areas, roles and responsibilities, for each stakeholder, key policy reform areas and delineates anticipated contributions.

Transition Plan: Government Consultation and Priorities

The Mozambique program portfolio continues to increase both the number and amount of direct program-support to government and non-government Mozambican organizations. A key objective of the Partnership Framework, the program aims to strengthen host government capacity to improve PEPFAR effectiveness and sustainability through the use of Ministry systems and processes and directly funding more indigenous NGOs.

Currently, USG has eight direct funding mechanisms with the Mozambican institutions including the GRM Ministry of Health (MOH), Ministry of Women and Social Welfare (MMAS), the Central Medical Stores (CMAM), and the University of Eduardo Mondlane. With FY 2011 funds, the PEPFAR plans to provide up to three new provincial-level direct agreements to the MOH and one new direct central-level agreement to the MOH National Institute of Health, totaling up to twelve potential direct program support programs with the MOH. Funds will be used to support the provincial health directorates to strengthen the systems needed to manage direct agreements and will also include transition of discrete activities. The USG team is working to establish one clear approach to transition and implementation of direct agreements with the MOH.

PEPFAR will continue to strengthen civil society and private sector capacity by supporting local entities who can take greater ownership over the development of HIV programs in their country. In recognition of a very weak civil society structure in Mozambique, a new focus of PEPFAR this year will be activities focused on civic participation and citizens rights and responsibilities around demand for health care services.

Integration across the USG



PEPFAR Mozambique continues to leverage funding with several other USG programs to ensure maximal integration of health and other programs including malaria (Presidential Malaria Initiative), tuberculosis (TB), maternal and child health (MCH), family planning (FP), agriculture and water, food and nutrition, the Millennium Challenge Corporation (MCC), and democracy and governance (DG). Mozambique will soon start an education program and thus in FY 2011, Redacted. In addition, USG intends to coordinate HIV counseling and testing and prevention services with the MCC infrastructure investments, which are anticipated to start in calendar year 2011. Specific examples of programs funded in FY 2011 that demonstrate the integration of various USG funding include the design of a new integrated social marketing program, greater linkage between maternal child health activities, TB activities, and PEPFAR-funded initiatives and enhanced efforts to expand family planning coverage. Other examples include further scale up of a program that combines PEPFAR funds with USG Health and Food for Peace Title II funds to integrate health, HIV, water/sanitation, and rural enterprise program in Zambezia and Nampula provinces, greater epidemiology, surveillance and disease outbreak response, support for the National Laboratory Strategic Plan and the new National Institute of Health Strategic Plan.

Coordination with Other Donors and the Private Sector

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 (GF). Coordination of support to the HIV response is facilitated by the HIV Partners Forum which engages the National AIDS Council (NAC) in policy dialogue and programmatic issues and through the Health Partners Group which engages the Ministry of Health in HIV and other health issues through policy dialogue. The GF Country Coordination Mechanism (CCM), for which the USG is a member, oversees GF proposal development and grant implementation. The USG is also taking the lead as the chair of the new Supervision Working Group of the CCM which ensures monitoring and oversight of GF grants, and has recently hired a Global Fund Advisor to support overall coordination between the GF and PEPFAR and assist with mobilization of technical assistance to increase performance of GF grants.

USG staff actively participates in these coordination mechanisms. In addition to these structures, USG meets regularly with key officials of individual Ministries (Health, Defense, Women and Social Action) and monthly with the National Directors of the MOH to ensure that USG assistance complements and supports the GRM's plans for prevention, care, treatment, and health system strengthening. USG staff have actively participated in the development of many national strategies, including the new National HIV Strategy and its operational plan.

The USG engagement in Public Private Partnerships (PPPs) as part of our sustainability approach supports HIV prevention along major transportation corridors, laboratory system development, livelihood development (e.g. nutrition, income generation), and health system strengthening. This year, the USG team is moving to mainstreaming PPPs into existing mechanisms rather than stand-alone PPPs.

Approximately \$400 million in GF grants until 2013 have been approved for Mozambique.. Of this, \$147 million has been disbursed through Rounds 2 (HIV, Malaria, and TB) and 6 (HIV, Malaria), Round 7 (TB), and the country awaits signature of Round 8 (HSS) and Round 9 (HIV, Malaria). Of the \$261 million in approved HIV funds, only \$99 million has been disbursed.

International donors finance over 70% of the GRM's health budget (bi-lateral, multi-lateral, and the GF), the GF being the largest financier of antiretrovirals. Forecasting of all HIV-related commodities is done jointly with all partners and USG technical support. The USG has committed to decreasing support for antiretroviral commodities in its PF and is encouraging the GRM to fulfill its commitment to establish a sustainable source of income to fund HIV programs.



However, due to the adoption and implementation of new WHO prevention of mother-to-child transmission (PMTCT) and antiretroviral (ARV) treatment guidelines, as well as a national HIV testing campaign planned in 2011, the overall PEPFAR contribution to commodities has increased by over \$1 million compared to FY 2011. The unpredictability of ARV procurements due to delays in GF grant disbursements has resulted in the depletion of buffer stocks and national stock-outs of essential first-line ARVs, rapid HIV test kits, and TB drugs and has presented challenges to the ability to provide clinical services. To prevent national level stock-outs, the USG program has explored utilizing the emergency commodity fund (ECF) and shifted the program to respond to potential stock-outs.

Priority Program Areas:

I. Prevention (\$86,327,878):

The USG is committed to supporting the GRM in reducing new HIV infections by 25% by 2013 through capacity building of the GRM and local organizations to plan, implement, evaluate and integrate prevention programs with HIV care, treatment and other health-related programs. Prevention activities are in line with the goals of the PF, the GRM Strategy for Accelerated Prevention of HIV Infection and the National HIV Strategic Plan. The primary focus of prevention activities are: prevention of sexual transmission of HIV for both general population and most-at-risk populations (MARPs), prevention of MTCT, expansion of HIV counseling and testing, male circumcision, prevention with positives, and prevention of transmission through blood products and medical injections. USG interventions will address male norms and behaviors, women's legal rights and protection and increase access to income productive resources.

Over the past several years PEPFAR has provided technical assistance and financial support to develop Mozambique's first ever population-based seroprevalence study, INSIDA. The national study measured HIV prevalence in over 16,500 individuals aged zero to 64 years and assessed risk behaviors in youth, adolescents, and adults. The newly released results showed improvements in knowledge of HIV, improved health behaviors, and more people being tested for HIV. Although there have been modest increases in the general population's knowledge of HIV (71% of women aged 15-49 agreed using a condom can prevent HIV and 73% that restricting to a single uninfected partner can prevent HIV) only 15% of women and even fewer men aged 15-49 have received a test in the last year. The USG team is utilizing these results to better inform the combination prevention approaches that have been established for interventions focused on the general population, MARPs, and transport corridors. The lack of data and partners have posed a challenge for prevention programming in MARPs; however, in FY 2011 new mechanisms are being developed in partnership with the GRM to reach different risk groups and bridge populations such as commercial sex workers (CSWs), migrant workers (including miners), uniformed services, prisoners, and conduct data gathering activities for men who have sex with men (MSM) and injection drug users (IDU).

As the vast majority of new HIV infections in Mozambique occur in the general population, USG will expand coverage and strengthen combination HIV prevention for the general adult and youth populations, including persons living with HIV (PLHIV) and discordant couples. New programs 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. 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 and influential community agents of change (e.g., traditional councils, schools, civic organizations, religious congregations) and person to person communications for behavior change – both individual behavior and collective behavior (i.e., social, cultural, and gender norms). National mass media campaigns will be supported directly by community-based activities; community-based activities will reinforce and complement the messages of national



campaigns. Communication activities will address the risks of multiple concurrent partnerships (MCP), transactional sex or sex with a partner of unknown HIV status, low condom use, and barriers to ending behaviors. Constructive male engagement to alter risk-increasing behaviors and norms will be a key thrust of these interventions. USG will also build institutional capacity of MOH and the NAC at central, provincial and district levels to design, implement and coordinate behavior change communication activities for health and HIV.

The USG will also support interventions for MARPs. The Modes of Transmission (MOT) study attributed a significant proportion of new infections (27%) to MARPs and related bridge populations: 2% among female sex workers (FSW), 7% among their clients and 10% among partners of clients; 5% among MSM; and 3% among IDU. Interventions for MARPs will be implemented through a comprehensive package of services including: condoms and lubricants promotion and distribution; HIV counseling and testing; peer education and outreach activities and targeted behavior change communication; sexually transmitted infection (STI) screening and treatment; linkages to care and treatment; drop-in centers; sustainable/alternative livelihood activities, especially for CSW; interventions aimed at reduction of stigma and discrimination, alcohol abuse, and gender-based violence.

According to 2009 national seroprevalence data, only 15% of women and 9% of men had been tested in the previous year. While this represents a significant increase compared to the 2003 DHS results (in which 2% of women and 3% of men had ever been tested), counseling and testing services of all types are still not widely available in Mozambique. The USG is supporting the expansion of counseling and testing using 3 modalities: (1) counseling and testing in health (CTH); (2) provider-initiated counseling and testing (PICT); and (3) community-based counseling and testing (CCT). CTH is a health promotion approach which, in addition to HIV testing and counseling, also includes screenings for TB, sexually transmitted infections, and hypertension as well as health education for malaria, sexual and reproductive health, and hygiene. The FY 2009 launching of the PICT guidelines supported its expansion beyond PMTCT and TB settings, and the results of the ongoing PICT assessment in FY 2011 will provide guidance on how to improve quality and increase uptake. CCT has expanded greatly in recent years and has been implemented in all provinces with very high acceptability. A pilot of supervision instruments has been completed and tools are expected to be approved and disseminated to all CT services in the near future. In all settings there is an increased focus on couples counseling and testing, with completion of two regional trainings in FY 2010.

For both USG and GRM, the top priorities for this program area continue to be quality assurance, commodities and logistics strengthening (test kit stock-outs remain a continual challenge), and human resource capacity development. USG works directly with both the MOH and the NAC. In FY 2011 support to GRM will focus on the priorities outlined above, as well as a new emphasis on transitioning provincial level responsibility for community-based rapid test kit requisition and distribution from the MOH to the NAC. FY 2011 resources will also provide intensive support to GRM to launch a National HIV Testing campaign planned for mid 2011.

The MOH approved six pilot male circumcision (MC) sites that have successfully resulted in the circumcision of 3,478 men through August 2010 at four operational sites. Due to the lack of human resources and capacity to meet the growing demand of MC, the scale-up of MC services is limited to the context of increasing the capacity of clinical sites to perform overall minor surgical procedures. However, funding allocated to MC doubled from FY 2010 to FY 2011 results from the pilots, to be released in early 2011, are anticipated to demonstrate the capacity to support safe MC within a broader minor surgery context and to have a positive impact at a national policy level. Thus, the USG will aim to expand training, renovations, and procurements of MC kits to support new sites.

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 and provision of most effective ARV prophylaxis for those women who are not eligible for ART; 3) increase involvement of men in PMTCT programs; 4) improve monitoring and evaluation; and 5) improve linkages with MCH, FP, and RH. The USG team will receive a second one-time funding plus up of PMTCT funds to further expand proposed acceleration plan submitted in FY 2010.

PEPFAR will continue to support blood safety activities in Mozambique through technical assistance and direct funding to the MOH. From 2005 to 2010, PEPFAR funds helped Mozambique to prevent approximately 32,000 new HIV infections through blood and blood products. Other efforts aimed to prevent HIV and other blood borne diseases transmission include quality performance improvement based on standards in Infection Prevention and Control (IPC); injection safety; infectious waste management; use of personal protective equipment and post-exposure prophylaxis (PEP) targeting occupational and sexual violence exposure. FY 2011 resources will continue to strengthening IPC institutionalization in the MOH.

With FY 2011 funds, PEPFAR Mozambique will expand its efforts to scale up positive prevention (PP) in clinical service settings in a fully integrated manner. The goal is to ensure that all PLHIV seen in clinical settings receive a full package of PP interventions as part of their routine care. Key activities will include developing training and resource materials, conduct trainings and supervision to integrate the core package of PP interventions into existing counseling and testing, PMTCT, and care and treatment services in both facility- and community-based settings.

II. Care and Mitigation (\$57,420,000)

The USG is committed to supporting the GRM in reducing AIDS mortality by 5% and preventing 23,000 AIDS deaths by 2014. In line with Goal 5 of the PF, the USG and GRM are collaborating 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 and prophylaxis to prevent opportunistic infections, including TB, and screening and treatment of STIs. Care and support activities in Mozambique include provision of basic health care and support for adults and children, delivery of integrated TB/HIV services, and extensive orphan and vulnerable children (OVC) programs.

FY 2011 funds will continue to: 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 MOH and MMAS; 6) support program evaluation and costing; 7) strengthen sustainable food and nutrition programs; 8) expand TB/HIV interventions; and 9) strengthen OVC interventions through integration with other community services and development and testing of standards of care. The USG will support the MMAS priorities to disseminate child protection laws and policies including anti-trafficking and child rights using a child friendly approach, conduct an OVC cohort study in the three regions to evaluate the effectiveness of OVC programs over time, and identify the pitfalls and gather lessons learned. Economic strengthening remains a pivotal service for families caring for OVC. The USG will continue to invest in sound economic strengthening interventions to reduce the OVC household's vulnerability, taking into account the specific context of each site where the activities are being implemented, leveraging the USG and non-USG funded microenterprise programs. 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.

III. Treatment (\$56,036,000):



As of March 2010, the USG supports approximately 70% of the 247,000 patients across the country receiving antiretroviral therapy (ART). In absolute terms this is a tremendous accomplishment, but it represents a mere fraction of those in need of these drugs and services. Given the low coverage rates of 29% of adults and 20% of children in need, the PEPFAR Mozambique team does not plan to decrease our support below 70% in the near future. FY 2011 support to ARV commodities decreased slightly so that resources can focus on strengthening the pharmaceutical management and procurement system and systems to utilize GF resources planned for ARV commodity procurement.

In line with Goal 4 of the PF, the USG and GRM are collaborating 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. In terms of scale-up plans for ART, the MOH will adopt the new WHO guidelines that defines ART eligibility as CD4 < 350 and expand treatment services to 83 new sites.

A large portion of the USG's treatment (and larger clinical services) portfolio was re-competed in FY 2010. The USG team took the opportunity to learn from this and the Track 1 transition to prioritize assistance to strengthen the local health systems in line with the priorities of the GRM 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 mobilization of community resources to foster linkages with health facilities and create demand for services.

The transition of USG clinical partners is forming a new way of delivering treatment services addressing 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 strategy for each province to design activities that address PEPFAR gender focus areas such as addressing male norms and behaviors in order to increase male uptake of services (e.g. antenatal care (ANC), CT, treatment, CCR), and couples counseling, including gender awareness and gender-based violence (GBV) prevention.

Cost efficiency strategies will include: utilization of existing 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 transition of technical and managerial responsibilities to provincial and district MOH staff through sub agreements with reduced overheads; and improved data quality and use to direct program improvements.

USG clinical partners have expanded prevention with positives activities and have ensured integration of provider initiated testing and counseling, early infant diagnosis, pediatric care and treatment and regular screening for TB at clinical sites. It is expected that the Ministry of Health will begin to implement these new guidelines on December 1, 2010.

Specific activities planned in FY 2011 include: Redacted; training and mentoring of MOH staff; provision of equipment and supplies for facility operations; improvement of patient management, drug management and strategic information systems; strengthening of patient follow-up and referral systems; strengthening of linkages with CT, TB, PMTCT centers and PLHIV services; and expanding prevention with positives programs within ART service sites.

USG clinical partners and the MOH have specific quality improvement strategies such as HIVQUAL and



standards of care models.

IV. Health Systems Strengthening (including Strategic Information) (\$56,036,000):

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 GRM, Mozambican organizations and civil society. In line with the USG and GRM priorities outlined in the PF, FY 2011 key areas of emphasis include human resources for health, health finance, pharmaceutical management and procurement systems, civil society strengthening, laboratory systems strengthening with a goal of accreditation, governance and physical infrastructure. These priorities directly contribute to achievement of PF goals to strengthen the multisectoral HIV response, health system in Mozambique and to improve access to quality HIV treatment services for Mozambican adults and children.

Key priority themes in HSS for FY 2011 and into future years include building a sustainable health workforce in numbers and quality with an increased focus on pre-service training and retention which is also a MOH priority. USG funding across program areas must align with national strategies and national annual plans down to the district level. Forms of financing, including our own donor financing are key to either building the Mozambique system or creating parallel systems. The USG program will explore linking performance-based financing, improving planning, costing of plans and budget tracking, yielding better accountability for our programs. Governance along with accountability will be of great focus across the portfolio, both within public sector and civil society, by fostering sustainability through performance-based programs, capacity building and transitioning ownership of programs to local government and institutions. Clinical, community and systems partners will all intensify efforts to strengthen the supply chain management system and procurement planning (national) and create a functioning logistics system to decrease the frequency of drug and other commodity stock-outs. This will be linked to new ways of financing the Central Medical Stores, as well as, how our clinical partners are monitoring and strengthening the supply chain down to a district/site level. In FY 2011, strategic information (SI) programs will strengthen the MOH's ability to record and use data for surveillance and monitor and evaluate systems for the integrated service delivery package across the continuum of care.

Human Resources for Health: In FY 2011, HRH activities will focus on pre-service curricula revisions, faculty development at pre-service training institutions, development of a dedicated training unit within the Ministry of Health comprised of degreed educators with a long-term plan of how to transfer skills to Mozambicans and pre-service class wide scholarships. An emphasis will be placed on quality improvement for pre-service institutions and clinical best practice sites, work force protection via prevention education within health worker and teacher pre-service institutions and continued support for developing a cadre of public health professionals through support for the masters of public health and Field Epidemiology and Laboratory Training Program (FELTP). USG will also conduct program-based evaluation of health workforce activities (scholarships, gap year funding), pre-service support (scholarships, faculty development, support to training institutions) and salary support for service delivery. Technical assistance for development of tracking and planning systems supporting human resources such as in-service training and pre-service databases, human resources information systems and development of in-service strategy for MOH. In an effort to improve retention in rural settings per MOH official policies, installation kits (i.e. basic household goods such as dishes) and three months of food subsidy will be supported.

Public Health Infrastructure: Much of Mozambique's health infrastructure was destroyed during the civil war that followed independence and the majority of the rural population still lives beyond reasonable walking distance of the nearest health facility. The GRM prioritizes infrastructure development as central to its efforts to build an equitable public health system that is affordable and sustainable. While a number of



critical infrastructure projects funded in previous years and are still in process, the USG's infrastructure investments have already made a considerable contribution by supporting the renovation or construction of laboratories, health centers, maternity units, hospital consulting rooms, and staff houses. To date this work has been implemented largely through USG's clinical and laboratory partners. The USG reviewed its infrastructure program strategy with a view to improving the speed, quality and cost-effectiveness of implementation. While USG PEPFAR clinical partners will continue to manage small projects for the repair and upkeep of health facilities, and to advise on the choice of projects for the infrastructures program, the USG team has decided to manage the larger infrastructure projects under one interagency managed agreement. Priority activities under FY 2011 will include: 1) Improved appropriate technology water and electricity supplies for USG financed health facilities; 2) Staff housing to improve retention; 3) Rehabilitation and extension of military health facilities to include public access; 4) Laboratory rehabilitation, health center rehabilitation and new construction in coordination with DPSs (those not covered under clinical partners); and 5) Preliminary study for national pharmaceuticals laboratory.

Health Finance including Global Fund: The USG seeks to increase the effective utilization of our own donor finances and GF resources including technical assistance to strengthen the Ministry of Health in their capacity as Principal Recipient (PR) and to the CCM in its role in direction and oversight of grants. Effective grants and timely disbursements are critical to achieving results in Mozambique, and the PF is predicated on significant resources from GF for commodities, infrastructure and other issues. USG assistance significantly supports the new GF Unit within the MOH through funding of technical advisor positions. The USG is also supporting the development of a technical assistance fund which will provide long-term sustainable funding to which other stakeholders can contribute. Other technical support areas include PR proposal development, monitoring and evaluation, supply chain management systems and programmatic areas of HIV, TB, and malaria, and CCM reform, financial management, monitoring and evaluation, and grant disbursements. Other innovative financing mechanisms have been discussed in transition section.

Pharmaceutical Management and Procurement Systems: Ongoing problems with the management of the Central Medical Stores (CMAM) across MOH programs, the lack of procurement planning processes and the inconsistency in GF support to commodities (including test kits) has created a poorly planned emergency procurement environment where the USG program is reliant to deliver most of the commodities and logistic support to the country. This challenge further weakens the health system, contributing to on-going district level stock-outs. The USG provided an initial assessment of the Department of Pharmacy, CMAM and National Drug Regulatory Authority (NDRA) in order to plan a platform of assistance to ensure all actors carry out functions to ensure the quality of medicines in the public sector health service. In FY 2011, the USG will continue to advocate for autonomy and procurement planning practices within the MOH, as well as decentralizing the USG program support to provincial level warehousing and distribution channels in collaboration with clinical partners.

Civil Society: In FY 2010, a community service annual program statement (APS) was issued to increase direct opportunities for USG funding for indigenous non-governmental organizations. Although still undergoing finalization, this program revealed the weaknesses in civil society organizations and lack of capacity of local groups to write adequate proposals for donor assistance. There are few funding opportunities for small community-based organizations (CBOs) and NGOs, and even fewer capacity-building opportunities. Local organizations have been strengthened under USG umbrella grant programs to manage more complex and quality programs, and larger grants. Links have been created with the State Department Small Grants programs, and Peace Corps to continue supporting CBOs and NGOs to become more effective organizations, implement quality programs, and be more sustainable programmatically and financially.

Strategic Information (SI): PEPFAR Mozambique's overarching strategic information priorities are the improvement of data quality, enhancement of data utilization, and the coordination of reporting systems



via a one country-level monitoring and evaluation (M&E) system. In FY 2011 USG 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. This year's COP will program 57% of SI funds to local partners and in line with PF goals, SI activities will be focused on building the capacity of the broader health sector, not just HIV. The USG will continue supporting the Department of Information Systems (DIS) at the MOH to implement recommendations from an evaluation of the national health information system and has a mandate from the MOH to lead the technical working group charged with developing an umbrella M&E plan for the health sector. FY 2011 funds will address local capacity challenges and immediate needs for a data warehouse and quality assurance systems.

IV. Management and Operations (\$26,088,193):

Management and operations support the personnel needs for USG offices. Funds ensure program monitoring, accountability, oversight, technical leadership; and cover compensation, logistics, office and administrative costs. A USG Mozambique team priority continues to be capacity building of Mozambican team members to take on greater leadership roles. Redacted.

Woman and Girl-Centered Approaches:

Implementing a women and girls approach is critical to addressing disproportionate HIV prevalence in Mozambique. Women are more affected by the epidemic, with a rate of 13% compared to 9.2% for men. Women aged 20-24 are four times as likely as men to become infected. Given this, it is imperative that PEPFAR programming apply a gender lens to all platforms and address the five strategic gender focus areas. Increasing gender equity in HIV/AIDS activities is a running theme throughout the portfolio and programs continue to expand their work to address male norms and behaviors. While FY 2011 activities have only a small number of interventions that address women's legal rights and protection and increasing access to income productive resources, the USG will expand efforts in these areas under the GBV Initiative. The GBV budget attribution for COP 11 is over \$2 million dollars and includes the expansion of the provision of PEP for victims of sexual violence.

PEPFAR Mozambique is one of the three countries under the new GBV Initiative. In FY 2011, the additional \$7 million will focus on reducing the acceptance of GBV in communities, building on civil society's efforts to disseminate information on the new domestic violence law (and other pertinent laws), expand protection for women in the military, and assist the relevant ministries with the development and implementation of their protocol for the integrated response to victims of violence. This funding will also augment the planned expansion of PEP.

PEPFAR Mozambique received a plus-up of \$20 million for the acceleration of PMTCT interventions in FY 2010 and will receive \$20 million in FY 2011. The additional resources will be utilized to expand coverage of high impact services, support the GRM's efforts to integrate PMTCT into the national MCH/RH platform and support quality services; while still achieving the PEPFAR goal of 80% PMTCT coverage in partnership with other actors to ensure effective intervention and quality continuum of care. The strategic approach is to accelerate the reduction of maternal, newborn and child mortality through a three dimensional approach (rapid scale up, health systems strengthening, and empowerment of women and girls) in order to assist the MOH in achieving MDG and PMTCT goals.

New Procurements

Redacted

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Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	1,200,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	12	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	130,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	74,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	855,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			

Estimated number of pregnant women living with HIV needing ART for PMTCT	97,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	1,400,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	670,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	570,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	760,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

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	20,000	482,781	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

				<p>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</p>
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					<p>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.</p>
CETA Farinha Forca Production		New Partner	0	50,000	<p>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</p>

				<p>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</p>
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					production of Farinha Forca will begin in FY 2010.
Community Care PPP		Coca-Cola	250,000	0	PEPFAR will integrated PPP activities into its community care programs. Partnerships will support the livelihoods 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 livelihood of vulnerable groups while supporting local businesses by providing trained, motivated staff and/or improved access to markets (Year 1 of 5)
Financial		Standard Bank	0	0	PEPFAR has

<p>Management Capacity Building Initiative</p>				<p>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 technical 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</p>
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					<p>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)</p>
Roads PPP	12152:Roads to a Healthy Future Project (ROADS II)	New Partner	250,000	0	<p>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</p>

				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		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

					<p>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).</p>
TBD PPP Gorongosa	14751:Ecohealth Project	Gorongosa National Park	Redacted	Redacted	<p>This PPP is being jointly developed by USAID, Gorongosa National Park (GNP), local</p>

				<p>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</p>
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					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	Redacted	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/construction activities (i.e. sex workers, transporters) and the population of Moatize. This activity will promote the reduction of HIV acquisition and transmission in

				<p>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.</p>
TBD PPP Nampula		Coca-Cola, New Partner		This PPP will provide a

				<p>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,</p>
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				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		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

				<p>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</p>
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					success of small business start-ups.
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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
IDU	Behavioral Surveillance among MARPS	Injecting Drug Users	Planning
INCAM 2007/8	HIV-mortality surveillance	General Population	Publishing



Mens Study 2010	Population-based Behavioral Surveys	Men who have Sex with Men	Implementation
Military 3rd Round	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning



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			5,906,657		5,906,657
HHS/CDC	4,500,000	2,337,000	101,053,450		107,890,450
HHS/HRSA			9,050,000		9,050,000
PC			800,000		800,000
State			713,957		713,957
State/AF			2,028,000		2,028,000
USAID			142,400,533		142,400,533
Total	4,500,000	2,337,000	261,952,597	0	268,789,597

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		1,680,000	6,720,000						8,400,000
HBHC			5,857,243		20,000	25,000	11,387,757		17,290,000
HKID						50,000	18,616,626		18,666,626
HLAB			5,100,000				4,100,000		9,200,000
HMBL			2,091,000			103,000			2,194,000
HMIN		350,000	2,564,000				100,000		3,014,000
HTXD							9,920,000		9,920,000
HTXS		200,000	24,141,173	1,650,000			12,328,827		38,320,000
HVAB		445,934	302,181		20,000	700,000	12,753,812		14,221,927
HVCT		740,000	5,683,021				5,076,979		11,500,000
HVMS	713,957	240,000	11,098,364		750,000		13,285,872		26,088,193
HVOP		430,723	4,486,578		10,000	300,000	9,160,772		14,388,073



HVSI		100,000	5,525,000				1,621,000		7,246,000
HVTB			3,970,000	0			2,100,000		6,070,000
IDUP			800,000						800,000
MTCT			13,151,842	375,000			18,083,036		31,609,878
OHSS		1,720,000	9,419,446	7,025,000		850,000	20,375,554		39,390,000
PDCS			1,327,268				663,632		1,990,900
PDTX			5,653,334				2,826,666		8,480,000
	713,957	5,906,657	107,890,450	9,050,000	800,000	2,028,000	142,400,533	0	268,789,597

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	17,290,000	
HTXS	38,320,000	
Total Technical Area Planned Funding:	55,610,000	0

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	9,920,000	
Total Technical Area Planned Funding:	9,920,000	0

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	8,400,000	
HMBL	2,194,000	
HMIN	3,014,000	
IDUP	800,000	
Total Technical Area Planned Funding:	14,408,000	0

Summary:
(No data provided.)

Technical Area: Counseling and Testing



Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	11,500,000	
Total Technical Area Planned Funding:	11,500,000	0

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	39,390,000	
Total Technical Area Planned Funding:	39,390,000	0

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	9,200,000	
Total Technical Area Planned Funding:	9,200,000	0

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	26,088,193	
Total Technical Area Planned Funding:	26,088,193	0

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	18,666,626	



Total Technical Area Planned Funding:	18,666,626	0
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Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	1,990,900	
PDTX	8,480,000	
Total Technical Area Planned Funding:	10,470,900	0

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	31,609,878	
Total Technical Area Planned Funding:	31,609,878	0

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	14,221,927	
HVOP	14,388,073	
Total Technical Area Planned Funding:	28,610,000	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	7,246,000	



Total Technical Area Planned Funding:	7,246,000	0
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Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	6,070,000	
Total Technical Area Planned Funding:	6,070,000	0

Summary:
(No data provided.)



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)	300,000
7315	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	250,000
7326	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	26,376,729
7328	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHCS (State)	426,000
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)	130,000
9564	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000

9568	The American Society for Microbiology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	570,000
9570	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	900,000
9725	American International Health Alliance	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	1,125,000
9811	Vanderbilt University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	6,869,388
9818	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	800,000
9819	Care International	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	2,660,550

			Control and Prevention		
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)	8,309,957
9852	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	7,769,340
9856	Ministry of Health, Mozambique	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,341,000
9857	Ministry of Health, Mozambique	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	5,135,507

			Prevention		
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)	249,999
9900	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	12,538,367
10135	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
10961	Population Services International	NGO	U.S. Department of Defense	GHCS (State)	1,616,657
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)	425,000
10971	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	1,670,000
10980	World Food Program	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	1,950,000
11463	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	50,000
11580	JHPIEGO	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	15,270,000

			for Disease Control and Prevention		
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)	512,690
12146	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State)	550,000
12147	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	3,640,988
12148	Pathfinder International	NGO	U.S. Agency for International Development	GHCS (State)	6,738,975
12149	World Vision International	FBO	U.S. Agency for International Development	GHCS (State)	6,928,297
12150	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	1,500,000
12152	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	4,128,800
12156	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12157	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12159	TBD	TBD	U.S. Agency for	Redacted	Redacted

			International Development		
12161	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12162	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)	500,000
12167	Clinical and Laboratory Standards Institute	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	50,000
12168	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,225,000
12169	Samaritans Purse	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	452,181

12619	American Association of Blood Banks	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	750,000
12624	Federal University of Rio De Janeiro	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,747,000
12648	United States Pharmacopeia	Private Contractor	U.S. Agency for International Development	GHCS (State)	400,000
12665	Provincial Directorate of Health, Cabo Delgado	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	143,325
12681	JEMBI	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	660,000
12702	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	1,950,000

			Control and Prevention		
12949	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12951	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	2,080,000
12956	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12959	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12986	UNICEF	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	100,000
12998	Provincial Directorate of Health, Maputo	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	143,321
13022	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	5,921,511
13043	TBD	TBD	U.S. Department of Health and	Redacted	Redacted

			Human Services/Health Resources and Services Administration		
13065	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	605,000
13088	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13148	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13153	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	100,000
13160	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13180	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13194	University of California at San	University	U.S. Department of Health and	GHCS (State)	1,416,099

	Francisco		Human Services/Centers for Disease Control and Prevention		
13199	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13206	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	8,421,093
13211	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13212	NY AIDS Institute	Implementing Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	675,000
13214	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13230	TBD	TBD	U.S. Department of Health and Human Services/Centers	Redacted	Redacted

			for Disease Control and Prevention		
13244	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13255	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	8,409,788
13263	University of Eduardo Mondlane	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,350,000
13271	Johns Hopkins University Center for Communication Programs	University	U.S. Agency for International Development	GHCS (State)	5,360,000
13275	Columbia University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	8,147,109
13308	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13313	Regional	Other USG	U.S. Department	GHCS (State)	703,000

	Procurement Support Office	Agency	of State/Bureau of African Affairs		
13318	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,031,000
13368	WHO	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	350,000
13382	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13413	International Youth Foundation	NGO	U.S. Agency for International Development	GHCS (State)	450,000
13415	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13419	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13434	Population Services International	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	1,400,000



			for Disease Control and Prevention		
13510	Global Health Communications	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,000,000



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

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:			
None			

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: 300,000	
Funding Source	Funding Amount
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



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	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	250,000	
Narrative:			
None			

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: 250,000	
Funding Source	Funding Amount
GHCS (State)	250,000



Sub Partner Name(s)

Save the Children/Mozambique		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	250,000
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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	250,000	
Narrative:			
None			

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	Procurement Type: Contract



Development	
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: 26,376,729	
Funding Source	Funding Amount
GHCS (State)	26,376,729

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000
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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	2,000,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	3,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	300,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	0	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	325,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	5,531,729	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	4,100,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	9,920,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
Narrative:			
None			

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: 426,000	
Funding Source	Funding Amount
GHCS (State)	426,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



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	426,000	
Narrative:			
None			

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 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

Cross-Cutting Budget Attribution(s)

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

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

Budget Code Information

Mechanism ID:	7466		
Mechanism Name:	Community-Based Responses to HIV/AIDS in Mine-sending Areas in		
Prime Partner Name:	Mozambique		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			

None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			

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: 130,000	
Funding Source	Funding Amount
GHCS (State)	130,000

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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Key Issues

Family Planning

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	130,000	
Narrative:			
None			

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

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	500,000	
Narrative:			
None			

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: 570,000	
Funding Source	Funding Amount
GHCS (State)	570,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

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



Treatment	HLAB	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	170,000	
Narrative:			
None			

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: 900,000	
Funding Source	Funding Amount
GHCS (State)	900,000

Sub Partner Name(s)

Girls in Development, Education and Health (REDES Committee)	Science Fair Committee	
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Overview Narrative



Cross-Cutting Budget Attribution(s)

Education	100,000
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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

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	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	500,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	
Narrative:			
None			

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: 1,125,000	
Funding Source	Funding Amount
GHCS (State)	1,125,000

Sub Partner Name(s)

National Association of Nurses of Mozambique	St. Luke's School of Nursing at Moravian College	University of Pittsburgh
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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	1,125,000
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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	1,125,000	

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.

Funds to support the UEM and UCLA collaboration around pediatrics including HIV/AIDS. This support may also include bringing educational experts to UEM to support the transition to a problem based learning curriculum for medical school.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	0	

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.

Activity will continue in FY 11 although there will not be any FY11 funding as there is sufficient pipeline.

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: 6,869,388	
Funding Source	Funding Amount
GHCS (State)	6,869,388

Sub Partner Name(s)

LEPRA Society		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	259,894
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	143,750

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	1,224,138	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,802,526	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	386,217	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	177,287	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	502,573	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	45,334	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	OHSS	140,725	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	81,308	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	132,127	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,839,613	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	537,540	
Narrative:			
None			

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

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

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	800,000	
Narrative:			
None			

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: 2,660,550	
Funding Source	Funding Amount
GHCS (State)	2,660,550

Sub Partner Name(s)

Associação Esperança	DDS subgrants Inhambane	
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	418,892
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	132,913

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	9819		
Mechanism Name:	Expanding and Increasing Access to HIV and AIDS Treatment and Care -		
Prime Partner Name:	Mozambique Care International		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	318,252	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	819,715	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	158,247	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	125,220	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	242,079	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	260,068	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	43,957	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	63,980	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	514,750	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	114,282	
Narrative:			
None			

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 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: 4,500,000	
Funding Source	Funding Amount
Central GHCS (State)	4,500,000

Sub Partner Name(s)

Arquiplan	DPS GAZA	DPS Maputo
DPS Nampula	Ministry of National Defense	Pathfinder International

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

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:			
None			

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: 8,309,957	
Funding Source	Funding Amount
GHCS (State)	8,309,957

Sub Partner Name(s)

Arquiplan	DPS GAZA	DPS Maputo
DPS Nampula	Ministry of National Defense	Pathfinder International

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	158,049
Human Resources for Health	236,091

Key Issues

(No data provided.)

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	430,683	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,845,505	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	423,679	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	222,645	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,310,513	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	0	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HMIN	37,697	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	253,437	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,272,328	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	513,470	
Narrative:			
None			

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: 7,769,340



Funding Source	Funding Amount
GHCS (State)	7,769,340

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

Cross-Cutting Budget Attribution(s)

Construction/Renovation	22,578
Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	159,500

Key Issues

(No data provided.)

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	666,743	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	3,100,733	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	264,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	145,512	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	616,570	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	180,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	44,000	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	241,582	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,068,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	442,200	
Narrative:			
None			

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: 1,341,000	
Funding Source	Funding Amount
GHCS (State)	1,341,000

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

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	1,341,000	
Narrative:			
None			

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: 5,135,507	
Funding Source	Funding Amount
GHCS (State)	5,135,507

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	593,537
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Key Issues

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	512,243	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	300,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	121,017	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	350,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	1,200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	740,247	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	212,000	
Narrative:			
None			

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: 249,999	
Funding Source	Funding Amount



GHCS (State)	249,999
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

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: Mozambique Ministry of Women and Social Action, Mozambique			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	249,999	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9900	Mechanism Name: Capable Partners Program
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	(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: 12,538,367	
Funding Source	Funding Amount
GHCS (State)	12,538,367

Sub Partner Name(s)

Association for Child Development and Education of Girls	Association for Community Development (ADC)	Association of Mozambican Miners
Christian Council of Mozambique	Get Jobs	Group of Feminine Associations of Zambezia (NAFEZA)
Hope for African Children Initiative	Islamic Council of Mozambique	Kulima
Movement of Mothers Intervening against HIV/AIDS	Mozambican Association for Family Development - AMODEFA	Mozambican Association for Girls Promotion (AMORA)
Mozambican Association of Disabled People (ADEMO)	Mozambican Association Woman and Education	Mozambican Nurses Association
Mozambique Network of AIDS Service Organizations	National Forum of Community Radios	National Network Against Drugs
National Organization of Professors	NIIWANANE	Solidariedade
Youth to Combat AIDS and Drugs - AJULSID		

Overview Narrative

Cross-Cutting Budget Attribution(s)



Economic Strengthening	1,008,000
Human Resources for Health	675,000

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 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	705,600	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	4,031,995	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	4,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	3,000,000	



Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	800,772	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10135	Mechanism Name: Clinical Services System Strengthening 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

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 Strengthening in Sofala, Manica and Tete		
Prime Partner Name:	(CHSS SMT) TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

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: 1,616,657	
Funding Source	Funding Amount
GHCS (State)	1,616,657

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	115,000
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Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services



Malaria (PMI)
 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:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	445,934	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	430,723	
Narrative:			
None			

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

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	166,000
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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:			



None

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

Cross-Cutting Budget Attribution(s)

(No data provided.)

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:			
None			

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: 425,000	
Funding Source	Funding Amount
GHCS (State)	425,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	10,000
Food and Nutrition: Policy, Tools, and Service	75,000



Delivery	
Gender: Reducing Violence and Coercion	25,000
Human Resources for Health	50,000
Water	10,000

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	25,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	50,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
None			

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: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,670,000	
Funding Source	Funding Amount
GHCS (State)	1,670,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Construction/Renovation	300,000
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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: US Department of Defense			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,320,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	350,000	
Narrative:			
None			

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
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Total Funding: 1,950,000	
Funding Source	Funding Amount
GHCS (State)	1,950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	1,950,000
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Key Issues

Increasing women's access to income and productive resources
 Child Survival Activities

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	250,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	MTCT	1,700,000	
Narrative:			
None			

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: 50,000	
Funding Source	Funding Amount
GHCS (State)	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	12,500
Education	10,000
Gender: Reducing Violence and Coercion	12,500
Human Resources for Health	15,000



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
- Malaria (PMI)
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- Family Planning

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	HBHC	20,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	20,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	10,000	
Narrative:			
None			

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: 15,270,000	
Funding Source	Funding Amount
GHCS (State)	15,270,000

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

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	125,000
Human Resources for Health	3,945,000

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	
Prime Partner Name: JHPIEGO		Activities	
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	3,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	3,950,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	6,720,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	950,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	650,000	
Narrative:			



None

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

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000
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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:			
None			

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: 512,690	
Funding Source	Funding Amount
GHCS (State)	512,690

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	200,000
Human Resources for Health	312,691

Key Issues

Addressing male norms and behaviors
 Child Survival Activities

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	512,690	
Narrative:			
None			

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: 550,000	
Funding Source	Funding Amount
GHCS (State)	550,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	550,000
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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	550,000	
Narrative:			
None			

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: 3,640,988	
Funding Source	Funding Amount
GHCS (State)	3,640,988

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Malaria (PMI)

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
Care	HTXS	480,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,160,988	
Narrative:			
None			

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: 6,738,975	
Funding Source	Funding Amount
GHCS (State)	6,738,975

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Economic Strengthening	675,000
Food and Nutrition: Policy, Tools, and Service Delivery	675,000
Gender: Reducing Violence and Coercion	260,000
Water	270,000

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
- 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	1,500,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,700,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	90,679	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	848,296	
Narrative:			
None			

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: 6,928,297



Funding Source	Funding Amount
GHCS (State)	6,928,297

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	675,000
Food and Nutrition: Policy, Tools, and Service Delivery	675,000
Gender: Reducing Violence and Coercion	358,000
Water	270,000

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
- Malaria (PMI)
- Child Survival Activities
- Mobile Population
- Safe Motherhood
- TB
- Family Planning

Budget Code Information

Mechanism ID:	12149
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Mechanism Name: SCIP Zambezia			
Prime Partner Name: World Vision International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,500,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,700,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	80,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	700,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	848,297	
Narrative:			
None			

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: 1,500,000	
Funding Source	Funding Amount
GHCS (State)	1,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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
Care	HTXS	300,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	
Narrative:			
None			

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: 4,128,800	
Funding Source	Funding Amount
GHCS (State)	4,128,800

Sub Partner Name(s)

Custom



AMIMO	ECOSIDA	FEMATRO
Howard University	MONASO	North Star Alliance
Port Authorities of Maputo and Beira	TEBA Development	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	245,000
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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:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVAB	750,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,775,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
Narrative:			
None			

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



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:			
None			

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

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
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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:			
None			

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

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
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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:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

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



Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Gender: Reducing Violence and Coercion	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:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			

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

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
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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:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

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

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
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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:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			



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: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	125,000
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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	500,000	
Narrative:			
None			

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: 50,000	
Funding Source	Funding Amount
GHCS (State)	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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	50,000	
Narrative:			
None			

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: 1,225,000	
Funding Source	Funding Amount
GHCS (State)	1,225,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Human Resources for Health	600,000
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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:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	125,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	600,000	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	
Narrative:			
None			

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: 452,181	
Funding Source	Funding Amount
GHCS (State)	452,181

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services

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	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	302,181	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12619	Mechanism Name: AABB
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Association of Blood Banks	
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
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12619			
Mechanism Name: AABB			
Prime Partner Name: American Association of Blood Banks			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	750,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12624	Mechanism Name: FURJ
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement



Prevention	
Prime Partner Name: Federal University of Rio De Janeiro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,747,000	
Funding Source	Funding Amount
GHCS (State)	1,747,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	375,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12624			
Mechanism Name: FURJ			
Prime Partner Name: Federal University of Rio De Janeiro			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	375,000	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,300,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	72,000	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12648	Mechanism Name: Promoting the Quality of Medicines (PQM)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: United States Pharmacopeia	
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



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12648			
Mechanism Name: Promoting the Quality of Medicines (PQM)			
Prime Partner Name: United States Pharmacopeia			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	400,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12665	Mechanism Name: DPS Cabo Delgado Province
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Provincial Directorate of Health, Cabo Delgado	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 143,325	
Funding Source	Funding Amount
GHCS (State)	143,325



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	22,578
Human Resources for Health	3,625

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12665			
Mechanism Name: DPS Cabo Delgado Province			
Prime Partner Name: Provincial Directorate of Health, Cabo Delgado			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	4,278	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	19,620	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	6,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	881	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	3,734	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	1,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,812	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	47,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	9,000	



Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12681	Mechanism Name: JEMBI
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: JEMBI	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 660,000	
Funding Source	Funding Amount
GHCS (State)	660,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000
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Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 12681			
Mechanism Name: JEMBI			
Prime Partner Name: JEMBI			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	660,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12702	Mechanism Name: UCSF 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: University of California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,950,000	
Funding Source	Funding Amount
GHCS (State)	1,950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Mobile Population

Budget Code Information

Mechanism ID: 12702			
Mechanism Name: UCSF SI Technical Assistance			
Prime Partner Name: University of California at San Francisco			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	900,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	800,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 12949	Mechanism Name: TBD Leadership and Governance
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12949		
Mechanism Name:	TBD Leadership and Governance		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted



Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12951	Mechanism Name: Scale-up male circumcision interventions at military units (health facilities, basic training camps, military bases, etc.)
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: 2,080,000	
Funding Source	Funding Amount
GHCS (State)	2,080,000



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID:	12951		
Mechanism Name:	Scale-up male circumcision interventions at military units (health facilities, basic training camps, military bases, etc.)		
Prime Partner Name:	US Department of Defense		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,680,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 12956	Mechanism Name: TBD DCHA
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12956		
Mechanism Name:	TBD DCHA		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12959	Mechanism Name: TBD (Transition Local Implementing Partner): Supporting Indigenous Organizations to Implement and Expand Comprehensive HIV/AIDS Prevention, Care, and Treatment in the Republic of Mozambique under the President's Emergency Plan 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

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
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Human Resources for Health	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12959		
Mechanism Name:	TBD (Transition Local Implementing Partner): Supporting Indigenous Organizations to Implement and Expand Comprehensive HIV/AIDS		
Prime Partner Name:	Prevention, Care, and Treatment in the Republic of Mozambique under the President's Emergency Plan for AIDS Relief		
Mechanism ID:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12986	Mechanism Name: UNICEF
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement



Prime Partner Name: UNICEF	
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

CDC and UNICEF have signed a central level agreement whereby UNICEF is funded for supporting some countries in the implementation of mother and child health projects, more specifically PMTCT and Pediatric Care and Treatment.

The PMTCT program in CDC- Mozambique has been collaborating with UNICEF in the provision of technical assistance to the MoH and advocacy for adoption and implementation of more efficient prophylactic antiretrovirals for HIV infected pregnant women and exposed infants and in safer feeding practices. In order to strengthen further this collaboration, in FY2011 CDC will provide funds to UNICEF to support the implementation of the following activities:

- Support production, sharing and dissemination of global, regional and local evidence related to the elimination of paediatric AIDS (including development and dissemination of annual report cards on paediatric AIDS elimination, among other tools)
- Support to MoH supply chain management system to ensure provision of quality PMTCT services, including feasibility assessment of the introduction of Mother-Baby pack.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



Family Planning

Budget Code Information

Mechanism ID: 12986			
Mechanism Name: UNICEF			
Prime Partner Name: UNICEF			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	
Narrative:			
(1) support production, sharing and dissemination of global, regional and local evidence related to the elimination of paediatric AIDS with focus on development and dissemination of annual Mozambique report cards on paediatric AIDS elimination US\$ 50,000;			
(2) support to MoH supply chain management system: assess feasibility of the introduction of Mother-Baby pack US\$ 50,000			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12998	Mechanism Name: DPS Maputo Province
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Provincial Directorate of Health, Maputo	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 143,321	
Funding Source	Funding Amount
GHCS (State)	143,321



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	22,578
Human Resources for Health	3,625

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12998			
Mechanism Name: DPS Maputo Province			
Prime Partner Name: Provincial Directorate of Health, Maputo			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	4,278	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	19,620	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	6,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	881	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	3,735	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	1,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,812	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	47,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	8,995	



Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13022	Mechanism Name: Clinical Services System Strengthening in Niassa (CHSS Niassa)
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: 5,921,511	
Funding Source	Funding Amount
GHCS (State)	5,921,511

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	250,000
Gender: Reducing Violence and Coercion	10,000
Human Resources for Health	194,930

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
 Workplace Programs
 Family Planning

Budget Code Information

Mechanism ID: 13022			
Mechanism Name: Clinical Services System Strengthening in Niassa (CHSS Niassa)			
Prime Partner Name: Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,620,707	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	90,908	
Narrative:			

None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	706,666	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	55,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	474,930	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	25,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	298,300	



Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13043	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: 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 TBD-IAETC 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, there is a need for technical support 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 conducting technical and adult education faculty development trainings, mentoring, development of nucleo pedagogic units per pre-service institution and quality assurance activities via the standards based management and recognition program at pre-service institutions implemented by JHPIEGO; 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.

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.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13043



Mechanism Name:	ITECH		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

In FY 11, funds will continue to support the clinical mentoring activities under the TBD-IAETC, 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 TBD-IAETC clinicians provide 1 week of intensive support to mentors on-site followed up by a visit 3-6 months later.

In FY11, TBD-IAETC, with the MOH's National Directorate for Medical Assistance (DNAM) and USG clinical partners, will continue to support the clinical mentoring program provincially. The following activities will be implemented:

- 1) Support for trainings and mentoring visits to health facilities at the provincial and district level.
- 2) Technical, financial and logistic support to DPSs to enable them implement clinical mentoring activities.
- 3) Provide overall technical assistance, training materials and tools needed by tutors and participants during training and in the field.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

The key contributions to the health system are: 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 conducting technical and adult education faculty development trainings, mentoring, development of nucleo pedagogic units per pre-service institution and quality assurance activities via the standards based management and recognition program at pre-service institutions implemented by JHPIEGO; 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	MTCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13065	Mechanism Name: ICAP 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: Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 605,000	
Funding Source	Funding Amount
GHCS (State)	605,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This Activity is a Continuation of the COP2010 TBD Mechanism #34

The USG Mozambique 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, and ensure quality data. 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. Columbia University will receive funding in support of this mandate. The activity directly supports Goals II and III of the Partnership Framework by strengthening the multi-sectoral response and harmonizing national M&E systems.



Activities include:

- 1) Providing technical assistance to 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
- 2) Contracting and supporting 2 technical advisors requested by MOH Department of Information Systems (DIS) to provide focused assistance and capacity building within DIS and the MOASIS Project affiliated with the University of Eduardo Mondlane
- 3) Providing 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
- 4) Providing transition funding and technical assistance to the Multi-Sectoral Working Group which coordinates SI and capacity-building activities within the national response in Mozambique. The Government of Mozambique intends to take over support of this working group in by 2012.
- 5) Supporting provincial M&E Advisors requested by the Ministry of health in 3 provinces

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 FY08, Ministry of Health 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 is responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position, and providing conditions for work (e.g. work permit, equipment as needed.). Some of these positions have already been filled; recruitment is ongoing in provinces where the position is not filled.

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.

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)

Human Resources for Health	25,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13065			
Mechanism Name: ICAP SI Technical Assistance			
Prime Partner Name: Columbia University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	605,000	

Narrative:

This Activity is a Continuation of the COP2010 TBD Mechanism #34

The USG Mozambique 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, and ensure quality data. 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. Columbia University will receive funding in support of this mandate. The activity directly supports Goals II and III of the Partnership Framework by strengthening the multi-sectoral response and harmonizing national M&E systems.

Activities include:

- 1) Providing technical assistance to 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

- 2) Contracting and supporting 2 technical advisors requested by MOH Department of Information Systems (DIS) to provide focused assistance and capacity building within DIS and the MOASIS Project affiliated with the University of Eduardo Mondlane
- 3) Providing 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
- 4) Providing transition funding and technical assistance to the Multi-Sectoral Working Group which coordinates SI and capacity-building activities within the national response in Mozambique. The Government of Mozambique intends to take over support of this working group in by 2012.
- 5) Supporting provincial M&E Advisors requested by the Ministry of health in 3 provinces

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 FY08, Ministry of Health 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 is responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position, and providing conditions for work (e.g. work permit, equipment as needed.). Some of these positions have already been filled; recruitment is ongoing in provinces where the position is not filled.

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.

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: 13088	Mechanism Name: TBD Multisectorial Training
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

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted
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Key Issues

(No data provided.)

Budget Code Information



Mechanism ID:	13088		
Mechanism Name:	TBD Multisectorial Training		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13148	Mechanism Name: TBD Health Facility Equipment
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

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13148			
Mechanism Name: TBD Health Facility Equipment			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13153	Mechanism Name: Support the Mozambican Military Health with netbook computers to help research, training, information sharing, data collection and access to stored information (medical records or patient's files).		
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)

Custom



(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID: 13153		Mechanism Name: Support the Mozambican Military Health with netbook computers to help research, training, information sharing, data collection and access to stored information (medical records or patient's files).	
Prime Partner Name: US Department of Defense			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13160	Mechanism Name: TBD - DPS Transition
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13160		
Mechanism Name:	TBD - DPS Transition		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13180	Mechanism Name: TBD (Capacity Building Supplement); Technical Assistance and Capacity Building to Support Provincial Health Directorates and Local and Indigenous Organizations Providing HIV Prevention, Care and Treatment 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

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
Human Resources for Health	Redacted

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13180		
Mechanism Name:	TBD (Capacity Building Supplement); Technical Assistance and Capacity Building to Support Provincial Health Directorates and Local and Indigenous Organizations Providing HIV Prevention, Care and Treatment in the Republic of Mozambique		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted



Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13194	Mechanism Name: UCSF PP
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 California at San Francisco	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,416,099	
Funding Source	Funding Amount
GHCS (State)	1,416,099

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13194
Mechanism Name: UCSF PP



Prime Partner Name: University of California at San Francisco			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	316,099	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13199	Mechanism Name: TBD - INS
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



Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13199			
Mechanism Name: TBD - INS			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13206	Mechanism Name: EGPAF CB: Building Mozambican Capacity to Implement Quality HIV/AIDS Prevention, Care, and Treatment Programs 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: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,421,093	
Funding Source	Funding Amount
GHCS (State)	8,421,093

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Construction/Renovation	749,850
Human Resources for Health	553,875

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13206		
Mechanism Name:	EGPAF CB: Building Mozambican Capacity to Implement Quality HIV/AIDS Prevention, Care, and Treatment Programs in the Republic of Mozambique under the President's Emergency Plan for AIDS Relief (PEPFAR)		
Prime Partner Name:	Elizabeth Glaser Pediatric AIDS Foundation		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	600,842	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,827,325	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	254,295	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	141,472	



Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	626,050	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	89,666	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,397,861	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	39,531	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	92,150	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,124,425	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	227,476	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13211	Mechanism Name: TBD RFA Integrated Health 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

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: 13211			
Mechanism Name: TBD RFA Integrated Health Social Marketing			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13212	Mechanism Name: HIVQUAL
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services	Procurement Type: Cooperative Agreement



Administration	
Prime Partner Name: NY AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 675,000	
Funding Source	Funding Amount
GHCS (State)	675,000

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. Currently there are 80 sites implementing QA/QI activities, and in FY 2011 the program will expand to an addition of sites, bringing to total number to 140 health facilities all across the 11 provinces of the country.

Building on the success of the initial program QA/QI on adult HIV care and treatment, the MOH has requested and approved indicators for QA/QI of PMTCT services and pediatric HIV care and treatment services. In FY 2010 the third round of QA/QI took place and it included adults and pediatric HIV care and treatment services for the first time, the latter covered 64 sites.

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.

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.

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 are 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 2011:

- 1) Perform the IV round of data collection for adult and pediatric HIV care and treatment
- 2) Implement the project workplan/timeline;
- 3) Expand QA/QI activities to cover 140 new facilities
- 4) Perform 3 regional training seminars of new facilities in data collection methodology and Quality Improvement Methodology following baseline data collection analysis, and report generation
- 5) Coaching and mentoring selected sites to monitor QI activities
- 6) Perform data collection to evaluate the progress implementation of clinical care to HIV infected patients every six month.
- 7) Provide TA to the provincial teams;
- 8) Perform the II round of data collection for PMTCT indicators;
- 9) Data analysis of PMTCT indicators and QI activities for improving performance;
- 10) Expand QI program for counseling and testing



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13212			
Mechanism Name: HIVQUAL			
Prime Partner Name: NY AIDS Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	500,000	

Narrative:

In FY 2011, the MOH plans to increase the number of sites from the current 80 to a total of 140 sites in all 11 provinces in the adult care and treatment QA/QI activity. This will enable regular measurement of quality in adult care and treatment services and also includes pediatric 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.

In FY 2011 the IV round of data collection will take place.

The following specific activities will be conducted during the project period:

- 1) Implement Quality Improvement Projects aiming to improve service delivery at health facilities;
- 2) Include additional performance indicators in collaboration with MOH and other stakeholders, for adult care and treatment;
- 3) Training of new facilities in data collection methodology;
- 4) Coaching and mentoring selected sites to monitor QI activities
- 5) Perform the IV round of data collection for adult and pediatric care and treatment services;
- 6) Perform data collection to evaluate the progress implementation of clinical care to HIV infected

patients every six month.

7) Provide TA to the provincial teams;

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 will be collected every six months and aggregated to 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	175,000	

Narrative:

Quality assurance programming for PMTCT activities will be aligned with overall FY 2011 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. In order to improve this, a continuous QI project will be implemented taking that MOH has already approved the activities supported by USG listed in the key priorities.

Activities in FY 2011 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 specific activities will be conducted during the project period:

- 1) Implementation of PMTCT QI activities
- 2) Training of new facilities in data collection methodology;
- 3) Perform the II round of data collection for PMTCT indicators;
- 4) Perform data analysis of PMTCT indicators and QI activities for improving performance;
- 5) Provide TA to the provincial teams;
- 6) Coaching and mentoring selected sites to monitor QI activities



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13214	Mechanism Name: Health and Social Welfare Systems Strengthening Program (HSWSS)
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13214



Mechanism Name: Health and Social Welfare Systems Strengthening Program (HSWSS)			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13230	Mechanism Name: TBD - SI-DSS
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, 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 two Health Demographic Surveillance Sites (HDSS); one in Manhiça, Maputo Province and a second site in development in Chokwé, Gaza Province. FY2011 funding support of operating costs and core data collection activities for the Chokwe site have been proposed, in order to strengthen the quality of surveillance data and statistics used by the Ministry of Health, including mortality due to HIV.

In addition to their value for vital statistics reporting and general surveillance, the HDSS sites provide an opportunity to generate more accurate information on the epidemiology and risk factors for many causes of morbidity and mortality in the population. HDSS sites are unique in that they offer a well-defined population under continuous and longitudinal surveillance. With appropriate human, material, and laboratory resource availability, they are an ideal platform to implement and evaluate new interventions, programs, and control strategies. This activity will support an HDSS site to implement and evaluate programs aimed at decreasing morbidity and mortality from HIV as well as other important infectious or non-infectious diseases and other health threats. Funding will also support capacity building to enable more public health research studies to be conducted (though the research studies themselves will not be funded through this mechanism).

IM objectives:

- 1) Develop and implement interventions and programs aimed at reducing morbidity and mortality from HIV and other health threats
- 2) Monitor and evaluate the impact of programs and interventions conducted
- 3) Enhance the capacity of the HDSS site to conduct public health research on important health topics (research itself not to be funded through this mechanism)
- 4) Develop human and material resources of the HDSS site



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Malaria (PMI)

TB

Budget Code Information

Mechanism ID: 13230 Mechanism Name: TBD - SI-DSS Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative: This activity will support an HDSS site to implement and evaluate programs aimed at decreasing morbidity and mortality from HIV as well as other important infectious or non-infectious diseases and other health threats. Funding will also support capacity building to enable more public health research studies to be conducted (though the research studies themselves will not be funded through this mechanism).			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13244	Mechanism Name: TBD-HSS Performance Based Evaluation
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
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Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEPFAR-Mozambique has invested in various systems strengthening activities since 2005 with an emphasis on human resources for health. There have been some discrete program based evaluation activities conducted or underway (i.e. impact of inservice training on provision of ART by mid-level providers, recruitment and retention of new graduates from MOH preservice institutions, human resources information systems assessment, distance learning assessment and nursing clinical mentoring assessment). Via the lead partners per province, there have been investment made in the system of education for health care workers in the form of scholarships and in recruitment via the provision of gap year funding . Systems strengthening support has also been provided through the hiring of provincial advisors (clinical, pharmacy, laboratory and M&E). These funds will be used to evaluate or assess health systems strengthening activities that have been supported by PEPFAR funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13244		
Mechanism Name:	TBD-HSS Performance Based Evaluation		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	OHSS	Redacted	Redacted
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Narrative:

PEPFAR-Mozambique has invested in various systems strengthening activities since 2005 with an emphasis on human resources for health. There have been some discrete program based evaluation activities conducted or underway (i.e. impact of inservice training on provision of ART by mid-level providers, recruitment and retention of new graduates from MOH preservice institutions, human resources information systems assessment, distance learning assessment and nursing clinical mentoring assessment). Via the lead partners per province, there have been investment made in the system of education for health care workers in the form of scholarships and in recruitment via the provision of gap year funding . Systems strengthening support has also been provided through the hiring of provincial advisors (clinical, pharmacy, laboratory and M&E). These funds will be used to evaluate or assess health systems strengthening activities that have been supported by PEPFAR funding.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13255	Mechanism Name: Community Clinical Health Services Strengthening (COMCHASS)
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: 8,409,788	
Funding Source	Funding Amount
GHCS (State)	8,409,788

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Economic Strengthening	500,000
Food and Nutrition: Policy, Tools, and Service Delivery	500,000
Gender: Reducing Violence and Coercion	100,000
Water	100,000

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
- Malaria (PMI)
- Child Survival Activities
- TB
- Family Planning

Budget Code Information

Mechanism ID: 13255			
Mechanism Name: Community Clinical Health Services Strengthening (COMCHASS)			
Prime Partner Name: Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	2,632,157	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	5,509,631	



Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	268,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13263	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: 1,350,000	
Funding Source	Funding Amount
GHCS (State)	1,350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,350,000
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Key Issues

Malaria (PMI)

Budget Code Information

Mechanism ID:	13263		
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	HVSI	1,150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13271	Mechanism Name: Prevenção e Comunicação para Todos (PACTO)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
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: 5,360,000	
Funding Source	Funding Amount
GHCS (State)	5,360,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	60,000
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Key Issues

Addressing male norms and behaviors
 Workplace Programs

Budget Code Information

Mechanism ID:	13271		
Mechanism Name:	Prevenção e Comunicação para Todos (PACTO)		
Prime Partner Name:	Johns Hopkins University Center for Communication Programs		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	4,460,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVOP	900,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13275	Mechanism Name: ICAP Capacity Building		
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: 8,147,109	
Funding Source	Funding Amount
GHCS (State)	8,147,109

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Columbia University received funds in FY10 through this award to support capacity building and technical assistance to Maputo city, Gaza, Inhambane, and Nampula provincial Health Directorates. The program activities funded through this mechanism complement current efforts of the USG to transition responsibility for program and financial management of HIV prevention, care and treatment programs from international partners to Mozambican (Indigenous) organizations. These indigenous organizations include Provincial Health Directorates and other local non governmental organizations. Capacity building in organizational development and financial management are key components of these activities.

Columbia University's approach to program implementation, is aligned and integrated 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 ICAP 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; 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

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 sub agreements 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	988,115
Human Resources for Health	412,715

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13275		
Mechanism Name:	ICAP Capacity Building		
Prime Partner Name:	Columbia University		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HBHC	711,879	
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Narrative:

Funds provided to Columbia University will be used to implement activities that are aimed at building the capacity of the Provincial Health Directorates (DPS) of Maputo City, Inhambane and Nampula provinces as well as the District Health Directorates (DDS) in these provinces. The primary focus will be capacity building for program oversight and implementation of 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) Provision of a comprehensive pre- ART package of services to HIV infected patients, improving access to positive prevention, diagnosis, OI management, OI prophylaxis (focusing on increasing cotrimoxazole prophylaxis for eligible patients), STI diagnosis and management, and nutritional assessment using the BMI calculation; through training, clinical mentoring and formative supervision.
- 2) Expand the cervical cancer "see and treat" strategy using the VIA/cryotherapy for diagnosis and treatment, and provide support for training and supervision.
- 3) Improved palliative care activities within the existing health structure;
- 4) Improved screening for treatable conditions such as syphilis and anemia;
- 5) 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;
- 6) 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;
- 7) 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;
- 8) Improved district-level coordination and effective linkages between health facilities, community-based organizations and other existing support services.
- 9) Provision of Nutrition assessment and counseling.

Additionally, funds will be used to strengthen Palliative Care (hosting provincial level ToT trainings, logistics, IEC materials).

In relation to Pre-ART funds will be also allocated to support 2 provincial/regional training on pre-ART package.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,503,800	

Narrative:

The HIV treatment program activities implemented by Columbia University are aligned with the Mozambique treatment guidelines, the Partnership Framework goals and with the Track 1 transition process.

In FY 2011 funds allocated to Columbia University will support the Provincial Health Directorates (DPS) in Inhambane and Nampula provinces, and Maputo City to expand and sustain high quality ART services for adults and pediatric patients in these provinces. Expansion plans are in accordance with the government's ART services decentralization and integration plans.

Through existing sub agreements with the DPS, Columbia will increase support for provincial as well as district 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 supporting the DPSs and districts to:

- 1) Finance MOH staff positions;
- 2) Train, mentor and build capacity of MOH staff;
- 3) Improve patient management, drug management and strategic information systems;
- 4) Reinforce patient follow-up and referral systems;
- 5) Strengthen linkages with CT sites, TB clinics, PMTCT centers and PLHIV services;
- 6) 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.10)

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 as well as the PwP Next Generation Indicator; 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). Columbia will have a dedicated person / technical counterpart for prevention by province focal person for PwP activities to coordinate and ensure successful implementation and monitoring of PwP activities.; will focus on scale up access to Positive Prevention (PP), (e.g. integration of PP services in existing HIV activities, and expansion in geographical and technical scope) through training of health providers, monitoring, including the PwP indicator, supportive supervisions and reproduction of training materials / dissemination (job aides, leaflets, etc) funds for training and reproduction of materials available (in coordination with lead TA partner): Target population: People living with HIV-Individuals and support groups. (\$100.000).



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	307,963	

Narrative:

Columbia will align FY 2011 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 Columbia CT portfolio will be allocated in this area, representing approximately 60% of effort. In FY11 Columbia will support the Provincial Health Directorates (DPS) and District Health Directorates (DDS) in Maputo City, Inhambane and Nampula province to provide CT services to the general population, as well as higher risk groups including ill and hospitalized individuals.

Activities will include ensuring that technical and programmatic capacity is developed within the DPS and DDS in the following: 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; Columbia will also develop a sustainable strategy to minimize HR constraints for CT. Training of lay counselors and CBO's will be developed in FY 2011 to help strengthen linkages between health facilities and the community.

Quality assurance (QA) will also be a key area for Columbia. QA systems and standard operating procedures to ensure bio-safety will be developed, in close collaboration with lab. FY 2011 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 Columbia 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 2011.

Columbia will continue to support strengthening of M&E systems. FY 2011 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. Columbia 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	282,657	

Narrative:

In FY11 Columbia will continue to support the Provincial Health Directorates (DPS) and District Health Directorates (DDS) in Maputo City, Inhambane and Nampula province to provide and sustain high quality standards of HIV care and support services for pediatric HIV exposed and/or infected populations within these geographic regions.

The main activities will include ensuring that technical and programmatic capacity is developed within the DPS and DDS for them 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. Columbia will support improved 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 support that will be provided to the DPS and DDS 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	913,535	

Narrative:

In FY11 Columbia will be funded to continue to support the Provincial Health Directorates (DPS) and



District Health Directorates (DDS) in Maputo City, Inhambane and Nampula province to provide and sustain high quality standards of HIV treatment services for pediatric HIV exposed and/or infected patients in these geographic regions.

The main activities will include ensuring that technical and programmatic capacity is developed within the DPS and DDS for the following:

- 1) Increase 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) Continued 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;
- 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) Promoting and ensuring the development of 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) Creation of 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	75,000	

Narrative:

SI funds have been allocated to ensure resources for capacity building at the provincial and sub-provincial level in strategic information. These funds will be used to develop, strengthen, and/or implement MOH HIV/AIDS data management and monitoring and evaluation systems by improving data collection, verification, analysis, use, and reporting. This may include strengthening of patient monitoring systems, capacity building in SI related human resources, harmonizing data collection and flow, support for data verification and other supportive supervision activities, and other cross-cutting strengthening SI support identified as a priority by the partner, USG, and MOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Other	OHSS	1,723,792	
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Narrative:

In FY 2011, Columbia University will prioritize assistance to strengthen the health system in line with priorities and goals of the GOM.

Columbia will support the MOH's decentralization process by building the institutional and technical capacity of DPS and SDSMAS placing Provincial Technical Advisors at the Maputo, Gaza, Inhambane, Nampula and Cabo Delgado Health Directorate to improve HIV clinical health care quality, and to strengthen drug supply at the health facilities.

Columbia will strengthen human resources at the provincial, district and site levels by supporting pre-service training providing scholarships opportunities for health personnel will provide extra lab courses at Nampula Province and will support retention of newly assigned graduates to rural areas by providing resources to support the installation kit and 3 months of subsistence kits via DPS. Additionally, Columbia will support retention of health personnel through gap year funding.

Columbia 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.

Provided technical assistance by the provincial advisors, scholarships, installation kit and 3 months of subsistence kits, gap year funding, rehabilitation of infrastructure all have spillover benefits as they strengthen the broader health system beyond HIV at little or no marginal cost. As Columbia 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	27,997	

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.. Funds provided to Columbia University in FY11 will be used to implement activities that are aimed at building the capacity of the Provincial Health Directorates (DPS) of Maputo City, Inhambane and Nampula provinces as well as the District Health Directorates (DDS) in these provinces for the expansion of infection prevention and control (IPC) programs.

Columbia support the DPS and DDS to 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 and other infectious waste disposal / IPC;
- 2) Ensure that all health facility staff receive updated training in injection safety / IPC/ waste management; PEP
- 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 IPC/injection safety measures at national 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	51,754	

Narrative:

In FY11 Columbia will continue to support the Provincial Health Directorates (DPS) and District Health Directorates (DDS) in Maputo City, Inhambane and Nampula province to implement HIV prevention activities. Columbia University 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 and include ensuring that technical and programmatic capacity is developed within the DPS and DDS for the following:

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). Columbia has identified a focal person for PwP activities to coordinate and ensure successful implementation of PwP activities.

2) Management of sexually transmitted infections (STI): Columbia 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): Columbia 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. Columbia 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	1,371,828	

Narrative:

In FY11 Columbia will continue to support the Provincial Health Directorates (DPS) and District Health Directorates (DDS) in Maputo City, Inhambane and Nampula province to provide and sustain high quality standards of PMTCT services through improved quality; access to a comprehensive package including psychosocial support; and improved nutrition support. 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.

Key activities include ensuring that technical and programmatic capacity is developed within the DPS and DDS for the following: :

- 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	HVTB	176,904	

Narrative:

Columbia will continue to support the Provincial Health Directorates (DPS) and District Health Directorates (DDS) in Maputo City, Inhambane and Nampula province to provide a package of TB/HIV-integrated activities at USG-supported facilities following WHO recommended and MOH recommended TB/HIV collaborative activities. This support will be provided through mentoring, coaching as well as ensuring that the DPS hires staff with the appropriate technical skills to oversee TB/HIV program activities. Columbia 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, Columbia will continue to promote the engagement and



commitment of Provincial Health Directorates (DPS) and District Directorates (DDS) in order to strengthen the implementation of TB/HIV activities and promote and support integrated TB/HIV districts supervision. Moreover Columbia will continue to expand the implementation of "one stop model" to additional sites. 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 Columbia will continue to give TA to the National TB Control Program to implement the revised Mozambican guidelines on TB and the revised M&E tools. Additionally, Columbia will continue to support the improvement of the management of HIV/TB and MDR-XDR/TB, in adult, children and high risk group. Finally Columbia 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: 13308	Mechanism Name: TBD SI Fellowship
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

Cross-Cutting Budget Attribution(s)



(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13308			
Mechanism Name: TBD SI Fellowship			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13313	Mechanism Name: Regional Procurement Support Office/Frankfurt
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: Regional Procurement Support Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 703,000	
Funding Source	Funding Amount
GHCS (State)	703,000

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13313		
Mechanism Name:	Regional Procurement Support Office/Frankfurt		
Prime Partner Name:	Regional Procurement Support Office		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	600,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	103,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13318	Mechanism Name: CDC_CDC_HQ
Funding Agency: U.S. Department of Health and	Procurement Type: USG Core



Human Services/Centers for Disease Control and Prevention	
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: 1,031,000	
Funding Source	Funding Amount
GHCS (State)	1,031,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13318			
Mechanism Name: CDC_CDC_HQ			
Prime Partner Name: HHS/Centers for Disease Control & Prevention			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	52,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	45,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	84,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	350,000	
Narrative:			



None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13368	Mechanism Name: WHO HQ - Support Services for the HIV/AIDS Pandemic
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: WHO	
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)

UNODC		
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Overview Narrative

CDC HQ is in the third year of a Cooperative Agreement with WHO to address the Global HIV Pandemic. CDC Mozambique is tapping into this Cooperative agreement to address the MARPS populations in prisons. In 2008, the United Nations Office on Drugs and Crime (UNODC)'s Regional Office for Southern Africa launched a regional programme covering Mozambique, Namibia, Swaziland and Zambia. The main objectives of this programme: 'HIV/AIDS Prevention, Care, Treatment, and Support in Prisons Settings in Southern Africa', are to:

- (i) To reduce the risk of transmission of HIV within prisons and;
- (ii) To reduce mortalities related to HIV and AIDS in prisons.

These objectives are expected to be achieved through advocacy for improved prisoners' and prison staff's access to HIV and AIDS services by addressing structural issues such as rules and regulations, overcrowding, monitoring and improving general conditions of prisons at the same time supporting the



operationalisation of national policies. The programme also extends technical capacity building to service providers as well as raising their awareness on HIV and AIDS in Prisons. The expected overall impact of this project is, improved health status of prisoners, prison staff and all those in the prison system.

In the context of the above mentioned UNODC Regional Programme the present proposal for activities , in line with programme objectives and expected outcomes, aims at supporting efforts to strengthen the government leadership and prioritisation for an effective and evidence based response to HIV/AIDS, TB and STIs in prison settings by the Ministry of Justice- National Prisons Services, Ministry of Health and other relevant stakeholders. It will also aims at increasing coordination within government itself and between implementing partners in the planning and implementation of efforts.

The activities proposed target the two following areas: :

1. Establishment of provincial multi-sectorial working groups on HIV/AIDS, TB and STIs in prisons. (Related to outcome 2 and 3 of the current programme)
2. Increase capacity of both government and civil society in coordination skills and HIV/AIDS, TB and STI in prisons knowledge and surveillance. (Related to outcome 4 of the current programme)

The roll-out of the activities will benefit from technical inputs of a multi-sectorial HIV in Prisons working group, that is chaired by National Prisons Services and has members from Ministry of Health, WHO, UNAIDS, UNFPA, Pathfinder among others.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13368			
Mechanism Name: WHO HQ - Support Services for the HIV/AIDS Pandemic			
Prime Partner Name: WHO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	350,000	
Narrative:			

Prison Activities with UNODC through WHO CDC Cooperative Agreement: A number of factors contribute to make the prison environment a particularly high risk environment for transmission. Injecting drug use (IDU) is frequent in many countries and due to its efficiency IDU with contaminated equipment is one of the principle ways that HIV may be transmitted in prisons. Unprotected male to male sex is also rife in prisons and while much of the sex among men in prisons is consensual, rape and various forms of sexual abuse are frequent. Women and girls in prison are particularly vulnerable to sexual abuse and exploitation by both prisoners and staff.

It has been noted that high rates of HIV in prisons reflect two main scenarios:

- In countries with high rates of HIV infection in the general population, infection rates are driven primarily by unsafe heterosexual sex. In these countries, high rates of HIV infection among prisoners are related to high rates of HIV infection in the wider population as a whole. The continued spread of HIV within the prisons in these countries is related especially to sexual contact (primarily men having sex with men), as well as unsafe medical practices or sharing of razors etc.
- Countries in which there are high rates of HIV infection among injecting drug users, many of whom spend time in prison, and some of whom continue to inject while incarcerated. In these countries, high rates of HIV infection are related primarily to the sharing and reuse of injecting equipment outside and inside prison.

UNODC is currently implementing a regional program on HIV prevention, treatment, care and support in prisons for prison staff and prisoners since 2008. The current program has been very successful and well received by government and civil society. During the implementation of the regional programme, it has become clear that greater emphasis and development of targeted activities would be desirable. However, limited and already earmarked resources have prevented the programme team from including some relevant related activities which are deemed beneficial to the programme beneficiaries. The identified activities below would enable a more comprehensive delivery of support as it relates to prison and HIV in Mozambique. Therefore it is in this respect that supplementary funds are solicited to support and increase activities that are already identified in the current programme.

The activities will focus on;

- Supporting efforts to increase leadership and prioritization of HIV in prisons response at regional level
- Strengthening HIV and TB surveillance in prisons

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13382	Mechanism Name: TBD IQC Health Centers
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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

Cross-Cutting Budget Attribution(s)

Construction/Renovation	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13382			
Mechanism Name: TBD IQC Health Centers			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13413	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: 450,000	
Funding Source	Funding Amount
GHCS (State)	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	20,000
Education	50,000
Gender: Reducing Violence and Coercion	50,000

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



Family Planning

Budget Code Information

Mechanism ID: 13413			
Mechanism Name: Youth:Work			
Prime Partner Name: International Youth Foundation			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13415		Mechanism Name: TBD Civic Participation	
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

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13415			
Mechanism Name: TBD Civic Participation			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13419	Mechanism Name: TBD - Trilateral
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 continuing activity. In 2009, a new collaboration has been established between US Government with the Government of Mozambique and Brazil to strengthen the response to HIV and AIDS in Mozambique; a formal agreement was signed between the three governments in 2010. This supports the overall goals of the Partnership Framework to strengthen the response of civil society to HIV and strengthening the national health system, including procurements/logistics systems and monitoring and evaluation systems.

This main objectives of this trilateral agreement and areas of collaboration are:

- 1) Strengthening systems of procurement and logistics for the distribution and warehousing of drugs, medical supplies, and other commodities of the national Health Service through Central de Medicamentos e Artigos Médicos (CMAM)
- 2) Support the Government of Mozambique to strengthen systems and practices in the Monitoring and Evaluation in the health sector as well as part of the national response to HIV/AIDS
- 3) Strengthen the capacity of civil society to respond to the HIV/AIDS epidemic through 1) greater effective participation of people living with HIV and AIDS in the response, and 2) strengthened social communication in HIV/AIDS

Activities in these three areas include training of relevant staff at the National and sub-national level, strengthening and harmonization of national plans, and development and dissemination of national policies, procedures and guidelines in the three areas. Activities have been designed to leverage the comparative advantage of all three collaborating governments, with a focus on leveraging existing Lusophone tools and resources in this South-to-South collaboration.

Through this activity, each government will contribute technical and financial resources to the implementation of the agreed upon work plan. USG funds will be used for a partner to support local



coordination of programmatic activities in the three areas as well as support for the logistics and of activities planned (funds for travel, training, reproduction of materials.)

As significant funding was allocated in PF 09 and COP 10 budgets, and activities have not yet started, only an additional \$100,000 has been allocated (from SI) to this activity. Additional funding may be added in COP 12 depending on pipeline and progress of activities.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13419		
Mechanism Name:	TBD - Trilateral		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
<p>This is a continuing activity. In 2009, a new collaboration has been established between US Government with the Government of Mozambique and Brazil to strengthen the response to HIV and AIDS in Mozambique; a formal agreement was signed between the three governments in 2010. This supports the overall goals of the Partnership Framework to strengthen the response of civil society to HIV and strengthening the national health system, including procurements/logistics systems and monitoring and evaluation systems.</p> <p>This main objectives of this trilateral agreement and areas of collaboration are:</p> <p>1) Strengthening systems of procurement and logistics for the distribution and warehousing of drugs, medical supplies, and other commodities of the national Health Service through Central de Medicamentos e Artigos Médicos (CMAM)</p>			



- 2) Support the Government of Mozambique to strengthen systems and practices in the Monitoring and Evaluation in the health sector as well as part of the national response to HIV/AIDS
- 3) Strengthen the capacity of civil society to respond to the HIV/AIDS epidemic through 1) greater effective participation of people living with HIV and AIDS in the response, and 2) strengthened social communication in HIV/AIDS

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Through this activity, each government will contribute technical and financial resources to the implementation of the agreed upon work plan. USG funds will be used for a partner to support local coordination of programmatic activities in the three areas as well as support for the logistics and of activities planned (funds for travel, training, reproduction of materials.)

As significant funding was allocated in PF 09 and COP 10 budgets, and activities have not yet started, only an additional Redacted has been allocated (from SI) to this activity. Additional funding may be added in COP 12 depending on pipeline and progress of activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13434	Mechanism Name: HIV Prevention for Most-at-Risk Populations (MARPS) - PSI
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	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: 1,400,000	
Funding Source	Funding Amount



GHCS (State)	1,400,000
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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.

Population Services International (PSI) will continue to focus on community-based implementation through a cadre receiving training through newly established training institutes for MARPs interventions in close collaboration with a complementary training partner in the identified provinces.

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)

(No data provided.)

Key Issues

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: 13434			
Mechanism Name: HIV Prevention for Most-at-Risk Populations (MARPS) - PSI			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,400,000	
Narrative:			
<p>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.</p> <p>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.</p> <p>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</p>			



effectiveness of MARPs oriented activities and interventions supported by the USG.

Population Services International (PSI) will continue to focus on community-based implementation through a cadre receiving training through newly established training institutes for MARPs interventions in close collaboration with a complementary training partner in the identified provinces.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13510	Mechanism Name: HIV Prevention for Most-at-Risk Populations (MARPS) - GHC
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Global Health Communications	
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

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.

Global Health Communications (GHC) will continue as a key partner to support MARPs activities in the identified provinces, with a focus on establishing new training institutes that will create a cadre of workers focused on MARPs interventions, in close collaboration with a complementary MARPs implementing partner.

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)

(No data provided.)

Key Issues

- 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:	13510		
Mechanism Name:	HIV Prevention for Most-at-Risk Populations (MARPS) - GHC		
Prime Partner Name:	Global Health Communications		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVOP	1,000,000	
Narrative:			
<p>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.</p> <p>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.</p> <p>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.</p> <p>Global Health Communications (GHC) will continue as a key partner to support MARPs activities in the identified provinces, with a focus on establishing new training institutes that will create a cadre of workers focused on MARPs interventions, in close collaboration with a complementary MARPs implementing partner.</p>			

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				425,000		425,000
ICASS				700,000		700,000
Institutional Contractors				866,451		866,451
Management Meetings/Professional Development				302,500		302,500
Non-ICASS Administrative Costs				1,715,172		1,715,172
Staff Program Travel				748,000		748,000
USG Renovation				105,600		105,600
USG Staff				8,423,149		8,423,149



Salaries and Benefits						
Total	0	0	0	13,285,872	0	13,285,872

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		425,000
ICASS		GHCS (State)		700,000
Management Meetings/Professional Development		GHCS (State)		302,500
Non-ICASS Administrative Costs		GHCS (State)		1,715,172
USG Renovation		GHCS (State)		105,600

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				75,000		75,000
Management Meetings/Professional Development				40,000		40,000
Non-ICASS Administrative Costs				20,000		20,000
Staff Program Travel				35,000		35,000
USG Staff Salaries and				70,000		70,000



Benefits						
Total	0	0	0	240,000	0	240,000

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		75,000
Management Meetings/Professional Development		GHCS (State)		40,000
Non-ICASS Administrative Costs		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				177,623		177,623
Computers/IT Services			10,000	663,520		673,520
ICASS				1,547,447		1,547,447
Management Meetings/Professional Development				20,000		20,000
Non-ICASS Administrative Costs			448,770	566,782		1,015,552
Staff Program Travel				1,366,677		1,366,677
USG Staff			1,878,230	4,419,315		6,297,545



Salaries and Benefits						
Total	0	0	2,337,000	8,761,364	0	11,098,364

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)		177,623
Computers/IT Services		GAP		10,000
Computers/IT Services		GHCS (State)		663,520
ICASS		GHCS (State)		1,547,447
Management Meetings/Professional Development		GHCS (State)		20,000
Non-ICASS Administrative Costs		GAP		448,770
Non-ICASS Administrative Costs		GHCS (State)		566,782

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				11,600		11,600
Management Meetings/Professional Development				116,000		116,000



Non-ICASS Administrative Costs				36,500		36,500
Staff Program Travel				109,824		109,824
USG Staff Salaries and Benefits				440,033		440,033
Total	0	0	0	713,957	0	713,957

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		11,600
Management Meetings/Professional Development		GHCS (State)		116,000
Non-ICASS Administrative Costs		GHCS (State)		36,500

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				27,000		27,000
Peace Corps Volunteer Costs				531,000		531,000
Staff Program Travel				40,000		40,000
USG Staff				152,000		152,000



Salaries and Benefits						
Total	0	0	0	750,000	0	750,000

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		27,000