Mozambique

Operational Plan Report

FY 2012

Operating Unit Overview

OU Executive Summary

I. FY 2012 OVERVIEW

This year's Country Operational Plan (COP) supports the new priorities set forth in the AIDS Free Generation policy to provide antiretroviral treatment (ART) for 6 million, 4.7 million voluntary medical male circumcision (VMMC) procedures; ARV prophylaxis to 1.5 million HIV-infected pregnant women to prevent mother-to-child transmission (MTCT) by FY 2013; the Global Health Initiative (GHI) and the Government of Mozambique (GRM) goals to put 80% of all eligible HIV infected patients on ART; reduce MTCT to less than 5% by 2015; and reduce maternal, neonatal, and child mortality among rural populations. Addressing these priorities, and meeting targets as outlined in our Partnership Framework (PF) and Global Health Initiative (GHI) strategies, while also working to significantly reduce our pipeline, resulted in significant shifts in allocations to increase funding for prevention, care, and treatment– in particular, a noteworthy increase in ART and VMMC. In a flat-line budget scenario, these increases were balanced by decreases in governance and system strengthening. Proportionate to the overall budget, prevention decreases by 1% from FY 2011 to FY 2012, although dramatic shifts occurred within the portfolio such as a 102% increase in VMMC, an 80% decrease in funding for abstinence/be faithful programs and a 33% increase to HIV testing and counseling (HTC); treatment increased by 8% (adult treatment by 15% and ARV drugs by 132%); care decreased by 1%; governance and system strengthening decreased by 6%, and management and operations decreased by 1%. Throughout all program areas, we are re-doubling efforts to strengthen the Mozambican government and local partners, including civil society organizations, to provide leadership and support service delivery through increased joint planning and reporting; increased integration of HIV programs with other health and development programs; strengthening of Mozambican institutions; and use of host country systems through increased direct funding to local institutions (GRM and civil society).

II. COUNTRY CONTEXT

Mozambique is a rural country of approximately 23 million people where the impact of HIV and other major preventable diseases (e.g. malaria, tuberculosis and waterborne diseases) contribute to Mozambique's life expectancy of 52 years and low United Nations Human Development Index ranking of 184 out of 187 countries.

HIV Epidemiology: Mozambique faces a severe generalized HIV epidemic that 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 (aged 15-24 years), particularly in 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, with disproportionately higher rates in urban settings in the north. An estimated 1.4 million Mozambicans are living with HIV, with an additional 821,000 orphaned 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.
Systems: Eighty-two percent of Mozambicans live on less than two dollars per day and with the limited health infrastructure, more than half of Mozambicans walk over one hour to reach the nearest health facility. Health facilities face frequent commodity stock outs and a general dearth of basic amenities: 55% lack electricity (Ministry of Health [MOH], 2009) and 41% running water (MOH, 2010). Likewise, human resources for health (HRH) are severely constrained in Mozambique. With only 4 doctors and 39 nurses per 100,000 population (MOH, 2011), and 429 social workers in the country (Ministry of Women and Social Action, 2010), Mozambique faces some of the most critical HRH shortages in the world. Systems for tracking, motivating, and retaining staff are weak. Frontline health providers are often poorly trained and have limited management skills, and GRM capability to oversee its policies and regulations and to coordinate all health players is weak, resulting in poor supervision and coordination. Information systems and monitoring and evaluation (M&E) efforts are generally unable to provide timely and accurate health system data. Only 7.7% of the national budget is allocated to health spending (Ministry of Finance, 2012), and external resources or donor support accounted for 70% of the national budget for health in 2010 (MOH, 2010).
Financing: The USG is Mozambique's largest bilateral donor, with funding from PEPFAR, the President's Malaria Initiative (PMI), the Millennium Challenge Corporation (MCC), and the Feed the Future Initiative (FTF). Under GHI, the USG is the leading donor in the Mozambican health (FY 2011 $331 million) and HIV sectors (FY 2011 $269 million) through the Department of Defense (DOD), Department of Health and Human Services (Centers for Disease Control and Prevention [CDC]), National Institutes of Health [NIH], and Health Resources and Services Administration [HRSA]), Department of State (DOS), Peace Corps (PC), and the United States Agency for International Development (USAID). In 2011, USG health resources were significantly greater than the combined resources of national resources (MOH $131 million) and donors (Health SWAp $78 million; Global Fund [GF] $2 million).

III. PEPFAR FOCUS IN FY 2012

In alignment with the PF, the GHI strategy, and the GRM, USG Mozambique established cross-cutting, programmatic, and geographic priorities for FY 2012 planning.

CROSS-CUTTING PRIORITIES:

1) Shift funding from traditional partners to the GRM and local non-governmental organizations. The Mozambique program aims to promote country ownership and improve PEPFAR effectiveness and sustainability through increasing direct funding to local institutions, both government and non-government. All agreements with local institutions will be coupled with intensive capacity building at organizational and individual levels to strengthen the systems needed to manage direct USG agreements, while concurrently providing rigorous oversight and auditing to demonstrate our concerted focus on fiscal and results accountability. In FY 2012, these mechanisms total $30.3 million (13% of program budget) which represents an increase from FY 2011 ($24.7 million; 9%). While direct funding to the GRM decreased between FY 2011 ($9.5 million) and FY 2012 ($6.4 million), due largely to clearing of our pipeline, direct funding to local NGOs increased (FY 2011 $13.8 million; FY 2012 $22.8 million) resulting in an increase overall in direct funding to local partnerships. Funding to local universities remained stable (FY 2011 $1.4 million; FY 2012 $1.1 million).

2) Find programmatic and financial efficiencies and cost savings across all programs. The PEPFAR team implemented a rigorous and transparent budget development process this year to better understand our program expenditures as well as link financial data with programmatic targets. From May to July 2011, we conducted a second round of expenditure analysis, including all program areas (except OVC and home-based care (HBC), which did have a costing exercise completed for data collection, but was not analyzed for COP 2012 planning purposes). Additionally, we carried out a rigorous evaluation of our funding pipeline. Data from both of these exercises were triangulated with other data (e.g. national and provincial HIV/health data) to determine program area and implementing mechanism budgets and targets. Notably, the team identified $30.8 million in pipeline resources to apply to FY 2012 priority activities. Additionally, the PEPFAR program in Mozambique is already realizing efficiencies with treatment programs, which has allowed the program to further expand access to ART services for adults and children, with only minor increases in resources. Please see the following documents in the FACTS Document Library for additional information on the expenditure analysis (MZ Expenditure Analysis COP 2012.docx) and pipeline exercise (MZ Pipeline Exercise COP 2012.docx) used during COP planning.

3) Generate and use high quality data for decision making. PEPFAR Mozambique is committed to engaging in data-driven decision making to evaluate program impact, improve service delivery and maximize outcomes. To this end, we have allocated $12.2 million to strategic information activities to fund 13 independent evaluations, support GRM implementation of the recently developed health sector-wide monitoring and evaluation (M&E) plan, align partner M&E systems with those of the GRM, and strengthen GRM M&E capacity at national and provincial levels.

4) Promote good governance and effective leadership at all levels. Good governance and host country capacity-building are essential to increasing access to HIV services at the national and sub-national levels. Poor governance affects the functioning of Mozambique's public health sector resulting in chronic underfunding, lack of accountability and transparency, and limited management skills. Support to the health sector in decentralized planning and budgeting, public financial management, and civil society engagement in decision making processes will have a significant impact on HIV in Mozambique. Under the GHI, PEPFAR is increasing support to decentralized planning, management and execution to ensure health priorities and resources at local levels respond to local needs, and contribute to greater transparency and accountability in the planning and budgeting process.

PROGRAM PRIORITIES:

1) Expand and promote the coverage and effectiveness of PMTCT and HIV treatment coverage. In COP 2012, the USG team is responding to clear OGAC guidance to scale-up PMTCT and treatment efforts and supporting the GRM in its goal to put 80% of all eligible HIV-infected patients on ART and to reduce MTCT to less than 5% by 2015. Discussions are ongoing with the MOH regarding the potential to implement a test and treat PMTCT strategy to provide universal treatment of HIV-infected pregnant women at all existing ART sites. In anticipation of this potential policy shift, FY 2012 resources are planned to support MOH initiation of lifelong ART for pregnant women at existing PEPFAR supported sites where ART and PMTCT services are co-located. At other PMTCT sites Option A will continue to be rolled out. ART task shifting is underway to enable maternal neonatal and child health (MNCH) nurses to initiate ART, which will expand the number of PMTCT sites with ART capability beyond 241 over the next year. Beyond pregnant women, the treatment program will focus on increased treatment coverage, patient retention, and quality improvement. Commodity security remains a potential barrier to scale-up, and the USG is increasing its allocation to antiretroviral (ARV) drugs to support ART and PMTCT scale-up plans.

2) Program for prevention impact. In FY 2012, USG Mozambique is significantly reorienting its prevention portfolio to implement inter-related interventions within a combination prevention strategy that includes both biomedical and behavioral approaches. USG Mozambique's priority areas for scale-up in the prevention portfolio are: (1) HTC with an emphasis on identifying people living with HIV (PLHIV) as the main priority and on early identification of HIV sero-discordant couples as secondary priority; (2) VMMC with a focus on increasing uptake among 15-49 year old men in high prevalence and low MMC coverage areas; (3) expand Positive Prevention services; (4) and Treatment as Prevention in close coordination with the Care and Treatment team, focusing on specific populations (e.g. pregnant women, sex workers, sero-discordant couples, TB patients) while building on HTC activities for early ART initiation, reinforcing behavioral interventions for and adherence to the monitoring of HIV–negative partners in sero-discordant

couples. PMTCT, discussed above, is a critical component of the overall prevention portfolio and is described in detail in the PMTCT Acceleration Plan.

3) Support commodity security and a strong supply chain system to reach all service delivery levels. This is a critical area of priority of both the FY 2012 COP and our GHI strategy. In Mozambique, access to medicines has declined significantly over the past several years, rendering the MOH unable to respond to the health needs of its people and threatening PEPFAR scale-up of treatment for PLHIV. Given the severity of supply chain weaknesses, improvement strategies must be multifaceted and decentralized in focus. Thus, FY 2012 activities will focus on key strategic areas that aim to support all levels of the supply chain system to have the greatest and most sustainable impact. In terms of ARV commodity security, the USG and the MOH have been functioning in an almost constant state of emergency since 2009 due to the unpredictability of GF financing as well as frequent bureaucratic delays in other donor-funded projects such as the World Bank. The USG is working with the Global Fund, the largest financer of ARVs in Mozambique, to ensure Round 9 disbursements and secure complementary funding to the USG contribution for ARV commodities until 2015. However, the Global Fund contribution to ARVs does not take into consideration the rapid scale-up of treatment and the anticipated increase in treatment and PMTCT targets. The USG is proposing $23.7 million for ARV drugs to triple last year's figures for ARV drugs and meet rapid scale-up targets toward an AIDS-free generation. Concerns remain around sustainable long-term commodity security as the current financial landscape of the GF remains unclear. No commodity security plan for Mozambique currently exists and the USG and partners are working with the GRM to incorporate a vision for commodity security in the development of the next Health Sector Strategic Plan.

4) Support sustainable solutions to community-facility linkages. Linkages between facilities and communities fundamental to the continuum of response are a key priority for this COP. To increase demand, expand access, and increase uptake of services, we identified the following strategies to address weak referral systems between the community and facility and vice-versa: providing support to the MOH's cadre of community health workers (CHWs) who serve as primary interlocutors between MOH facilities and the community; standardizing the roles of official and unofficial community health workers (CHWs) in all PEPFAR-supported health facilities; establishing bidirectional referral systems for positive prevention programs including nutritional counseling and OVC services; stimulating demand creation and dual referrals to ANC where PMTCT services are being provided to improve the continuum of care for HIV-exposed and infected children, their mothers and/or fathers, including infant-feeding counseling or risk assessments; revitalizing District Management Committees; and involving PLHIV and community leaders in planning, implementing, and monitoring quality of services. To establish systematic referral mechanisms, we will develop memorandums of understanding between our implementing partners.

5) Build capacity of local partners, individuals and in particular, health care workers. As part of the USG's overall aim to strengthen the Mozambican government and local partners, (including civil society organizations) to provide leadership and support service delivery, we are shifting our approach to strengthen capacities at the individual/workforce, organizational, and systems level in line with the PEPFAR capacity-building framework. In FY 2012, we began to track resources toward this effort. An estimated $10 million is directed toward building capacity of local partners. Historically, USG capacity building efforts in Mozambique focused primarily on in-service skill updates and pre-service education, such as curriculum development and scholarships for clinical staff, with the primary goal of increasing the number of health care workers and improving the quality of pre-service education or number of in-service trainings provided. Under PEPFAR, and in line with the GHI strategy, the USG HRH portfolio will also increase attention to recruitment, deployment, attraction, and retention for essential health worker cadres critical to reaching rural populations, as well as training and deploying non-clinical cadres such as health administrators, managers, and supply chain logisticians. Finally, the USG will focus on building citizen capacity to demand better and more accountable services and engage in decentralization of GRM functions from centralized fiscal and management processes to the provinces and districts. In FY 2012, $8.4 million is allocated to HRH.

THE GLOBAL HEALTH INITIATIVE:

PEPFAR Mozambique continues to leverage funding with several other USG programs to maximize a whole-of-government approach that integrates PEPFAR and other health and development programs including malaria (Presidential Malaria Initiative), tuberculosis (TB), maternal and child health (MCH), family planning (FP), agriculture and water, food and nutrition, education, democracy and governance (DG), and the Millennium Challenge Corporation (MCC). This priority has been reinforced through the development of our Global Health Initiative Strategy where we aim to reduce maternal, neonatal, and child mortality among rural populations by: 1)Strengthening Governance in the Health Sector by improving planning, commodity management, advocacy for increased GRM investment in health and social welfare sectors, and improved civil society engagement; 2) Improving Retention and Management of the Health Workforce by improving capacity to retain skilled workers, improve performance, and improve capacity to manage, plan, and administer the health service delivery system; 3)Expanding Access and Uptake of Quality MNCH Services by increasing availability of a national "Integrated Package of Services," (IPS), increasing utilization of IPS, and increasing the involvement of communities in the design, implementation, and evaluation of interventions.

Moreover, under GHI, efforts to ensure gender parity in the public health workforce are being prioritized with efforts to promote equal opportunity for both men and women. Additionally, greater emphasis will be placed in supporting the leadership role of women as advocates to inform health sector monitoring and

planning and increase accountability and transparency of the GRM. As a result of the reductions in allocations to FY 2012 governance and system strengthening portfolio, some activities intended to contribute to governance and human resource GHI focus areas, will be shifted to FY 2013.

GEOGRPAHIC FOCUS FOR IMPACT:
As part of the COP process and the finalization of the GHI strategy, we selected three provinces (Gaza, Sofala, and Zambezia) in which services will be prioritized to achieve greater impact. This decision was based on demonstrated MNCH, and HIV needs, high disease burden, poor health infrastructure, scarce human resources, provincial capacity, existing USG platforms and potential synergies with other USG and non-USG programs, and ultimately, their ability to demonstrate impact. In FY 2012, 27% of program resources are allocated to the three focus provinces.

ADOLESCENT GIRLS:
As part of COP planning, the USG team identified gaps in programming for adolescents which resulted in programming prevention funds to target older OVCs, with a particular focus on secondary school girls (ages 13-18) in Zambezia and Sofala and programming treatment and care funds to develop a package of services for adolescents. HTC funds will be leveraged to target adolescents, particularly young girls, and sexual prevention activities will be coordinated with USG education programming. Throughout this effort, we are coordinating closely with the Gender-Based Violence (GBV) Initiative activities.

IV. USG MOZAMBIQUE APPROACH TO COUNTRY OWNERSHIP

A fundamental aim of the entire USG team is strengthening the Mozambican government and local partners, including civil society organizations, to provide leadership and support service delivery, as evidenced in both our PF and GHI strategies. In upholding the GHI and PEPFAR principle of sustainability and results-based management of programs, the significant bilateral investments call for review of how we interface with the public health system to support country ownership, with the ultimate goal being for the USG to increase not only its alignment with, but its use of host country systems as a way of building an overall better governed and sustainable health system. Thus, we are committed to doing so through: 1) using host country systems whenever possible and feasible; 2) engaging in joint (USG-GRM-community) conceptualization planning and design; 3) basing programs on a solid understanding of the overall system, even beyond health; 4) devoting significant effort to support external partnerships; 5) basing implementation on an institutional and community perspective, and; 6) developing robust health information systems and culture of data to create a body of evidence for the GRM and communities to make strategic and cost-effective decisions.

PF/PFIP MONITORING: The Partnership Framework Implementation Plan (PFIP) serves as a monitoring vehicle for country ownership and the GRM/USG commitments outlined in the PF signed August 23, 2010. In July 2011, the National AIDS Council and PEPFAR co-led a national validation workshop of the PFIP. The PFIP was submitted to OGAC for a final review in September 2011 and the team received feedback at the end of January, 2012. We anticipate that the PFIP will be finalized by submission of the COP.

In the PFIP, we outlined a sustainability and transition strategy which includes four key prongs aiming to create a strong health and social welfare system rooted in local capacity to effectively prevent the spread of HIV and provide appropriate care and treatment for those affected: 1) increase joint planning and reporting; 2) increase integration of HIV programs with other health and development programs; 3) strengthen Mozambican institutions; 4) increase direct funding to local institutions (GRM and civil society). The finalization of the PFIP coincided with the development of our GHI strategy and therefore, the two documents are mutually reinforcing. In both strategies, measureable results are dependent on sufficient funds in the overall national health budget to pay salaries of health care workers and key commodities, two critical areas which affect the ability to provide services and reach targets. Despite committing to increase the health sector budget to 15% of the national budget as a signatory to the Abuja Declaration, the percentage of GRM funds to the health sector has declined from 14% in 2006 to 7.7% of the state budget in 2012. The USG commits to intensifying advocacy with the GRM at the highest levels to ensure it is investing in its own health sector appropriately so that USG efforts are part of a sustainable plan for strengthening the public health sector. This investment would reflect a critical national commitment of the PEPFAR PF and the GHI strategy.

Progress is being made toward our five-year PF goals. In the area of prevention (Goal 1), we are reorienting our prevention activities to bring evidence-based interventions to scale in years 4 and 5 of our five-year strategy. In years 1-3 of the PF, we allocated significant resources to HRH, infrastructure and the supply chain (Goal 3) with the aim to shift these funds in years 4-5 to high impact prevention interventions as we are doing this year. Despite the early allocations to systems strengthening, the supply chain and HRH remain high priorities in Mozambique and our GHI strategy. A key aim of our PF is to transition pharmaceutical commodities to the GRM by 2013, but as discussed in the commodity security section above, new information and priorities have emerged, such as an increase in our allocations to commodities support in Mozambique. Goals 1 and 2, focused on treatment, care, and mitigation of the HIV response, aimed to spend years 1-3 of the PF building capacity to transition programs to GRM and local organizations, with the transition occurring in years 4 and 5. Transition is moving, as is evidenced by the shifts in direct funding to local institutions which are taking on financial management and service delivery of the treatment and care programs. The pace of transition, however, will be slower than originally planned.

JOINT PLANNING: This year marked great improvement in joint planning between the USG, GRM and

other donors. The MOH priority at all levels is joint planning and USG agencies working in Mozambique are committed to increasing coordination and integration across USG investments and presenting one USG voice to the GRM, civil society, partners and other donors. Internally, to increase integration of HIV and other health and development programs, the USG health team conducted the first ever interagency review of the entire USG health portfolio. Building on previous interagency PEPFAR portfolio reviews, the team is ensuring no missed opportunities for integration and synergies across not only the health portfolio but the entire U.S. foreign assistance portfolio. As part of the COP 2012 development process, the USG interagency health team used its interagency provincial teams, established in 2010, as a vehicle to strengthen country ownership, improve integration and coordination with provincial government partners, and engage USG implementing partners in joint USG-GRM planning for maximum impact at the provincial and district levels. At the central level, the USG and MOH began a process to align all FY 2011 and FY 2012 COP activities to the MOH national plan. Each year the USG team improves its COP development process so that data are collected in a structure which is more compatible with the GRM system. A key lesson learned during the process was the need for the GRM to modify its planning processes to ensure that PEPFAR will be on plan and on budget. With more integrated and inclusive planning processes at all levels, the GRM will have visibility and oversight of activities conducted by all stakeholders, which will enhance their capabilities to define priorities and allocate resources.

DONOR ENGAGEMENT: The GRM has a well-developed donor coordination system that encourages country ownership and enables the USG to invest in country-led plans. Donors supporting the HIV sector in Mozambique include the United Kingdom, Ireland, Denmark, 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 broader health and HIV issues through policy dialogue. Each GRM/donor forum has a technical working group structure in which USG staff actively participate. In addition to these structures, the 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. The USG is a member of the GF Country Coordination Mechanism (CCM).

COUNTRY OWNERSHIP ASSESSMENT: As part of our planning process for both the GHI strategy and the PF/PFIP, we assessed elements of country ownership. The challenges, strengths and opportunities shaped the strategic direction and activities under the GHI and PEPFAR.

1) Political Ownership: GRM leadership has been actively confronting challenges in the health and HIV sectors with varying levels of success. Current strengths include a comprehensive national vision with

clear medium and long term objectives stated in the Action Plan for the Reduction of Poverty, the 2007-2012 Mozambique National Health Plan which has now been extended to 2012, and the National HIV Strategic Plan. The MOH also has a strategy to include gender equality in the health sector and a Human Resources National Plan. Despite its clear vision, Mozambique is not on track to achieve targets related to its own national goals, Millennium Development Goals (MDG), or GHI/PF goals. Weaknesses in political ownership include the declining GRM percentage contribution to the health sector (7.7% in 2012) and the lack of a national VMMC strategy. Additionally, while a clear plan for decentralization exists, it has not yet been translated into needed policies, laws, and implementation required to achieve local impact. Civil society engagement at all levels to advocate for health improvements and provide effective oversight also remains weak. Under the Partnership Framework and GHI strategy, the USG engages GRM leadership, both bilaterally and multilaterally and in collaboration with other donors, to increase national allocations to the health sector, a key indicator used to measure political ownership. In the short- to medium-term, we believe a significant increase in GRM financing of health programs will remain a challenge, at least until new revenues flow to government coffers from large natural resource projects.

2) Institutional and Community Ownership: Weak government capability to oversee and implement policies and regulations, limited management skills of frontline providers, and inefficient distribution and use of available scare resources has hindered the advancement of country and community ownership for health programs. Within the public health sector, critical health needs are often prioritized in strategic plans but not addressed through effective implementation and management to reach local levels. Historically the Mozambican public sector, including health, has been highly centralized with limited mandates for sub-national administration levels to adequately address needs of the local population. As a result, commodity stock-outs are frequent and widespread; human resources are not strategically deployed; funding does not reliably reach district and facility levels; and health service access issues limit coverage and uptake of key health interventions. USG Mozambique's work under PEPFAR and the GHI strategy are shifting focus to local-level governance and engagement of civil society. As the largest bilateral donor in the health sector, the USG recognizes its influence on the health system and contribution to overall health achievements. We believe that by aligning the USG and GRM planning processes at provincial and central levels, and demanding more GRM accountability by investing in the decentralized, prioritized resource allocation to provinces, substantial transformations within local and community ownership for health programs could emerge.

3) Capabilities: The legacy of the highly centralized public health sector, together with an underlying weak education system, contributes to the limited GRM and community technical and management capabilities to oversee programs. Insufficient leadership, managerial, and technical skills, lack of technical skills, lack of financial capacity for the prompt acquisition of commodities, and a current GRM financial management system that is weak, all contribute to the limited capabilities. Opportunities exist for creating programs that

link local institutions with international or regional organizations providing both technical and managerial skills, increasing leadership opportunities and capacity of Mozambicans on the USG PEPFAR team and focusing on the administration and management skill sets at the central level.

4) Accountability: Although the GRM is promoting public sector reform to improve the quality of service delivery across the government, scant attention has been paid to improving citizen demand for better and more accountable services and engaging them in the decentralization process. Citizen engagement with government through collective action (throughout the service delivery and local planning processes) can result in improved access to and quality of services and increased demand from citizens. This engagement, which is weak in Mozambique, needs a strong focus on empowering citizens. In order to strengthen citizen engagement in health sector planning and service delivery, the USG intends to increase the capacity of civil society organizations and advocacy networks to inform GRM planning and increase transparency and accountability. This includes the creation of civil society networks to better enable accessto and sharing of key information, such as budgets, national plans and laws. We also see an opportunity in shifting USG and donor funds to local organizations as is evidenced by a key priority of our PF and GHI strategies.

V. CENTRAL INITIATIVES

1) GBV Initiative: Mozambique is one of three countries participating in this initiative with approximately $7 million of central funds per year for three years. Year 1 activities in Mozambique started October 1, 2011 and the team submitted its Year 2 plan as part of the COP 2012 submission. We have 19 partners, a few new ones expected in Year 2. The team has recruited a GBV Program Assistant to help support the management of the initiative and recently conducted M&E training for implementing partners.

2) Medical Education Partnership Initiative (MEPI): Mozambique benefits from the MEPI program. The MEPI program in Mozambique, with approximately $9 million in central funds, aims to improve the quality of Mozambican medical school faculty at the University of Eduardo Mondlane and two new medical schools, Unizambeze and Unilurio. MEPI's primary focus is the residency program for physicians as a strategy to strengthen faculty, and ultimately the medical school capacity to develop a greater number of skilled physicians. MEPI implementers routinely meet with the USG team to ensure alignment of activities and look for synergistic opportunities.

3) Food and Nutrition: Mozambique is receiving $5 million ($4 million PMTCT; $1 million Care and Treatment) in central level funding for scale-up of nutrition and counseling support (NACS) within Care and Treatment and PMTCT settings. Development of food and nutrition plans and budgets for these two central initiatives were done in conjunction with COP 2012 planning.

4) Public Health Evaluations (PHE): The following studies will continue to be funded through central PHE funds ($1,207,755)- Establishment of sentinel cohorts of patients in HIV care and treatment services in Mozambique; Evaluation of a symptom-based flowchart for tuberculosis diagnosis in children in Mozambique; Evaluating the effectiveness of using Point-of-Care Technologies in MCH services in four provinces in Mozambique and its impact on the PMTCT program; The impact of a modular, multi-disciplinary, body-systems based curriculum on clinical competencies and knowledge levels of mid-level health providers in Mozambique.

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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	1,218,986	2011	Draft Demographic Impact Report, 2011
Adults 15-49 HIV Prevalence Rate	12	2009	UNAIDS Report on the global AIDS Epidemic 2010		2009	AIDS Indicator Survey, 2009
Children 0-14 living with HIV	130,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	197,883		Draft Demographic Impact Report, 2011
Deaths due to HIV/AIDS	74,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	70,542		Draft Demographic Impact Report, 2011

Estimated new HIV infections among adults	110,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	98,966		Draft Demographic Impact Report, 2011
Estimated new HIV infections among adults and children	130,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	119,741		Draft Demographic Impact Report, 2011
Estimated number of pregnant women in the last 12 months	877,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	100,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Number of people living with HIV/AIDS	1,400,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	1,416,869		Draft Demographic Impact Report, 2011
Orphans 0-17 due to HIV/AIDS	670,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	820,929		Draft Demographic Impact Report, 2011
The estimated number of adults and children with advanced HIV	550,000	2010	Global HIV/AIDS response: epidemic update and health sector	637,217		Draft Demographic Impact Report, 2011

infection (in need of ART)			progress towards universal access: progress report 2011			
Women 15+ living with HIV	760,000	2009	UNAIDS Report on the global AIDS Epidemic 2010	753,096		Draft Demographic Impact Report, 2011

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	Reduce new HIV infections in Mozambique (Reduce new infections by 25% by 2014)		
1.1	Reduce Sexual Transmission of HIV	P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions
		P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
		P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or

			being faithful, and are based on evidence and/or meet the minimum standards required
1.2	Reduce Mother to Child Transmission	P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
		C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth
		P1.1.N	P1.1.N Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
		P1.2.N	P1.2.N Percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery
1.3	Expand Access to Counseling & testing	P11.1.D	P11.1.D Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results
1.4	Expand availability of safe voluntary male circumcision	P5.1.D	P5.1.D Number of males circumcised as part of the minimum package of MC for

			HIV prevention services
1.5	Reduce transmission of HIV via blood transfusions	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
1.6	Reduce medical transmission of HIV among health care workers	P6.1.D	P6.1.D Number of persons provided with post-exposure prophylaxis (PEP)
2	Strengthen the multisectoral HIV response in Mozambique		
2.1	Strengthen multisectoral leadership of the National AIDS Council in coordination, planning, and monitoringof national HIV response	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
2.2	Improve capacity of the GRM to effectively utilize available resources to improve HIV service delivery	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
2.3	Increase national prevention coordination interventions by engaging civil society, media, and the public in private sectors	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
2.4	Strengthen organizational and technical capacity of civil society	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
2.5	Harmonize national M&E systems	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period

3	Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV prevention, care, and treatment goals		
3.1	Increase the number of health care and social workers and improve capacity of training institutions	H2.1.D	H2.1.D Number of new health care workers who graduated from a pre-service training institution within the reporting period
		H2.2.D	H2.2.D Number of community health and para-social workers who successfully completed a pre-service training program
		H2.1.N	H2.1.N Number of new health care workers who graduated from a pre-service training institution within the reporting period
3.2	Improve the management capacity, motivation, and retention of health and social workers	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
3.3	Improve commodity, procurement, and distribution systems at all levels	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
3.4	Strengthen national health management information systems and surveillance data that allows for reliable measurement of the HIV response	H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
3.5	Improve and expand the public health infrastructure	H1.1.D	H1.1.D Number of testing facilities (laboratories) with

			capacity to perform clinical laboratory tests
4	Improve access to quality HIV treatment services for adults and children (Reduce AIDS mortality by 5% and prevent 23,000 AIDS deaths by 2014.		
4.1	Strengthen the national capacity to increase the numbers of persons receiving quality antiretroviral treatment.	T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
		T1.2.D	T1.2.D Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) [CURRENT]
		T1.2.N	T1.2.N Percent of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)
4.2	Ensure HIV positive patients receive comprehensive care services	C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment
		C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
		C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis
		C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food
4.3	Improve the quality and retention of HIV treatment programs at different levels	T1.3.D	T1.3.D Percent of adults and children known to be alive and

			on treatment 12 months after initiation of antiretroviral therapy
4.4	Reduce the delayed initiation of treatment through better follow-up of pre-ART patients and other interventions	T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
4.5	Expand diagnosis and early treatment for HIV-infected infants	C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth
		T1.1.D	T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART
4.6	Strengthen laboratory support services for HIV diagnosis and management	H1.1.D	H1.1.D Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests
5	Ensure care and support for pregnant women, adults and children infected or affected by HIV in communities and health and social welfare systems		
5.1	Strengthen national capacity to increase access to a continuum of care services and promote effective referral system	C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
5.2	Improve nutritional status of PLHIV and HIV affected households	C5.1.D	C5.1.D Number of eligible clients who received food and/or other nutrition services
5.3	Provide high quality essential services to PLHIV and their households	C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service
5.4	Promote legal and social rights of PLHIV,	P8.1.D	P8.1.D Number of the targeted

	OVC, and other affected individuals		population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required
		H2.3.D	H2.3.D Number of health care workers who successfully completed an in-service training program within the reporting period
5.5	Mitigate the socio-economic effects of HIV by strengthening the economic capacity of vulnerable families and individuals	C1.1.D	C1.1.D Number of eligible adults and children provided with a minimum of one care service

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

In what way does the USG participate in the CCM?
Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
7+ times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
1-3 times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.
Yes

In any or all of the following diseases?
Round 11 TB, Round 11 HSS

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?
Yes

If Yes, please indicate which round and how the end of this grant may impact USG programming. Also describe any actions the USG, with country counterparts, is taking to enable continuation of any successful programming financed through these grants.
Currently, there are two HIV grants for the Ministry of Health (rounds 2 and 6) that are in the grant closure process. Rounds 2 and 6 Phase II were converted into 100% commodities through the VPP (voluntary pooled procurement) mechanism due to lack of MOH capacity to directly manage GF program funds.
A new MOH HIV grant through round 9 was signed in February 2011 with significant disbursement delays. Round 9 phase I is over 90 percent procurement of health products and medicines and the MOH is highly dependent on these disbursements for ART. An agreement was made between the USG and GF in late 2011 to immediately disburse $10 million in ARVs with USG support to the development of a plan of action to strengthen the supply chain. Further ARV disbursements will occur upon the successful completion of the plan. USG support to finanical management capacity building is ongoing and recent preliminary findings of the GF Office of Inspector General demonstrating weaknesses in the financial systems are being discussed with donors for a coordinated response and technical support to the Ministry of Health's Directorate of Finance.

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?
Redacted

Did you receive funds for the Country Collaboration Initiative this year?
No

Is there currently any joint planning with the Global Fund?
Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)
Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Round	Principal Recipient	Assistance Provided	Value of Assistance (If Known)	Programming Impact	Causes of Need
2	Ministry of Health	Collaboration with partners (WHO) on stock out of 1st line TB medicines and engagement with the Ministry of Health in Lesotho in an emergency donation.		Involved USG staff time	
6	Ministry of Health	High Level Intervention between OGAC Multilateral Diplomacy Branch and Global Fund Africa Division Executive Director to approve round 2 and round 6 HIV grants in anticipation of stock outs; USG switched shipments to account for delays in disbursements		Involved USG staff time	

9	Ministry of Health	High Level Intervention between Ambassador Goosby and Executive Director Michel Kazatchkine to approve an emergency disbursement request by MOH for HIV and Malaria commodities; USG switched shipments to account for delays in disbursements		USG programming impacted by need for reprogramming to cover	
9	Ministry of Health	High Level Intervention between Ambassador Goosby and Senior leadership at the GF Secretariat to establish a USG-GF partnership for the disbursement of $10 million in ARVs		Involved USG staff time	

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
	TBD PPP Gorongosa	14751:Ecohealth Project	Gorongosa National Park	0	358,800	This PPP is being jointly developed by USAID,

						Gorongosa National Park (GNP), local government authorities and local community-based organizations. Capitalizing on GNP's existing structures, services and linkages with communities and other agencies (e.g. Mount Sinai University) will be created to prevent new HIV infection in communities living in the park's buffer zone and park employees, to strengthen linkages between communities and health facilities, and to improve the livelihoods of OVC and caregivers. This activity will build the capacity of the

						Park and communities to integrate HIV prevention and mitigation into conservation activities, including sustainable natural resource based micro-enterprise development, community mobilization/education, and community-based resource management strategies. This project started development in FY 2009 and the first quarter of FY 2010.
	Becton-Dickinson Laboratory Strengthening (BDLS) Program	9564:ASCP	Becton Dickinson	250,000	250,000	BDLS is entering its final year of activity within the 5-year partnership in Mozambique. BDLS supports the Ministry of Health; namely the National Institute of Health and the

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

						Strengthening Laboratory Management towards Accreditation (SLMTA) program. Training was geared towards building project management skills. Project management training was also provided for leaders of quality improvement efforts as well as representatives of laboratories enrolled in SLMTA. BDLS will continue to support the implementation of the National Quality Assurance Plan by providing technical assistance to develop laboratory quality policy and guidance for the development of a quality

						manual. In addition, they will support the implementation of a software package to control quality management system documentation and will continue to provide short-term mentorship by experienced BDLS volunteers.
	TBD PPP		New Partner	Redacted	Redacted	In FY 2010, the USG will accelerate its engagement in PPPs to help ensure sustainability of programs, facilitate scale-up of interventions, and leverage significant additional resources. These endeavors will help create linkages and strengthen

						systems within the private-sector for HIV services, and can mobilize additional sources of financial and technical support (e.g. funding, technical assistance, products/services, supply chains) to complement USG-supported HIV initiatives. In FY 2010, the USG will mainstream innovative private-sector partnerships into its HIV prevention and care programs. Future PPPs will focus on HIV prevention along the major corridors (potential partners: National Road Association, transportation companies);

						improved livelihoods and nutritional status for families affected by HIV (potential partners: agroprocessing & tourism industries); and the strengthening of government and/or civil society institutional capacity (potential partners: banking industry).
	TBD PPP Nampula		Coca-Cola, New Partner	Redacted	Redacted	This PPP will provide a comprehensive package of HIV prevention services to workers & their families, and at-risk youth (15-29 years) living in the communities near the Coca Cola bottling plant in Nampula City. This

						partnership will promote the reduction of HIV acquisition and transmission among at-risk youth by increasing the adoption of safer sexual behaviors and changing social, economic and cultural factors that facilitate the transmission of HIV. The USG and Coca Cola will support innovative strategies to engage youth and to decrease their vulnerability to HIV. Potential activities include school-based activities, sporting activities linked with HIV and lifeskills education, and income generating activities. All

						activities will be developed and coordinated with provincial and district health directorates, communities, youth and PLHIV. This project will be developed during the first two quarters of FY 2010 and the three-year partnership will begin later in FY 2010.
	TBD PPP Moatize	13782:Improved Reproductive Health and Rights Services for Most at Risk Populations in Tete	New Partner	Redacted	Redacted	This activity will improve economic livelihood opportunities for highly vulnerable children and youth (i.e. orphans and vulnerable children and youth receiving antiretroviral treatment) and their household members in Cabo Delgado. IYF will provide market-driven

						job training, life skills training, and remedial education (as necessary) to support beneficiaries to gain marketable skills, place youth in internships, and improve livelihood possibilities for young people and their families through job placement. IYF will also train selected youth in business planning, link them to credit sources, and identify mentors for them to start or expand small businesses. The skills-based component will focus on the needs of the tourism sector and an additional track will be developed for

						entrepreneurship for those seeking self-employment. The monitoring & evaluation component will assess the quality of training, job placement, employer satisfaction and the success of small business start-ups.
	Youth:Work Mozambique	13413:Youth:Work	New Partner	Redacted	Redacted	This activity will improve economic livelihood opportunities for highly vulnerable children and youth (i.e. orphans and vulnerable children and youth receiving antiretroviral treatment) and their household members in Cabo Delgado. IYF will provide market-driven job training, life

						skills training, and remedial education (as necessary) to support beneficiaries to gain marketable skills, place youth in internships, and improve livelihood possibilities for young people and their families through job placement. IYF will also train selected youth in business planning, link them to credit sources, and identify mentors for them to start or expand small businesses. The skills-based component will focus on the needs of the tourism sector and an additional track will be developed for entrepreneurship

						for those seeking self-employment. The monitoring & evaluation component will assess the quality of training, job placement, employer satisfaction and the success of small business start-ups.
	CETA Farinha Forca Production	12149:SCIP Zambezia	New Partner	Redacted	Redacted	In FY 2010, USG and CETA will kick-off Farinha Forca production in Zambezia. CETA's cashew nut factory and the USG implementing partner, WVI, will establish a community run production facility to produce a nutrient dense food supplement made from local produce. This product will then

						be marketed locally and distributed to malnourished OVC and PLHIV via community and clinical partners in the province. CETA is currently rehabilitating a space in its factory to house the facility and is procuring the equipment for processing and packaging. CETA will also continue to provide technical assistance throughout the production process, will provide cashews at a subsidized price, will help market the product and will purchase an amount for use for its workers and their families. WVI, through SCIP,

						will oversee the operation of the facility. While this project was developed in FY 2009, rehabilitation and procurement had already commenced. The production of Farinha Forca will begin in FY 2010
2011 APR	Community Care PPP		Coca-Cola	0	0	PEPFAR will integrated PPP activities into its community care programs. Partnerships will support the livlihoods of OVC, PLHIV and caregivers through economic strengthening and education activities. USG is in negotiations with Coca Cola to replicate the Vendor Employment Model for OVC in Manica Province.

						PEPFAR will prioritize other partnerships that simultaneously promote the livlihood of vulnerable groups while supporting local businesses by providing trained, motivated staff and/or improved access to markets (Year 1 of 5)
2011 APR	Financial Management Capacity Building Initiative		Standard Bank	0	0	PEPFAR has brokered a partnership between Standard Bank and the University of Eduardo Mondlane to provide financial management technical assistance to UEM's Faculty of Medicine to manage its funding coming from its various sources more efficiently and

						effectively. This support is based on similar partnerships with Standard Bank in other PEPFAR countries.Standard Bank is completing a detailed needs assessment to identify the Faculty's institutional, human and techincal capacity needs. Based on these findings, SB will then source a consultant to work within the faculty for up to six months to provide tailored on-site mentoring to finance/admin staff and to establish new procedures/systems. USG, SB and UEM will jointly monitor and document this support to

						share lessons learned with relevant stakeholders. SB will dedicate current staff to this initiative and/or pay for an external consultant. There is no cost to PEPFAR (Year 2 of 2)
2011 APR	Roads PPP	12152:Regional Outreach Addressing AIDS Through Development Strategies (ROADS II)	New Partner	Redacted	Redacted	The ROADS II Project will leverage private-sector resources to increase access to HIV information and services for MARPs along the southern corridors in Mozambique. USAID, FHI and DPWorld are currently in negotiations to jointly establish a safety stop to serve MARPS in and around the port of Maputo. Other potential partners include

						the sugar mill located on the north-south corridor at Xinavane, the Federation of Mozambican Transport Associations (FEMATRO), and the major clearance terminals in Maputo (STM and FRIGO). FY2011

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	ANC 2009	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Publishing	N/A
N/A	ANC 2011	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Publishing	N/A
N/A	ANC/PMTCT comparison 1st round	Evaluation of ANC and PMTCT transition	Pregnant Women	Data Review	N/A
N/A	ANC/PMTCT comparison 2nd round	Evaluation of ANC and PMTCT	Pregnant Women	Planning	N/A

		transition			
N/A	BSS 2010 (FSW, Miners, Long-distance truckers)	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Mobile Populations, Men who have Sex with Men	Data Review	N/A
N/A	Chokwe HDSS	HIV-mortality surveillance	General Population	Implementation	N/A
N/A	DHS 2011	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	DSS Manica	Other	General Population	Implementation	N/A
N/A	FSW Facility-based Sentinel Surveillance	Sentinel Surveillance (e.g. ANC Surveys)	Female Commercial Sex Workers	Development	N/A
N/A	IDU	Behavioral Surveillance among MARPS	Injecting Drug Users	Development	N/A
N/A	INCAM 2007/8	HIV-mortality surveillance	General Population	Other	N/A
N/A	Mens Study 2010	Behavioral Surveillance among MARPS	Men who have Sex with Men	Publishing	N/A
N/A	Military 3rd Round	Surveillance and Surveys in Military Populations	Uniformed Service Members	Planning	N/A


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			0		**0**
HHS/CDC	4,500,000	2,337,000	97,809,997		**104,646,997**
HHS/HRSA			6,190,000		**6,190,000**
PC			1,753,300		**1,753,300**
State			582,934		**582,934**
State/AF			1,400,000		**1,400,000**
USAID			116,502,678	0	**116,502,678**
Total	**4,500,000**	**2,337,000**	**224,238,909**	**0**	**231,075,909**

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		0	8,467,509				1,424,000		**9,891,509**
HBHC		0	6,011,933		16,370	100,000	5,927,161		**12,055,464**
HKID	3,986				16,370	200,000	12,569,793		**12,790,149**
HLAB			4,648,259				4,713,999		**9,362,258**
HMBL			1,525,833				0		**1,525,833**
HMIN		0	2,193,085				0		**2,193,085**
HTXD			91,509				42,913,158		**43,004,667**
HTXS		0	21,618,546	2,875,000	16,730		2,707,869		**27,218,145**
HVAB	57,800	0	386,371		32,742	550,000	1,956,566		**2,983,479**
HVCT		0	7,564,741				4,834,923		**12,399,664**
HVMS	435,444		7,423,105		1,648,960		7,727,431		**17,234,940**
HVOP	31,890	0	4,078,155		22,128	250,000	2,943,305		**7,325,478**

HVSI	47,835	0	5,549,758	100,000			1,524,071		**7,221,664**
HVTB			3,469,868				3,330,299		**6,800,167**
IDUP			222,874				0		**222,874**
MTCT			15,373,269	290,000			8,446,918		**24,110,187**
OHSS	5,979	0	8,407,244	2,925,000		300,000	12,548,470		**24,186,693**
PDCS			1,360,762				512,138		**1,872,900**
PDTX			6,254,176				2,422,577		**8,676,753**
	582,934	**0**	**104,646,997**	**6,190,000**	**1,753,300**	**1,400,000**	**116,502,678**	**0**	**231,075,909**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

Policy Area: Access to high-quality, low-cost medications						
Policy: Ensure financial and administrative autonomy for the Central Medical Stores (CMAM)						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct-09	Dec-12	Jun-13	Dec-13	Feb-14	Dec-15
Narrative	Assessment and development of Pharmaceutical Logistics Master Plan recommending financial and administrative autonomy for CMAM in line with best practices for central medical stores management. Approved by Minister in October 2009; In February 2011, MOH suspended	Create small Task Force to identify next steps for implementing CMAM's autonomous and independent status, and engaging the Ministry of Finance (MOF). MOH to procure legal services and engage in continued dialogue with MoF, outline of key issues to be addressed.	Draft legal document and framework, including creation of independent board, outlining roles, responsibilities and requirements of an autonomous and independent CMAM	MOH, MOF and Permanent Secretary approve legislation	Financial autonomy and independence of CMAM initiated (separate bank account, signature authority, resources to manage operations)	

	the PLMP approved which was supposed to provides a future vision for a re-designed supply chain.					
Completion Date						
Narrative						

Policy Area: Access to high-quality, low-cost medications						
Policy: Transition financial sustainability of key health expenditures to GRM / Creation of Commodity Security Strategy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Feb-11	Apr-12	Jun-12	Oct-12	Jan-13	Jun-13
Narrative	No Commodity Security Strategy. Key information and stakeholders identified for the transitioning of health commodities to be included in the state	Utilize existing TA to work with CMAM and the MOH to develop a Commodity Financing plan. On-going stakeholder engagement in developing a common policy	Revise and finalize the PLMP draft to take into account the consensus from stakeholders and ensure takes into account commodity security for all health. Sustainable	MOH/Permanent Secretary, Conselho de Ministros approve the commodity security strategy plan	GTM and Commodity Security Task force to monitor implementation of commodity security strategy	GTM and Commodity Security Task Force to conduct lessons learned and mid-term review of commodity security strategy

	budget	agenda.	financing strategy developed, with innovative solutions to generate additional revenue for payment of essential health and HIV commodities (e.g. market segmentation, public-private partnerships, tax on certain products, etc.)			
Completion Date						
Narrative						

Policy Area: Counseling and Testing						
Policy: Facility-based lay counselors						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Aug-12	Dec-12	Jul-13	Jul-14	Aug-14	Dec-15
Narrative	Define roles and	Lay counselors				

	responsibilities, and integration into the National Health System, and sustainable financing of facility-based lay counselors, specifically for testing and counseling. Remains under discussion, as lay counselors in facilities are not yet accepted at national MOH level. Advocacy work by USG and others is ongoing. Efforts have been delayed by other pressing	are an appropriate cadre to provide in-depth pre and post test counseling in a facility setting to complement the service offered by clinical providers (PITC).				

	HTC matters including availability of RTKs, quality of testing.					
Completion Date						
Narrative						

Policy Area: Human Resources for Health (HRH)						
Policy: Establish a sustainable funding mechanism from the state budget for CHWs						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	10-Jan	10-Jun	11-Jan	12-Jan	Jun-12	Jun-13
Narrative	CHW implementation plan already approved, with agreed-upon minimum salary -- Implementation plan approved but waiting on final GRM approvals	Engage GRM and other stakeholders on how to fund CHWs from state budget -- Funding gathered from donors, mostly USG, Canada, World Bank and Global Fund Round 8. Training	Develop policy and strategy on funding CHWs from state budget -- USG sponsored central TA begins as GRM rolls out first phase of training CHWs. No state budget allocated to CHWs but	Develop policy and strategy on funding CHWs from state budget/ Baseline study of CHW data -- Joint GRM planning for program, donor funding continues through 2010 source plus	GRM officially approves policy -- Round 8 Global Fund set to be cancelled. Canada funds end in 2013. USG funds scale up in certain provinces, Global Fund funds in the North. Training Continues with no	Implementation of policy-mid-term evaluation begun using CHW baseline -- Reported under MOP and OP in future years for USG resources.

		materials and Kits finalized. USG begins support under PEPFAR	recognition of the program in annual plans at the provincial level.	some ProSAUDE basket fund. USG scales up non-PEPFAR support to program. No state budget allocated beyond staff time.	expansion. USG program will develop a performanc e-based finance scheme to CHWs.	
Completion Date						
Narrative						

Policy Area: Human Resources for Health (HRH)						
Policy: Implement a retention strategy through approval of incentives and salary adjustments						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	9-Dec	Jan-11	12-Jan	12-Dec	13-Jun	14-Dec
Narrative	In the Human Resources National Developme nt Plan 2008-2015 the lack of implementa tion of professional careers and poor working	In 2009, MOH requested USG support to develop an incentive strategy including a menu of financial and non-financia l options to	Based on menu of options and decisions made by MOH and Ministry of Finance, a draft policy and implementat ion plan would be developed.	MOH will negotiate the implementat ion of the incentives policy with Ministries of Financing and State Administrati on and once approved,	Nationwide implementat ion of incentives policy and implementat ion plan will be launched with support from donors and state budget	The pilot will be evaluated for feasibility of application and whether the incentives used are effective in retaining staff. Using the

	conditions contributing to lack of health worker motivation and retention is noted. Possible actions for addressing this issue include: a) review performance, career progression and promotion management; b) develop an incentive strategy specific to health workers; c) improve work conditions, especially bio-safety.	guide decision-making. In addition, the USG was asked to revise job descriptions for health care workers.	In order to operationalize the policy, Ministries of Finance and State Administration and Donors supporting common funds be involved in the development of policy.	would submit to the Mozambican Congress		improved HRIS, deployment and retention will be tracked for staff.
Completion Date						
Narrative						

Policy Area: Laboratory Accreditation						
Policy: National Laboratory Policy						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Jan-10	Jan-10	Sep-10	Jan-11	Mar-11	Mar-12
Narrative	Currently in Mozambique, there are no defined Laboratory Standards and no laboratories that have achieved national or international accreditation. WHO-AFRO has provided a framework for a step-wise scheme to support advancement towards accreditation that is appropriate for laboratories in	A working group of USG-funded lab partners has been indentified to support the MoH and oversee the establishment of lab policy which will provide the framework for a national lab accreditation process.	Define National Laboratory Standards and draft policy which will serve as a guide for improving laboratory quality in line with defined standards. Vett policy with stakeholders, including MoH, INS, INNOQ, WHO and donors supporting laboratory capacity building.	MoH and Permanent Secretary approve legislation.	Implementation and ongoing monitoring plans developed and costing of plans accomplished.	Yearly audits performed of laboratories with accreditation and corrective actions taken as needed.

	resource-limited settings.					
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: Develop a national male circumcision policy and guidelines to enable scale up and access to safe voluntary male circumcision services						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	30 March	30 April	15 June	31 July	1 August	Ongoing
Narrative	Key information and stakeholders being identified to participate in working group to develop policy and guidance.	On-going stakeholder engagement in developing a common policy and guidance. Agreement on targets and goals.	Draft policy and strategy developed and implications of proposed policy on health sector assessed. Operational barriers identified and strategies for overcoming barriers proposed.	GRM officially approves policy/strategy	Dissemination, awareness raising and education activities. Strategy implementation/capacity strengthening activities carried out. Monitoring plan for implementation established.	Evaluate strategy. Identify and mitigate implementation barriers. Track progress towards meeting national targets.
Completion Date						
Narrative						

Policy Area: Other Policy						
Policy: Establish a national blood transfusion policy and legislation						
Stages:	**Stage 1**	**Stage 2**	**Stage 3**	**Stage 4**	**Stage 5**	**Stage 6**
Estimated Completion Date	Oct-09	Mar-10	10-May	Sep-10	Jan-11	12-Jan
Narrative	The new decree that will revoke the old 14/88 and will approve the national blood transfusion policy and legislation was already developed by National Blood transfusion program with technical assistance of AABB and CDC. These documents are being reviewed by a committee indicated by the Minister	Create a task force to figure out what are the constraints the comitte is facing with regarding reviewing the policy/legislation and define next steps.	Finalize blood transfusion policy and legislation framework. Submit blood transfusion policy and legislation to the cabinet for evaluation and approval	Receive cabinet approval-- -- The legislation that will create the National Blood Service was approved by Council of Ministers Dec 2011;The National Blood Service will officially be established in March of 2012.	Operationalize national blood service (SENASA) and gradually remove blood banks subordination to the hospitals. Begin the process of creation of provincials blood services.	Evaluate/audit national blood service (SENASA) performance as semi-autonomous institution

	of Health before being submitted to the cabinet for approval					
Completion Date						
Narrative						

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	12,055,464	0
HKID	12,790,149	0
HVTB	6,800,167	0
PDCS	1,872,900	0
Total Technical Area Planned Funding:	**33,518,680**	**0**

Summary:
FY 2012 PRIORITIES
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 antiretroviral therapy (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. In FY 2012, the USG will support a continuum of response which includes: 1) clinical care; 2) community care; 3) preventive care; 4) palliative care including OIs, nutritional counseling and referrals for food insecure households; 4) psychosocial care, including but not limited to emotional and spiritual support; and 5) social and economic support. Acknowledging that the facility and community play distinct and important roles to ensure a continuum of response to improve HIV care outcomes, our overarching FY 2012 priority is to increase health service linkages and referrals to increase coverage, uptake and retention of HIV services and empower patients and communities to hold the health system accountable for the services provided. FY 2012 funds will support: 1) expansion of the basic care package (BCP); 2) standardization of prevention services within pre-ART services; 3) improved management of opportunistic infections (OIs); 4) development of a national STI Strategy; 5) expansion of the national cervical cancer program; 6) implementation of a national quality improvement/quality assurance (QI/QA) strategy for care; 7) active case finding for early identification and follow up of exposed and infected children; 8) expansion of CD4 point of care testing; 9) development, implementation and monitoring of home-based-care (HBC) standards; 10) improved coordination and harmonization of official and unofficial cadres of community health workers (CHWs) involved in the continuum of response; 11) strengthening of linkages of TB with other services and scale-up of ART for TB/HIV co-infected patients; 12) improved nutrition assessment, counseling and support (NACS) within care programs; 13) and focused OVC support for adolescent girls' education and families' economic livelihoods. 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/social welfare directorates.

ACCOMPLISHMENTS

USG accomplishments include support for: 1) improved coordination of care and support activities with national health authorities and implementing partners; 2) provision of a comprehensive HIV BCP for PLHIV and OVC; 3) development of a pre-ART package of care and support services; 4) scale-up of the national cervical cancer prevention and control program, using screen and treat approach in 7 provinces; 5) improvement in the provision of cotrimoxazole prophylaxis to PLHIV; 6) development of a national HBC strategy with an emphasis on adherence support, nutritional support and palliative care services to PLHIV; 7) improvement of TB/HIV collaborative activities (including new recording and reporting tools); 8) improvement of the management of MDR-TB (including new tools); scale up of NACS within care programs; 9) central, provincial and district level support to Ministry of Women and Social Action (MMAS) in child policy, monitoring and evaluation, and human resources strengthening; 10) development of new tools for non-ART patients, to allow a better longitudinal tracking system, improvements of the paper based and facility based monitoring and evaluation systems; 11) mapping existing community and clinical services and converting the data to district level Service Directories to support referrals to services across the continuum of care; 12) and facilitating dialogue between MMAS, MISAU, and other sector implementers on integrating the services to HBC clients and OVC into one provider. Also noteworthy is the training and deployment of the revamped official MOH cadre of community health workers (CHWs), an up-coming palliative care situational analysis to inform quality practice, and roll-out of the Community Adherence and Support Groups (CASG) model .

COMMUNITY – FACILITY LINKAGES

Linkages between facilities and communities fundamental to the continuum of response are a major priority for this COP. The USG supports both clinical care within the facility and community care at the community and household level and strives to create stronger linkages between the two. Various studies in Mozambique have identified barriers to HIV service adherence as principally social in nature, such food and nutrition insecurity and lack of transport. While progress is being made, Mozambique still lacks a clear strategy which delineates the roles of various health care workers at the facility and community or strong community leadership and coordination platforms to address the continuum of response for HIV care. The USG supports the official GRM CHW and social worker cadres and non-official cadres such as community educators, community case managers, peer educators and volunteers. Approaches vary from province to province and depending on partners given that the official GRM cadres (MOH and MMAS) do not currently perform the roles needed to achieve a continuum of HIV services. As part of this year's COP, the USG approached the MOH to request that official CHW cadre linking MOH facilities to the community expand their scope of work to include HIV. In FY 2012, facility and community care linkages will be strengthened through: 1) advocacy and support the expansion of the scope of work to include HIV; 2) support to the MOH's cadre of community health workers (CHWs) who serve as primary interlocutors between MOH facilities and the community; 3) establishment of bidirectional referral systems with delineated responsibilities of official and unofficial CHWs at the facility and community; 4) strengthened PLHIV and community involvement in design, management and evaluation of health service delivery interventions; 5) and effective linkages with ANC where PMTCT, post partum, and Expanded Programme on Immunization (EPI) to improve the continuum of care for HIV-exposed and infected children, their mothers and/or fathers.

ADULT CARE AND SUPPORT

In Mozambique, adult care and support is an integral part of the continuum of response for PLHIV. The USG is supporting HIV care and support service delivery in all 11 provinces of the country. In FY 2011, with PEPFAR support 612,470 PLHIV received a minimum of one clinical service. The 12 month pre-ART retention was 85% for adults. In FY 2012, 442,609 PLHIV are expected to be reached and in FY 2013 623,948. The decrease from FY 2011 to FY 2012 is due to a more rigorous definition of care and improved data collection by clinical partners. The USG will continue to liaise with the MOH and implementing partners to improve clinical and community care and linkages between the two. The following sections outline key initiatives in each of these areas.

Clinical Care
In FY 2012, the USG will support expansion of the BCP. Currently the BCP, which includes soap, condoms, IEC materials and sodium hypochlorite solution, is implemented in seven provinces. In past years BCP was only offered to PLHIV on ART and OVC within these provinces. COP 2012 support will expand BCP geographic coverage within selected provinces. For example, in Gaza and Zambezia provinces, eligibility will be expanded to include pre-ART patients, newly enrolled ART patients for the first 6 months of ART, pregnant women for the duration of pregnancy and 6 months post-partum, and children with HIV. The USG is currently conducting a qualitative evaluation to assess the impact and challenges associated with BCP distribution.

Furthermore, USG will support the MOH to standardize prevention services within pre-ART services. In FY 2012, HIV prevention services will be delivered to PLHIV as part of their routine care through two mechanisms: the integration of pre-ART with positive prevention (PP) and the roll out of a pre-ART package of HIV clinical care services. Through pre-ART/PP integration, the following services will be provided: sexual history assessment, risk reduction counseling and condoms; partner testing and referrals; STI assessment, screening and treatment, partner treatment and referrals; family planning/PMTCT assessment and referral. The pre-ART package of HIV will ensure that all patients benefit from a comprehensive set of interventions, including: diagnosis of opportunistic infections (OIs) including Kaposi sarcoma and Cryptococcal meningitis, cotrimoxazole prophylaxis, TB screening and referral for early initiation of ART, isoniazid (INH) prophylaxis, STI diagnosis and management, cervical cancer screening; early HIV staging and ART referral; and NAC, psychosocial support, adherence support, positive prevention, reproductive health services, referral within health facility clinical services and referral between health facility services and community services: HBC, palliative care, OVC services, nutritional counseling, adherence support and social services (food security and income generation and economic strengthening).
The USG will support efforts to improve the management of opportunistic infections (OIs). Last year, the MOH approved and disseminated an HIV task-shifting policy including HIV treatment and OI management to another cadre of staff (nurses and medical agents). Subsequently guidelines and training materials were up-dated and three regional trainings were held. In FY 2012, further trainings will be performed in all provinces to improve OI prevention and management and provision of cotrimoxazole to eligible PLHIV. Equally, technical support will be provided to revitalize Cryptococcus and Kaposi sarcoma management including drug forecasting and quantification, organization of health facility treatment teams and units in all provinces, health worker training in triage and HIV care and treatment services, reestablishing adequate referral systems, improving data collection and reporting; and ensuring availability of job aids.

The USG will also support the development of a national STI Strategy. In 2006 new guidelines were disseminated, but implementation is fragmented. Many clinicians are not trained on new guidelines; therefore, missed opportunities for diagnosis and management occur. For instance, syphilis screening is not part of routine care, frequent medication stock-outs and lack of registers and other monitoring and evaluation tools impede program scale up. To improve the management of the STI program, in FY12 primary activities include: 1) national strategy development; 2) improvement of facility-based management and treatment of STIs; 2) provincial trainings and supervision; 3) distribution of new tools (algorithms, registers and forms) and IEC materials; 4) improvement of collection and reporting; 5) better forecasting and quantification of medicines and reductions of stock outs.

In FY2012, USG will support the expansion of the cervical cancer program. This program has been implemented in seven provinces, whereby two peripheral health centers and one provincial hospital in each province are implementing services. By the end of 2011, 44 sites were providing cervical cancer screening and treatment services for women aged 30 to 55 years old. In FY 2012, with USG support, activities will be expanded to least two more sites per province.

Finally, USG will support a national quality improvement/quality assurance (QI/QA) strategy. Currently, different ART sites across Mozambique employ no or varying QI/QA strategies. The objective of this effort is to harmonize QI/QA efforts across ART sites and institute a culture of quality care and treatment. Following a pilot in few selected sites, the roll-out will be gradual with priority given to sites with minimal to no QI interventions. To ensure activities are carried out in a timely manner, USG will coordinate closely with the MOH and partners.

Community Care
In Mozambique, a broad range of services are available to PLHIV and their families through community-based programs, including standard packages for HBC and OVC which include palliative care; treatment and care service referrals; adherence support for HIV/TB treatment and OI prevention and treatment such as CTX; and social support (e.g. income generation activities, training and support to caregivers), psychosocial and spiritual support, and appropriate nutritional advice. In Mozambique HBC programs play a major role in clinical follow-up, psychological and prevention services for PLHIV. HBC was formally introduced by MOH in 2002 to provide basic care for the increasing number of AIDS patients as a means to reduce increasing hospital occupancy rates of PLHIV, which ranged between 30 and 60%. The MOH sets policies and provides HBC guidance, while CSOs provide supervision and direct services.

In FY 2012, the USG will improve community care through: development, implementation and monitoring of national HBC standards; establishing HBC and home visit (HV) supportive supervision systems for quality improvement; prioritization of community care program implementation near PEPFAR-supported ART and PMTCT sites to improve adherence and retention of all patients enrolled in HIV-related care at a health facility; adherence support and PP interventions at the community level to promote HIV prevention and overall well-being for PLHIV, including pre/post partum women; meaningful involvement of PLHIV in community/facility based; increased emphasis on economic strengthening interventions to reduce overall household vulnerability; Referral of all pregnant women in the community to a designated site for HCT and PMTCT; and strengthening linkages with wrap around interventions, such as nutrition, economic strengthening, safe water, hygiene, sanitation, OI, malaria, family planning/reproductive health. The USG will also support the MOH and the MMAS to provide quality services through implementation of activities that strengthen patient retention in care, build capacity for treatment and prophylactic adherence, strengthen and standardize monitoring of implementation of care and support programs.

In FY12, USG will continue to support the Government of Mozambique with the finalization of HBC standards of care and technical assistance will be provided to strengthening the MOH's capacity to develop and implement the national palliative care strategic plan, an integral part of the HBC approach. To strengthen the bi-directional linkage from facility-based to community-based programs support will be provided for: the establishment of bidirectional referral systems for key intervention areas such as positive prevention programs, adherence support, nutritional counseling/support, psychosocial support, HBC/Palliative care, and OVC services; implementing organizations/PLHIV associations to create village savings and loans, access micro-credit, to reduce the economic vulnerability of the household and barriers to treatment adherence; establishment of community level pre-ART and ART positive prevention support groups; continuation of the coordination and distribution of the 'Basic Care Kit' promoted through community and health facility settings; nutritional support will be emphasized through infant-feeding counseling or risk assessments, referrals to clinical Nutrition Rehabilitation Units where they exist. Training on balanced meals and utilization of local nutritional foods through various modalities including – the mother-to-mother groups, community committees for child protection, household visits, and community mobilization activities.

PEDIATRIC CARE AND SUPPORT
The increased commitment to PMTCT in Mozambique is coupled with a reinforced commitment to the expansion and scale up of pediatric care and treatment to improve and extend the quality of life for children growing up with HIV and their families. Key priorities for the next two years, as reflected in COP

2012, include support for the systematic provision of comprehensive care and support services to HIV-exposed and infected children including: early infant diagnosis; cotrimoxazole prophylaxis; prevention and management of opportunistic infections; adherence support, growth and development monitoring; nutrition assessment, safe water, sanitation, and hygiene interventions, malaria prevention, and provision of home based care including palliative care, counseling and support; psychological- social support.

As of FY 2011, 126,998 patients were newly enrolled in clinical care services, of which 9,619 were children (0-15 years). The 12 month pre-ART retention was 53% for children. In FY 2012 the USG aims to enroll 41,240 children and in FY 2013, 67,368 children. To reach these targets, we will support an active case finding strategy will be put in place to strengthen the early identification and follow up of exposed and infected children. This will include: provider-initiated counseling and testing (PICT) as a routine procedure for all infants and children presenting to any health facility; PICT inpatient pediatric wards at district and provincial hospitals as well as outpatient settings; integration of HIV testing within EPI settings; routine case indexing of adults enrolled in HIV care and treatment programs; community level active case finding. To achieve optimal pediatric coverage, uptake and retention across the continuum of care, a combination of approaches will be used including those that promote integration and linkages of pediatric HIV services with other routine care such as expanding PICT, strengthening infant diagnostics diagnosis logistic system (e.g. SMS printers technology), expanding CD4 point of care testing, strengthening community drug distribution approaches, systematic delivery of comprehensive package of care including access to malaria and diarrhea prevention, nutritional assessment and counseling and provision or referral to access therapeutic food. Pediatric HIV/TB efforts are also being scaled up in COP 2012 (refer to TB/HIV section).

Key to improved integration of HIV in MNCH services in FY 2012 will be the inclusion of MCH nurses in ART management committee meetings, review of patient flow to reduce loss to follow and conducting home visits for HEI within the first month of delivery. Likewise a systematic approach for service delivery to children and their families including clear and smooth client flow from home to facility by improving referral systems between pediatric care and treatment and child at risk consultation clinics (CCR): use of escorts for mother/baby pairs between maternity and CCR; in EPI/MCH services, verification of HIV status/ exposure in the child health card and referral for testing and follow up in CCR clinics and vice-versa will greatly improve pediatric HIV programming supported by USG. To both improve quality of life and as part of a broader strategy to recover defaulters the referral and outreach systems between clinic and community services including PLHIV groups, early childhood development, educational, and OVC programs will be strengthened.

In COP 2012, the USG will support pediatric HIV through HBC support to the MOH and work with existing clinical partners to support the national palliative care strategy to incorporate pediatric HIV. These efforts will improve the quality of children's lives through age and developmentally appropriate pain assessment and management, and provision of psychological, social, and spiritual support within a family-centered care model. Likewise, increased effort will be placed on strengthening the psychological and social aspects of the pediatric HIV care portfolio. This will include systematic counseling for parent/guardian and child at each follow up visit including adherence support, provision of disclosure process support, expansion of regular age appropriate children support groups, peer support programs and parent/guardian support activities. Currently, USG clinical partners are working to address many of these factors, but a coordinated, evidence-based effort is still lacking in the country. As such, USG will work with the MOH and partners to increase these activities with the goals of improving quality of life, retention and clinical outcomes for children with HIV across the age continuum.
Routine supervision, monitoring of quality of services and collection of data on infant diagnosis, cotrimoxazole prophylaxis and enrollment in ART programs will be ensured through implementation of quality improvement activities.

TB/HIV

In Mozambique, TB is a serious public health concern. The country is ranked 16th among the 22 high TB burden countries in the world according to STOP TB –WHO Global Report 2010. Mozambique faces numerous challenges concerning TB activities. New reporting and recording tools have not been implemented due to lack of funds for their reproduction and subsequent training. Although the MOH was very keen to introduce the new treatment guidelines for Universal ART for all co-infected patients, regardless of CD4 count, the roll out was hampered HIV test kit stock outs and an insufficient supply of ARV drugs. Supervision of peripheral facilities as well as from central to provincial level and of community DOTS volunteers has been hampered due to a lack of transportation and funds to cover related expenses. More sensitive diagnostic techniques (such as mycobacterial culture and GeneXpert) for diagnosing TB in PLHIV are not widely available. An insufficient capacity to diagnosis and treat pediatric TB remains a challenge. Finally, program management for drug-resistant TB requires significant strengthening.
For 2012, in recognition of the need to strengthen TB/HIV collaborative activities, USG agencies in Mozambique will prioritize the following key activities: technical assistance to the National TB Program including for completion of basic program evaluations; through implementing partners, continued support for HIV/TB program integration, service delivery, training and monitoring and evaluation. In addition, for 2012 some PEPFAR funds will be allocated to purchase TB drugs, laboratory diagnostic reagents and consumables, an X-ray Machine for Machava referral hospital for MDR-TB and to conduct evaluation of the implementation of GeneXpert. To address the M&E challenges, efforts have been made to harmonize and coordinate the activities related to the TB/HIV indicators through a M&E subgroup. Steps have been made to identify the position, role and responsibilities for the recruitment of an M&E Advisor to be place at Department of Information (DIS) in the Ministry Health to assist with the reporting of the PEPFAR and Global Fund-related activities. Recently, the MOH has approved the new priority group for ART to be HIV-infected TB patients and women in PMTCT settings.

All USG-supported clinical partners will be funded to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MOH priorities, Mozambique's TBCARE plan and at a minimum will include: 1) strengthening the implementation of the 3 "Is"- intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of "one stop model" 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and development of plans to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinicians receive training on TB/HIV, and MDR-TB including management of pediatric TB. 8) Strengthening the pediatric case management (early diagnosis of cases using appropriate techniques, contact tracing, guidelines, availability of drugs, 9) and assisting in operational research and other evaluations (one stop Model, MDR-TB, TB and TB/HIV and gender aspects). Additionally, the USG will collaborate with existing TB diagnostic and treatment services to support: minor renovations and provision of equipment to health facilities (e.g. GeneXpert and LED microscopes); placement of TB focal persons with each clinical partners; technical assistance to the MOH to develop a MDR-TB database; coordination and collaboration with the MOH, the WHO, other donors and key partners maximal use of resources; a basic program evaluation of the "One Stop Model"; provision of transport for supportive supervision to peripheral health facilities, community based DOTs volunteers/activists and to trace defaulters and contacts of TB; and training of clinicians/nurses to perform sputum induction in children.

Linkages with the community and support groups and TB programs and other USG partners will also be strengthen to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed, and treated for TB.

FOOD AND NUTRITION
PEPFAR strategies to integrate NACS within HIV care and treatment programs are detailed in the NACS scale up plan for Care and Treatment programs found in the document library. The USG, through PEPFAR, procures supplementary food for the treatment of moderate acute malnutrition, supports implementation of NAC through clinical and community partners, as well as technical assistance for policy and M&E. In Mozambique the Clinton Foundation is funding therapeutic food (Plumpy Nut) for children. PEPFAR resources for food and nutrition are closely coordinated with other USG nutrition programs under the Feed the Future (FtF) Initiative. Additionally, efforts are being made to include food and nutrition components in the trainings of the MOH official CHW cadre, mothers groups and other community-based health workers at the clinical level to ensure that they are referring patients to other food and nutrition activities at the community level.

NACS scale-up is prioritized using the following criteria: 1) NACS efforts currently in place; 2)Availability of electronic records (EMR) for adults in treatment; 3) High prevalence of HIV and of malnutrition; 4) Potential for reducing HIV-related morbidity/mortality; 5) postnatal interventions (including counseling on exclusive breastfeeding, introduction of complementary feeding at 6 months of age, and food support where appropriate) with the goal of improving 2-year HIV-free survival; 6) community investment platforms already in place (e.g., FtF in the northern provinces and presence of community-based support); 7) and the presence of PEPFAR clinical partners. The USG and PEPFAR programs are coordinated with the national level food and nutrition coordination bodies and support the MOH's Nutritional Rehabilitation Program (PRN).

ORPHANS AND VULNERABLE CHILDREN
Care and support for OVC and their families remains a challenge due to a number of factors, including lack of qualified and competent social workforce cadre, dearth of OVC data, and insufficient political commitment for a national agenda for children and inadequate budget allocation for social welfare. Over the next two years, USG will pursue the following priority activities related to OVC and in support of PF Goals 3 and 5: education for adolescent girls, early childhood development, strengthening community structures, strengthening families through improving economic opportunities to enable them to cope with socio-economic insecurities, food and nutrition services and child protection, strengthening social welfare workforce and systems and improved bi-directional referrals between community and facility based partners. In addition, USG will continue to support quality improvement for OVC programming, which is led by MMAS.

System strengthening efforts, relating to capacity building as well as SI, are integral to better support and protect vulnerable children and their families while improving programming. Local NGOs, CBOs and FBOs continue to play a major role in national responses to OVC issues. Therefore we will continue to strengthen them at various levels, such as organizational development, technical and programmatic areas. Lack of national OVC data in Mozambique is a major gap. USG will work with MMAS to develop a comprehensive tool for evaluating OVC programs which will then be adapted to implement standardized and routine evaluations around a standard set of defined and measurable outcomes throughout Mozambique and within specific USG OVC programs. To provide evidence for improved planning and efficiency, USG will continue conducting a costing exercise that started in FY 2011 for community-based care services for OVC and results are expected this FY. The USG has also been supporting and will continue to support quality improvement for OVC programming, which is led by the MMAS.
The USG Mozambique programs aim to support the needs of children across the age span. To that end, we implement integrated OVC and HBC programs. In addition, strengthen OVC integration across PEPFAR, creating linkages with PMTCT, adult treatment and pediatric treatment activities to ensure effective dual referrals and access to appropriate and adequate services by children and their families.

PUBLIC PRIVATE PARTNERSHIPS
The role of private sector in advancing key priorities in provision of care in Mozambique is still very

limited. Currently, only one initiative with objectives on delivering care services (specifically for OVC) has been implemented in a partnership with the private sector. This initiative is a result of a partnership between USAID and the Gorongosa Restoration Project, the organization that is managing the Gorongosa National Reserve Park and aim to bring HIV prevention, care and family planning services to the population living in the buffer zone around the park. So far the program hasn't produced any results due to a very slow startup; the program was awarded in May 2011.

GENDER

According to APR11 data, the distribution by sex of patients in home-based care (supported by PEPFAR) roughly mirrors the sex distribution of infection: 60% of HBC clients are female. On the clinical care side, females were 66% of PEPFAR-supported patients receiving a minimum of one clinical care service and 64% of patients eligible for and receiving CTX in their last visit. While 71% of patients screened for TB in an HIV care/treatment setting were female, only 53% of those who started TB treatment were female (among pre-ART patients only). In terms of OVC support, girls and boys were reached roughly equally, according to APR 2011 data (51% females, 49% males). MARPS programming is addressing male norms and behaviors by piloting men's clusters within communities to create a supportive environment for counseling and testing, disclosure and positive living. This cluster model can also serve as a catalyst to advocate for intolerance for domestic violence, transaction sex with minors and other cultural practices that fuel the risk of infection. The goal is to train men to lead community level discussions on topics such as the harmful effects of alcohol, its contribution to GBV and poor adherence to medication. In addition, MARPS program with female sex workers (FSWs) will link with legal and social services around GBV as well as income generation programs. OVC programs address gender by ensuring equal access to education and productive sources of income by older OVC and their caregivers as well as addressing the community norms and behaviors using the evidence based "Go Girls!" materials. By nationally disseminating information on child protection, GBV, Family, PLHIV laws, OVC programs are increasing legal rights and protection, particularly for adolescent girls.

MARPs

The need for a greater understanding of the local dynamics of the STI and HIV epidemics among MARPs in Mozambique is a core element of the HIV/AIDS National Strategic Framework. The lack of available information on the dynamics of the HIV/STI epidemics among MARP/FSW constitutes one of the main barriers to enhancing HIV prevention and care among these specific populations. Although some prevention programs are in place, data on health care among MARPs, particularly sex workers, injecting drug users, and men who have sex with men are nonexistent therefore the percentage of MARPs' receiving clinical care services is unknown. This lack of information within the MARPs populations and limited awareness by caregivers impacts the capacity of health providers and health policy decision-makers to respond to urgent HIV care needs for MARPs.

The USG is providing support for the provision of evening clinical and medical services, with sensitized staff that provides health care and counseling to FSWs and their clients as well as to develop a system of collecting data among MARPs served by caregivers in health facilities that will allow for estimates in HIV and STI prevalence and selected behavioral risks among female sex workers, their clients and other MARPs. Although night clinics are up and running, data on health among this group is not often available due to absence of individual files for each patient and a clear flow of the information.

The USG is also supporting the implementation of minimum package of services for MARPs, specifically for MSM, FSWs and their clients through implementing partners who develop peer education and outreach interventions, risk reduction counseling by increasing consistent condom use, uptake of HIV and health services, and adoption of other risk-reducing behaviors; including increase in uptake of HIV counseling and testing by targeted to hard-to-reach populations. Care programs for MARPs are linked to HIV prevention and support services in Mozambique through peer educators, which strengthen linkages to other HIV and health services and existing night clinics for sex workers.

HRH
Community-based health practitioners and community coordination groups are critical to improved community-facility linkages and improved HIV outcomes in the care program. The recent commitment by the GRM to revitalize the official CHW program provides an opportunity to increase access to essential health services while freeing up facility-based clinical staff to deliver services that require more technical expertise. The GRM's ambitious strategy aims to scale up the CHW program to eventually have 25 CHWs per district (3,600 nationally). Implementation of the revitalization of the CHW strategy was launched in 2010 with the first "round" of 179 CHWs selected, trained and stationed in 8 districts. The role of CHW focuses largely on health promotion and maintenance as well as early identification of diseases such as malaria, TB and HIV.
Despite these advances, the CHW role in HIV is limited and it is not currently capable of supporting the wide breadth of functions that current "unofficial" health workers provide (e.g. community educators, community case managers, peer educators and volunteers). For example, community educators, community case managers, peer educators and volunteers assist to locate ART defaulters and re-link them to health units to re-initiate ART. The MMAS oversees one unofficial cadre of community-based social workers, the home visitors, which are largely supported by CSOs to provide care and support services within the community. They provide a wide spectrum of services including: OVC referrals to age-appropriate social, psychosocial support, and prevention (including positive prevention) services; spiritual support; adherence support; communication and counseling related to stigma and abuse, and issues affecting discordant couples; and nutrition and hygiene education. HBC workers, certified by the MOH, take responsibility for more severely ill and bedridden clients. The GRM is also in the process of revising curricula for two key OVC cadres: Literacy Educators and Social Welfare Technicians. The USG will support the finalization of the training program and HR management of these critical cadres, as well as build MMAS's capacity to roll out the training and address human resources challenges in general. Operational guidelines exist through MMAS and MOH, which include norms and pre-requisites for volunteers, training, and supervision. MMAS has also developed training materials for community structures' ethical and responsible management of home care and home support. These materials establish minimum quality standards upon which programs can supplement them with continuing education materials broadening the knowledge and capacity of volunteers and responding to needs and issues that arise during program implementation. The USG via its partners works with the MOH and the MMAS to maximize these cadres, in coordination with local community structures (i.e. community care committees) for a more cost-effective and sustainable approach to integrated community care and support.

LABORATORY
COP 2012 funded Laboratory services to support adult and pediatric care include: increased access to CD4 testing through strengthened specimen referral systems and implementation of point of care CD4 in hard to reach locations which will not only improve clinical care but has been shown to improve retention; implementation and evaluation of GeneXpert and LED microscopy to improve diagnosis of TB in HIV-infected patients; implementation and expansion of National External Quality Assurance programs for syphilis and TB smear microscopy which includes proficiency testing and follow up supervision and refresher training; and improved access to laboratory based diagnosis of OIs through strengthening of microbiology capacity at Provincial Hospital laboratory level. Significant attention and resources will be dedicated to improving quality of laboratory services through the establishment of National Laboratory Standards and the implementation of a training and monitoring program, focused on Reference, Central and Provincial laboratories, to ensure labs are meeting or working towards defined standards.

STRATEGIC INFORMATION
Strengthening the Care information base in Mozambique remains a challenge, primarily due to the lack of information systems and human, financial resources, weak systems to measure and improve data quality, and limited data analysis and use for decision making at every level. Challenges differ between the facility

context (e.g. CTX, STI, and TB screening for pre-ART and ART patients) and the community context (e.g. OVC and nutrition). In the facility context the key challenges are lack of inclusion of indicators in national M&E system and poor completeness and quality of data collection on these indicators. To overcome these challenges, the SI team has supported the MOH todevelop new information systems that will improve the collection of information about STI, CTX and TB screening disaggregated by gender, age, and pre-ART and ART patients. Furthermore, the USG supported finalization and incorporation of revised STI indicators into the national information systems managed by the MOH. In the community context, the key challenge remains the lack of national direction for M&E systems for community-based partners and activities. To overcome these challenges, the SI team has coordinated, designed and implemented, through a partnership with an implementing partner and the MMAS, a baseline evaluation of OVC and their related household characteristics in four districts in Mozambique. The evaluation has provided a critical understanding of the social, economic and health characteristics of these OVC and their households and established a baseline to measure changes in outcomes based on service levels of this population overtime. In addition, this evaluation established a specific geo-coded cohort of over 6,000 OVC that will be assessed over the next three years for improved individual outcomes related to health, education and economics. In FY 2012, the USG will support the MOH to implement updated paper monitoring and evaluation systems to better align with USG and international standards and electronic patient tracking systems and the MMAS and implementing partners to leverage the evaluation data for routine program evaluation M&E. We will also look to expand this evaluation to more provinces and households to make it more nationally representative.

CAPACITY BUILDING
The USG aims to promote sustainable care services at the clinical and community levels, to both the GRM and local CSOs. For example, we will continue to support the MMAS in its oversight and coordination role of HBC and OVC services and assist the MOH clinical staff with in-service training on comprehensive pediatric HIV care, supportive supervisions and mentoring; provision of job aids; and strengthening of commodity, drug and reagent distribution systems within the province.

USG Mozambique recognizes that civil society organizations fulfill multiple roles as development actors, from complementing the role of state in service delivery (e.g. providing community-based HIV prevention, OVC, and HBC services) to influencing policy and accountability by empowering communities to participate in local governance processes. Traditionally, USG Mozambique has supported civil society organizations to implement health projects based on service delivery. In line with the GHI strategy, the USG is especially interested in improving citizen demand for better and more accountable health and social services and engagement in the decentralization process. Citizen and civil society engagement with government through collective action throughout the service delivery and local planning processes can result in improved access to and quality of services and demand from citizens.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	9,362,258	0
HVSI	7,221,664	0
OHSS	24,186,693	0
Total Technical Area Planned Funding:	**40,770,615**	**0**

Summary:
FY 2012 PRIORITIES
In FY 2012, the USG will focus its health systems strengthening (HSS) efforts in improving health worker retention and management, strengthening governance in the health sector, a revised approach to the supply chain, building national systems, infrastructure, and improved data for decision-making. A stronger health system in Mozambique is necessary to reach and sustain the ambitious targets in prevention, care, and, in particular, treatment. Although budget shifts were made from HSS to other areas to accommodate increased treatment targets and the goals of an AIDS-free generation, activities funded by other program areas are also intended to strengthen the system. The USG team is committed to HSS and will focus its efforts on areas most critical to scale up services. FY 2012 COP activities also support the GHI aim to reduce maternal and newborn mortality among rural populations by investing in three key areas: 1) strengthened governance in the health sector; 2) improved retention and management of the health workforce; 3) expanded access and uptake of quality maternal, neonatal and child (MNC) services. In upholding the principle of sustainability, the USG is shifting how it interfaces with the public health system to support the attainment of HIV and GHI targets through increased alignment with and use of host country systems. This will build a better governed and sustainable health system that can achieve and maintain HIV prevention, care and treatment goals. PEPFAR PF Goal 2 (Strengthen the multi-sectoral HIV response in Mozambique) and Goal 3 (Strengthen the Mozambican health system) align directly to GHI focus areas 1 and 2. The FY 2012 COP will leverage existing USG programs (PMI, MCH, PEPFAR, and other initiatives) to implement the GHI strategy. For example, funding from multiple streams will support community health workers (CHWs), the Integrated Package of Services (IPS - see Service Delivery section for details), and civil society strengthening.

Health System Overview: In Mozambique, myriad, persistent health systems challenges create a significant obstacle to HIV service achievements. Health infrastructure is limited, with more than half of Mozambicans walking over one hour to reach the nearest health facility. Health facilities face frequent commodity stock outs, and many lack access to electricity and clean water. Human resources for health (HRH) are severely constrained, with only 4 doctors and 39 nurses per 100,000 population (MOH, 2011), a proportion that is among the lowest in the world. Systems for tracking, motivating, and retaining staff are weak. Frontline health providers and supervisors are often poorly trained and have limited management skills. The Government of the Republic of Mozambique (GRM) has little capacity to oversee policies and regulations and to coordinate health workers, resulting in poor supervision and coordination at all levels. Civil society is weak and not effectively engaged in service delivery or advocacy. Information systems are generally unable to provide timely and accurate health system data. Only 7.7% of the national budget is allocated to health (Ministry of Finance, 2012), and external resources or donor support accounted for 70% of the national budget for health in 2010 (MOH, 2010). The USG is Mozambique's largest donor in the health sector, with support coming from PEPFAR, PMI, USAID's MCH budget, and the Feed the Future Initiative (FTF). USG funding in FY 2011 totaled $331 million. The vast majority of those funds contributed to programs or purchased services of U.S.-based implementing partners. In the coming years, the USG intends to gradually transition activities from international NGOs to Mozambican (and/or African-based) institutions and organizations. In order to achieve the goals of the Global Health Initiative (GHI) Mozambique Strategy and PEPFAR II of sustainable health programs owned, led and implemented by Mozambican institutions, active and effective engagement of the government, the private sector, and civil society is needed.

GOVERNANCE
Good governance and host country capacity-building are key to increasing access to HIV services at national and sub-national levels and is a major Focus Area of our GHI strategy. Support to the health sector in decentralized planning and budgeting, public financial management, and civil society engagement in decision-making processes will have a significant impact on HIV/AIDS services in Mozambique. Many USG health initiatives have worked on these issues peripherally, yet few have made improved governance for health their central focus.

Insufficient management capacity of officials in leadership positions has been one of the primary constraints of the public health system in Mozambique. Poor governance affects the functioning of Mozambique's public health sector, resulting in chronic underfunding, lack of accountability and transparency, and limited management skills. With an aim of increasing the effectiveness and efficiency of service delivery, the USG plans to strengthen its partnership with government and build management capacity, oversight, and control at all levels. The USG will support the strengthening of a decentralized model and use of host-country finance systems through building capacity of GRM teams to better plan, manage, and implement their own budgets and programs. This will ultimately improve budget execution, accountability, management of the health workforce, and the availability of commodities.

The USG is committed to working with the GRM to improve its own monitoring and reporting systems to rigorously evaluate efforts and to monitor concrete improvements in key health system outputs.

Although the GRM is promoting public sector reform to improve service delivery, scant attention has been paid to improving citizen demand for better and more accountable service, and engaging civil society in the decentralization process. Until now USG investments in civil society organizations have mainly been limited to funding implementation activities rather than building capacity to influence policy, participate in planning processes, and hold government accountable. The USG will build civil society capacity and enhance its role in advocating for access to quality HIV/AIDS services, as demonstrated by an increase in the number of districts in which civil society participates in health sector planning and monitoring. The USG will strengthen the collaboration between local councils composed of civil society leaders and members, and community and district governments, by equipping local councils and other coordination fora with the information and capacity to analyze plans and budgets, set priorities, and make the best use of local spaces for dialogue with government.

The USG will increase direct funding to capable local civil society organizations, and increase efforts to strengthen their technical and organizational capacity, using its own staff, international partners, and new local capacity-building providers (both private sector and NGO capacity-building entities), as appropriate. Existing programs that sub-grant to and build the capacity of local civil society will continue, with increased coordination to share tools and approaches, and a greater focus on civil society involvement in decision-making, greater involvement of PLHIV, and NGO resource mobilization. Capacity-building of civil society and government institutions will be in line with the PEPFAR capacity-building framework, which addresses strengthening capacities at the individual/workforce, organizational, and systems level. For example, at the individual level, the USG will support the pre-service training of health care workers, as well as provide training, coaching and tools for local NGO staff in M&E and financial management. At the organizational level, the USG will support district health directorates and local NGOs to improve their planning, coordination, and internal systems and procedures. At the systems level, the USG will help local civil society and government coordinate through existing local councils and health committees, share technical standards, and strengthen systems such as the Human Resources Information System (HRIS).

The USG recently supported the GRM to carry out a health systems assessment and to host an HRH retention conference, both of which looked at role of the private sector in health. This spurred analysis of various issues, such as data collection on health workers working in the private sector, retention strategies to attract health workers back into the national system, improving regulation of and linkages with the private sector, improving GRM's capacity to use the taxes on private sector entities for its health sector budget, and options for outsourcing or private-public partnerships. The USG will continue to support the GRM to implement recommendations from the assessment and conference, through the development of a national HRH retention strategy. The USG supports the National AIDS Council to develop and harmonize its communications strategy, reaching civil society, public, and private sector entities. The USG will use local private sector entities to build capacity of local partners in financial management, strategic planning, M&E, and other areas.

STRATEGIC INFORMATION (SI)
Mozambique suffers from critical shortages of trained SI professionals at all levels. This impacts the quality of data and information available for strategic planning of the HIV response. While the implementation of several key surveys in recent years has increased access and use of quality data for decision making, capacity within the GRM remains severely limited and available information remains inadequate for monitoring of patients and programs. Due to the lack of information systems and human and financial resources, Mozambique will be dependent on outside technical assistance (TA) for the foreseeable future. Although there are many donors in the health sector in Mozambique, few provide significant resources to SI activities.

The USG is working to strengthen both GRM's HIV-specific information systems as well as broader health information systems that monitor MCH, malaria, nutrition, TB and more. The USG aligns its support in health information systems to the MOH Department of Information Systems (DIS)'s five-year HIS strategy. The DIS at the MOH has recently been reorganized and aims to strengthen SI activities. USG support and TA focus on three main areas: (1) Strengthening human resources in HIS through support for MOH-led training and supervision, and support for the innovative M-OASIS program to increase the pool of human resources in HIS; (2) Improving the management of the HIS, including the development of key national and international standards and tools, such as a national data dictionary and implementation of International Classification of Diseases - 10th Revision (ICD-10), an international standard for classifying mortality and morbidity; and (3) Strengthening key areas of HIS technology, including the redevelopment of MOH's aggregate reporting system, development of standards for patient level information systems, and implementation of hospital based reporting systems.

PEPFAR will promote learning and accountability through M&E by supporting GRM implementation of the recently developed health sector wide M&E Plan, which feeds into annual planning and monitoring activities. USG implementing partners will ensure their M&E systems are directly aligned and strengthen national and provincial reporting. This approach, in line with the GHI, demonstrates a paradigm shift in USG reporting as it adapts systems appropriate for integrated services and their contributions to larger health outcomes, not simply vertical or disease service provision. To strengthen capacity in M&E, USG will fund TA in M&E at national and provincial levels, though models of TA being used will be reviewed in FY 2012 to determine which are the most effective and sustainable. In FY 2012, the USG will support the implementation of M&E capacity-building activities with the Government of Brazil and GRM under a Trilateral Partnership.

Approximately 53% of COP 2012 funds in HVSI are for local partners. Though HVSI represents only 3% of the total programmatic budget, an additional $5,698,000 funds have been programmed for SI-related activities in other program activities per OGAC guidance; these include development and implementation of surveillance, M&E, and information systems specific to that program area.
In FY 2012, the SI team will continue to align its TA strategy to maximize responsiveness to GRM priorities and cost-effectiveness. New partnerships local and regional organizations will build local capacity for data quality assessments (DQAs) and train students in SI at Mozambican higher learning institutions. Direct agreements will provide funding to the Master of Public Health program at the University of Eduardo Mondlane (UEM) and to the M-OASIS project at UEM which supports graduate students in health information systems (HIS) who are then mentored while working on informatics projects at MOH. The USG will continue to provide direct funding to the MOH at the central level and in four provinces (Maputo Province, Cabo Delgado and two TBD provinces supported by USAID clinical partners) for HIS activities, as well as to strengthen research and surveillance at MOH's National Institutes of Health. While Mozambique will continue to require international TA for SI until at least the end of PEPFAR II (and possibly longer), new and existing international partners will be required to secure GRM counterparts and demonstrate measurable progress on transitioning activities to local systems and personnel.

In FY 2012 PEPFAR will strengthen, expand and coordinate data sources for service, surveillance, and population level data through joint technical and financial support to Demographic Surveillance Sites and mortality surveillance systems in Mozambique by developing still-nascent vital registration systems. Overall evaluation of PEPFAR impact will also benefit from the Demographic Health Survey, which will be completed in 2012. The USG will continue to fund ANC surveillance activities via the MOH and increase technical assistance while training surveillance staff at MOH to increase ownership over surveillance activities. In addition, laboratory procurement for surveillance and surveys will be routed through SCMS and thus linked to the MOH procurement system in order to ensure the process is more closely managed and harmonized with national laboratory procurement procedures. In FY 2011, Mozambique made significant progress in implementing its first Behavioral Surveillance Survey (BSS) in MARPs; COP 2012 funding will be used for planning the next round of BSS. The USG will continue to fund and assist with HIV transmitted drug resistance surveys and early warning indicator surveys, while WHO has been coordinating TA for resistance monitoring in child and adult ART cohorts.

In FY 2012, the USG will implement USG-wide DQA standards. These include measures to strengthen data quality in implementing partner- supported and national systems and to create a system to implement external DQA as part of USG's wider performance based financing strategies. The USG will continue to develop and implement evaluations to ensure learning and ongoing improvement programs.

SERVICE DELIVERY
PEPFAR investments will be leveraged to support a broader integrated approach for improved HIV/AIDS outcomes. The GRM, with USG support, developed the IPS for MNCH services. It aligns with the core principles of the continuum of response (CoR) to ensure access to a wide range of HIV prevention, care, and treatment services across the age continuum from infant to elderly. The MOH has finalized the IPS and is now in the early stages of rolling out implementation throughout the country at all levels of service delivery. As outlined in the GHI Strategy, the USG will build MOH's capacity to implement the IPS in health facilities, and improve linkages between communities and health facilities. The PEPFAR team in Mozambique believes it can support expansion of the IPS at a relatively low incremental cost by leveraging training and supervision platforms built through past investments.

The USG's HSS interventions to improve service delivery and a comprehensive CoR include improving HRH management and retention, supporting the GRM to roll-out a harmonized quality assurance/quality improvement (QA/QI) approach to monitor the quality of care and treatment, infrastructure, direct funding to government at decentralized levels along with capacity-building in planning, implementation, and monitoring. See the Treatment TAN for details of the CoR approach.

USG Mozambique investments in infrastructure will continue to improve conditions for service delivery. The USG will begin construction of three large pharmaceutical warehouses, 17 rural health centers (equipped with water and electricity), fifty houses for health workers (to improve staff retention), and the National Reference Laboratory. It will also start design of a Health Sciences Training Center and the National Pharmaceutical Quality Assurance Laboratory. In addition, the USG will support minor rehabilitation through clinical partners, and increasingly through sub-agreements and direct agreements with provinces. Much of the infrastructure portfolio will be funded from existing pipeline.

Achievement of the GHI and PEPFAR goals in Mozambique will depend on continued efforts to bring quality health and social services closer to communities to increase uptake of health sector services. The USG will partner with the GRM and civil society to increase demand for and access to critical HIV services by sensitizing and mobilizing communities to take advantage of facility-based services, including HIV testing and counseling (HTC), PMTCT, VMMC, and pediatric and adult ART; support community-based OVC, care and ART adherence; engage men as supportive partners; support mobile clinics; act as peer educators, and support linkages between the community and facility. In COP 2012, the

USG will strengthen support for mobile clinics and CHWs in the focus provinces of Gaza, Sofala and Zambezia.

The USG will support basic health promotion, demand side incentives, expansion of patient empowerment groups, and identification of age-specific cultural and gender barriers. As the national strategy for the Community Adherence and Support Groups (CASGs) is rolled out across the country, the USG will collaborate by referring stable PLHIV on treatment to the CASGs in the pilot districts. The philosophy behind the CASG strategy is to mobilize stable HIV patients on ART to organize themselves in groups, whose members take turns to collect their ARVs at the health facility. The USG will establish improved collaboration with community-based health practitioners and community coordination groups. Focusing on humanized health services will foster community interest in utilizing health services and strengthen self-management within a family-centered model of care. In addition, the USG will emphasize follow-up for individuals identified in the health system. Specifically, linkages across health services and linkages between communities and health facilities will be strengthened to maximize retention of clients in HIV/AIDS services. Community engagement for HIV/AIDS service delivery will be complementary to civil society strengthening. The USG will support the role of communities in health sector planning and management, including the engagement of women in local health committees, training local health committees on data management and analysis. In FY 2012 funds will support the GHI activity of empowering civil society organizations and community health councils to conduct local advocacy and hold GRM health services accountable for achieving targets and community health outcomes.

HUMAN RESOURCES FOR HEALTH (HRH)
The MOH has recently focused on retention as it implements the National Human Resources for Health Development Plan (2008-2015) to improve the performance of the National Health Service (NHS) through a better distributed, retained, and motivated workforce. In preparation for FY 2012 COP, the PEPFAR team planned activities jointly with the National HR operational plan for 2012. FY 2012 HRH activities contribute directly to PF goal 3 (strengthen the Mozambican health system, including HRH), objectives 3.1 (increase the number of health care workers and improve the capacity and quality of pre-service, in-service training, faculty development and post-graduate training), 3.2 (improve management capacity, motivation and retention of health workers), and 3.5 (improve and expand the public health infrastructure, including training centers) and GHI Focus Area 2 (Improved retention and management of the health workforce).

Currently, USG investments in HRH focus on in-service skill updates and pre-service education, such as curriculum development and scholarships for clinical staff, with the primary goal of increasing the number of health care workers (HCW) and improving the quality of pre-service education. FY 2012 funds will contribute to the GHI goal of improving HRH retention and management. This approach will focus on the cadres critical to reaching rural populations, as well as non-clinical cadres such as health administrators, managers, and supply chain logisticians. This will complement continued support for training activities that help ensure skilled HCWs remain in the public health system, benefit from appropriate supervision and management, and are empowered to provide high quality HIV/AIDS services. Efforts to promote equal opportunities for both men and women in the public health workforce will be critical. This shift complements decentralization efforts by strengthening host government human resource management and other priority cadres to support effective planning for resources at local levels. A balance of mixed investments at both the central and local levels in the focus provinces will be required to ensure Mozambique has a skilled, well-distributed public health workforce to reduce MCH mortality in rural populations. The USG will continue to support re-vitalization and expansion of the GRM's CHW cadre.

Between 2009 and 2011, 186 new health workers graduated with USG Mozambique support (and many more were supported and will graduate in later years), and from 2012-2014, 4,017 new health workers will graduate with USG Mozambique support, contributing to the 140,000 target. Many more will be in the "pipeline."

The USG will support implementation of a HRIS, which will be critical for supporting HRH decision-making, planning, deployment, management, continuing education, and career advancement. Through investments in the HRIS, and its decentralized use at local levels, the USG will help the GRM revise and update procedures for recruitment, allocation, and deployment.

PEPFAR will support the GRM to implement its HRH strategy with a focus on rural retention. The USG will build on current pilots with performance-based financing (PBF) and will further develop quality assurance and quality improvement activities based on current approaches. Linking funding to performance, as measured by key achievements and HIV/AIDS outcomes (i.e., PMTCT, ART, VMMC) offers a promising and innovative alternative to traditional input-based financing. In addition, the USG will continue to construct and improve housing of health staff at rural health centers to aid staff retention.

The lack of quality teaching faculty and training facilities is a major impediment to increasing the health workforce. By 2013, USG Mozambique will contribute 7410 additional health workers to the 140,000 target by expanding pre-service training through scholarships, curricula development, supporting training institutions, faculty development, incentives for teachers, and a quality assurance program at pre-service institutions. The USG will provide the majority of scholarships through direct financing to the GRM, local training institutions, and clinical partners for priority cadres (e.g. nurses, clinical officers, pharmacy, and lab), and will also support superior-level training opportunities in Sofala, Gaza and Zambezia provinces. The USG will focus efforts on developing health management and administration cadres such as hospital administrators, supply chain managers, provincial and district administrators, program and department directors, and monitoring and evaluation staff. Finally, through a twinning program, the USG will strengthen Mozambique's only superior level health management and administration course at a public training institution.

The USG will implement recently revised nursing and clinical officer curricula. In September 2011, the MOH gave nurses official permission to provide ART, in addition to existing models of task-shifting (e.g. clinical officers provide ART; nurses involved in monitoring ART patients, pre-ART health care, PMTCT services and ART counseling; ancillary workers involved in basic nursing care and phlebotomist tasks). The USG will support task-shifting by revising nursing curricula to include ART provision, and continue to support in-service training, clinical mentoring, and the CHW program. The USG will also support task analysis and curricula development for three levels of pharmacy workers, including a logistics component.

LABORATORY STRENGTHENING

The tiered public health laboratory network in Mozambique consists of 254 labs organized into 4 levels: regional (3), provincial (7), district (general; 35), and primary (209). Additionally, there are 3 central Military Hospital Labs under the oversight of the Ministry of Defense, and 4 National Reference Labs. To date, the USG provides support to 39 clinical labs (3 regional, 11 provincial, 15 district/rural/general, 5 Health Centers, 3 Military Hospital Labs and 2 National Reference Labs [Immunology and Virology and TB]). With the exception of immunology, virology and TB, the country's reference laboratories are located within the administrative building, which lacks appropriate barriers and bio-safety features to protect the laboratorians. With prior FY resources, the USG will support the construction of a National Public Health Institute that will co-locate all National Reference Laboratories. In addition, the USG supports the construction of the National Laboratory for Quality Control of Medicines that will help combat the growing problem of counterfeit medicines in Mozambique, which is a priority for the MOH.

The USG team will support the MOH to improve and expand clinical lab capacity for the provision of quality diagnostic services to support HIV care and treatment through implementation of the National Strategic Plan and in line with the PF. As defined in the plan, USG-supported partners are improving laboratory and warehouse physical infrastructure; procuring lab equipment and commodities; strengthening logistic systems; building human capacity through technical assistance, pre-service

curriculum strengthening, and mentoring; and ensuring quality lab services through the implementation and support of a National Quality Assurance Program. To improve monitoring and evaluation of USG investments in the area of lab, USG-funded clinical partners are adding Lab Advisors to provide ongoing supervision and capacity-building to GRM counterparts where USG-funded care and treatment services are offered. Advisors will also be part of the PEPFAR lab technical working group, created as a forum to improve collaboration and coordination across all partners. USG partners will also provide salary support for one laboratory technical advisors per province, seconded to the Provincial Health Directorates to provide technical assistance and oversight for all laboratories in the province. These advisors represent a network of technical experts to create a link between provincial and central level lab capacity-building, facilitating the implementation of quality improvement and system strengthening initiatives being developed at the central level. In many cases, these advisors are Mozambicans and represent a sustainable approach to ongoing lab capacity-building.

HEALTH EFFICIENCY AND FINANCING

Since 2008, the GRM has been moving toward a system of decentralized health financing, although decentralization has not been implemented as planned in the national strategy. At all levels, financial allocation decisions are not coordinated with national plans and priorities, leading to ineffective cost allocations that do not meet the basic needs of the population. Weaknesses exist in central-level administrative processes, which has led to poor health systems performance, such as the inability to manage and disburse Global Fund grants. Provinces and districts have difficulty in planning and costing their plans. PEPFAR invests in health efficiency by strengthening the capacity of Mozambican systems at national and local levels to manage internal and external funds, costing plans and services, and building health sector officials' capacity to analyze data and manage health programs. In 2011, UNAIDS supported the costing of the National HIV Strategy and results expected in 2012.

A growing body of evidence suggests that performance-based incentives (PBIs) may be part of the solution. The USG plans to expand PBI pilot programs to between 3 and 5 provinces through clinical partners' sub-agreements, and complement these with direct USG sub-agreements through host country funding mechanisms. Plans are in place to provide results-based direct financing to the Central Medical Stores (CMAM) and possibly other areas of the MOH in collaboration with the World Bank. We will also work with other donors on demand-based financing to determine possible scale-up in our community-based service delivery programs, first and foremost with the CHW and other community-based cadres. Results-based payments may change the workforce capacity within the system, and how planning, management, and execution happen at local levels, including commodities management. Delivering funding differently and tracking performance will impact how local capacity building occurs and local systems are strengthened. To ensure results are achieved at local levels, the USG will support better decentralized tracking of funds and program outcomes at provincial and district levels by strengthening a routine performance management system. Alongside the funding to local government, the USG will provide, through its partners, own staff, and other local entities, capacity-building in financial management, administrative procedures, planning, and other identified capacity areas. The USG will maintain oversight and concurrent auditing to ensure fiscal accountability and a focus on agreed-upon results.

PEPFAR Mozambique recently conducted an expenditure analysis, which helped the team identify issues for follow-up with partners, outliers, and opportunities for programmatic adjustments and greater cost-efficiencies. This analysis was one of many tools that informed decision-making for COP 2012. USG Mozambique will make expenditure analysis a regular process to help allocate funds efficiently for maximum impact. The USG has also recently carried out OVC and HBC costing studies, which will provide the GRM with costing information to use in its own budget planning. The studies will also guide USG community care programs and help ensure greater harmonization and cost efficiency of partner activities. As part of the COP 2012 process, USG conducted a rigorous analysis of its pipeline, which ensured that the funds requested in FY 2012 were adjusted accordingly, and that financial and

programmatic management issues could be followed up with partners. More details on the use and outcomes of these analyses can be found in each implementing mechanism narrative.

SUPPLY CHAIN AND COMMODITIES

The regular supply of quality medicine and other health commodities is a critical component of HIV/AIDS services. In Mozambique, access to medicines has declined significantly over the past several years, rendering the MOH unable to respond to the health needs of its people. The national health system experiences frequent stock outs of essential medicines due to the following pharmaceutical system deficiencies: 1) Insufficient financial resources allocated for procurement; 2) Insufficient resources for infrastructure, communication and information systems, equipment, and transportation needed to support logistics functions to the facility level; 3) Lack of qualified personnel to carry out supply chain functions at all levels; 4) Weak organizational management capacity; 5) Weak governance structures to support the stewardship role of the pharmaceutical sector; 6) Lack of quality information on consumption data; 7) and lack of an M&E system to ensure compliance with the basic procedures for managing the supply chain. Compounded by these system challenges, Mozambique has experienced major bottlenecks in its Global Fund grant implementation, resulting in high commodity insecurity, near national stock outs of medicines, and a continual crisis environment.

Since 2003, the USG has provided medicines, health commodities, laboratory supplies, and technical assistance for supporting the supply chain. Under PEPFAR II, USG programming has placed an increased emphasis strengthening the supply chain. Since 2008, the USG has been supporting the development of a national strategic plan for the supply chain, which focuses on supply chain redesign and reform, which will be finalized in early FY 2012. FY 2012 activities support the PF, the GHI, recommendations from a rapid assessment in early 2011, and strike an appropriate balance between supporting immediate requirements for medicines and commodities and longer-term system strengthening goals. The USG will continue to advocate for increased administrative and financial autonomy of CMAM to improve operational efficiency and overall sector performance. The USG will focus on five key areas of support: 1) More effective public sector medical supplies/commodity procurement, 2) Improved public sector warehousing and distribution at all levels (including ensuring availability of ARVs and other key commodities such as rapid test kits), 3) Improved use of medicines and more effective pharmaceutical services, 4) Strengthened Pharmacy Department strategic planning and management capacity, and 5) Strengthened regulatory capacity.

Activities in FY 2012 will focus on key areas that have the greatest and most sustainable impact in the supply chain: support to CMAM and the MOH to outsource distribution and warehouse management, including contract management; intensified efforts to expand and strengthen the use, functionality, and sustainability of the new logistics management information system (SIMAM); support for the monitoring function of CMAM to strengthen adherence to standard operating procedures (SOPs) down the chain; substantially increased involvement of USG clinical partners in the provinces to support implementation of SIMAM and data use for decision-making, improve pharmaceutical services at facility and district levels, and support distribution planning and transportation; improve storage conditions for district and pharmacy stores; support distribution planning and delivery at provincial and district level; and support SIMAM implementation. A major barrier to improved supply chain systems is the lack of qualified staff, including pharmacists and supply chain specialists. The USG will support development of a supply chain module to be included in the pharmacy curriculum, expected to be revised during FY 2012, and will continue working with the MOH to develop a logistician cadre. Major efforts have been made to improve both donor coordination and CMAM-Program joint planning and coordination in the MOH, through the establishment of technical committees for quantification and supply planning. The USG will support the institutionalization of these coordinating committees and bodies within the MOH to improve forecasting and planning. A priority area for the USG in FY 2012 will be strengthening the quality of pharmaceutical services through implementation of a pharmaceutical management information system (PMIS), as well as regulatory capacity of the Department of Pharmacy, including the development of policies and strategies

around drug registration, quality control of medicines, pharmacovigilance and medicine policies.

GENDER
The USG supported the GRM to conduct a health systems assessment, which included issues of gender equity and gender distribution of HRH. The USG is also supporting the HRIS and workshops to improve existing HRH data collection tools. This will allow greater analysis of data such as gender differences in retention, promotions, transfers, training, and cadre, and inform appropriate strategies. Each year, USG Mozambique, with the support of its Gender Advisor, examines its PEPFAR portfolio to guarantee that the five PEPFAR gender focal areas are addressed, taking into account the latest country data on women and girls' health, education, productivity, and participation. USG programs and partners area aligned with the MOH Gender Strategy.

The GBV Initiative (GBVI) is focusing in two of the three GHI/PEPFAR focus provinces, Sofala and Gaza, in Year 1. In Year 2, the GBVI will expand to Zambezia, the third GHI/PEPFAR focus province. In addition, the USG education program is expected to focus on Zambezia province, with a focus on girls. The GHI will leverage these programs and integrate within planned activities to ensure maximum reach with limited resources and to address structural issues related to empowerment of women and girls. Under the GBVI the capacity of local institutions, including local civil society organizations, health training institutions, health centers, district government directorates, and the military will be strengthened to address GBV. The GBVI also supports pre-service curricula of health training institutes have been modified to address gender issues, including gender discrimination and GBV. A select number of training institutes have implemented the models and conducted training. During the next year the number of institutes implementing the modules and training will increase. In addition, in-service training around gender and GBV for MCH nurses has taken place in a few provinces and will continue in the coming year. USG staff has recently been trained on gender issues within PEPFAR and we recently conducted M&E training for implementing partners. An interagency team coordinates efforts under the GBVI and gender issues are also addressed within the USG provincial teams. Further training is planned within the next year for USG staff as well as partner staff to ensure that sex-disaggregated data is collected and analyzed for gender differences to inform programming.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	17,234,940	
Total Technical Area Planned Funding:	**17,234,940**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	9,891,509	0
HMBL	1,525,833	0
HMIN	2,193,085	0

HVAB	2,983,479	0
HVCT	12,399,664	0
HVOP	7,325,478	0
IDUP	222,874	0
MTCT	24,110,187	0
Total Technical Area Planned Funding:	**60,652,109**	**0**

Summary:
PROGRAMMING FOR IMPACT

FY 2012 prevention programming supports the new priorities set forth in the AIDS Free Generation – to support antiretroviral treatment (ART) for 6 million, 4.7 million voluntary medical male circumcision (VMMC) procedures, and to provide ARV prophylaxis to 1.5 million HIV-infected pregnant women to prevent MTCT by FY 2013, and the Government of Mozambique (GRM) goals to eliminate mother-to-child transmission of HIV and reduce sexual transmission of HIV by 50% by 2015. To support achievement of these ambitious targets, we are proposing dramatic shifts in funding within the prevention portfolio from FY 2011 to FY 2012, in particular a 102% increase in VMMC, an 80% decrease in abstinence/be faithful and a 33% increase in HIV testing and counseling (HTC).

HIV Epidemic: Mozambique is experiencing a severe HIV epidemic with a prevalence rate of 11.5% among adults 15 to 49 years old (AIDS Indicator Survey [AIS], 2009). The epidemic is heterogeneous with higher prevalence among women (13.1%), urban residents (15.9%), and those of the southern (17.8%) and central (12.5%) regions. The country has a generalized epidemic with heterosexual transmission as the main mode of transmission. Preliminary results from a multivariate analysis of the 2009 AIS showed HIV infection to be associated with greater household wealth, living in the center or south of the country, and in certain settings with more lifetime partners, lack of male circumcision, greater risk perception, migration, marital status and religion. Qualitative studies highlight social and cultural factors which may shape attitudes and behaviors towards risk, sexual relations, prevention, care seeking and use of services, including male circumcision. The key factors driving the epidemic include multiple sexual partners, high levels of mobility and migration, cross-generational sex, transactional sex, low perception of risk, gender inequality and sexual violence, low levels of male circumcision, condom use, and HIV PMTCT and treatment coverage. While national estimates for the source of the next 1,000 infections are available through a Modes of Transmission (MoT) report (draft, National AIDS Council, 2009), regional drivers are likely to vary widely based on these factors and there is significant heterogeneity across zones of high mobility, different high risk populations, and geographic areas of the country. Nationally, individuals who report one sexual partner are estimated to contribute the largest proportion of new infections (42-47%); multiple partner behavior is estimated to contribute 24-29% of all new infections. Further analysis of the 2009 AIS estimates 433,000 discordant couples in 2009, 85% of which do not know they are infected. Some MARP groups may contribute significantly to new infections, however, there is a current paucity of MARPS-specific information as BSS and size estimation studies are still in process with results expected for mid/end 2012. It is however thought that these groups function as reservoirs for new infections with an estimated 27% new infections occurring within MARPs and bridge populations. In addition to the MARPS groups of female sex workers (FSWs), men who have sex with men (MSMs), and intravenous drug users (IDUs), other population segments have a lifestyle which may encourage sexual risk taking behaviors. In addition, a new study titled “Vulnerabilities and Risks for HIV Infection among Men who have Sex with Men in Maputo City” (Lambda, PSI, and Pathfinder 2010) demonstrated that among MSM, there is inadequate knowledge of the infection risks, limited access to

preventive and care services, strong stigma and discrimination and increased exposure to risk. A PEPFAR- supported assessment of HIV prevention needs of migrant workers in Southern Africa, including Mozambique, was conducted in 2009 by the International Organization for Migration. The report released in 2010 highlights that long distance truck drivers, miners, and other migrant workers live in environments of elevated risk and vulnerability, because they are often away from home and have disposable income to spend, usually on widely available alcohol and sex. Male circumcision rates are variable in Mozambique, ranging from a low of 2.9% in the central province of Tete, to a high of 94% in the northern provinces of Niassa, Cabo Delgado and Nampula. Overall, the prevalence of male circumcision is 51% for the country as a whole (AIS, 2009).

Accomplishments: Over the past two years, the Mozambique prevention technical working group has enjoyed some key accomplishments which have bolstered progress in several areas. With USG guidance, the communication campaign to discourage multiple partnerships evolved from disconnected components into an integrated multilevel and multichannel effort, led by the National AIDS Commission (CNCS). Promoted as “Andar Fora e Maningue Arriscado” (“Stepping outside your relationship is very risky”), it quickly became popular. The campaign was rigorously evaluated, using the AIS sampling frame and questionnaire. Results were recently disseminated, revealing wide reach and recognition of the campaign themes, effects on attitudes toward risk and multiple partnerships, increased use of testing and condoms. Positive prevention (PP) has gained increased acceptance and recognition at the Ministry of Health (MOH), with the formation of a technical working group that meets regularly, the development of training modules for clinic- based staff and information education and communication (IEC) materials for community groups to explain key elements of positive living and reduced transmission risk. Measurement issues to track the various components of the PP package are being resolved. There have been important breakthroughs in the area of voluntary medical male circumcision (VMMC) over the past year. The pilot in 7 USG- supported sites has progressed with impressive results, judged by the favorable review of the interagency TDY visit, and MOH who is pleased with the results and has given its approval to move forward with a strategic scale up of VMMC services. The introduction of provider-initiated testing and counseling (PITC) at sites supported by USG clinical partners has increased the impact of HTC to identify HIV-positive individuals and increase their access to treatment services. In FY 2011, Mozambique endorsed the Global Initiative for the Elimination of MTCT, and the country has revised targets with intent to reduce MTCT to less than 5% by 2015. The USG supports accelerating all prongs of the PMTCT program to achieve high levels of coverage with more effective regimens. The USG prevention team has strengthened working relations with host country counterparts across the various subgroups of the prevention portfolio. Of particular note is the revitalization of the condom and the MARPS working groups, continued support to the HTC and the communication working groups at the MOH and the CNCS. During the past year members of the USG prevention team worked closely with counterparts at the MOH and the CNCS on finalization of their strategic plans, operationalization of the HIV strategic plan, and currently on its costing. A harmonization exercise of the USG priorities and goals set for the next two years with the National Strategic Plan and other relevant documents that guide the national response to the HIV pandemic is planned to take place early in 2012. This exercise will be conducted through the technical working groups established by the CNCS and will also cover the harmonization of PEPFAR M&E system with the National M&E System. USG remains the largest active donor across the breadth of HIV prevention, in line with its support for a combination prevention approach. Through the Health Partners Group at the MOH, and the Partners Forum at the CNCS, there is increased donor collaboration and coordination to improve alignment with the national strategic plans, which cover the period 2010-2014.

FY 2012 Priorities: In line with the previously mentioned epidemiologic data, and guided by the latest developments in prevention approaches, based on both recent and existing evidence (e.g., treatment as prevention, conditional cash transfers, male circumcision, behavior change and condoms), the USG prevention team has reoriented its portfolio. The team will oversee implementation of inter-related interventions within a combination prevention strategy that includes, at a minimum, both biomedical and

behavioral approaches. Interventions will focus on strengthening linkages between behaviors and clinical and community health services and will always be complementary and not implemented as stand-alone programs (USG Mozambique HIV Prevention TWG Consensus Statement).
In COP 2012 the prevention team will scale up and intensify evidence-based prevention approaches, to reduce both the transmission and the acquisition of HIV. The following priorities will be pursued over the next two years: 1) Scale up the reach of HTC with an emphasis on identifying PLHIV and linking them to other PEPFAR services and on early identification of HIV sero-discordant couples; 2) Scale up the availability of VMMC with a focus on increasing uptake among 15-49 year old men in high prevalence and low VMMC coverage areas; 3) Expand PP services focused on improving the well-being of PLHIV and reducing onward transmission of HIV at community and health facility levels; 4) Treatment as Prevention in close coordination with care and treatment, with focus on specific populations (e.g. pregnant women, sex workers, sero-discordant couples, TB patients) and building on HTC activities for early ART initiation, reinforcing behavioral interventions for and adherence to the monitoring of HIV–negative partners in sero-discordant couples; 5) Implement structural interventions focused on advocacy and technical support of health services for MARPs, and on possible legislation enforcement and awareness on alcohol consumption and linkages with gender-based violence (GBV) and HIV; and 6) Monitoring and Evaluation (M&E) with special attention to the harmonization of national M&E systems and strategic data collection and analysis in order to better inform programs and evaluation activities designed to further understand the most effective HIV prevention interventions in Mozambique, including a first phase demonstration project to explore Combination Prevention.
In accordance with the team's consensus statement, the Social and Behavior Change Communication (SBCC) partners will apply their expertise to address the critical enablers that shape demand for services, underlie health service utilization, and promote healthy behaviors, compliance and adherence to the key evidence-based interventions that comprise PEPFAR's combination prevention approach – PMTCT, ART, and VMMC. FY 2012 shifts also apply to funds in the AB pipeline from previous FYs. Current partners with large AB pipelines will realign their activities to reflect this new emphasis in the HIV prevention portfolio. Combined, these priorities aim to reduce the number of new infections; positively impact behaviors, knowledge and attitudes; increase and intensify service uptake to desired coverage levels; improve retention; and create an enabling environment for adoption of healthy behaviors and utilization of HIV prevention, care, and treatment services.

HIV TESTING AND COUNSELING (HTC)
In COP 2012, HTC service delivery will 1) fortify and expand provider-initiated TC (PITC) to achieve highest yield of PLHIV identified; 2) expand community-based HTC that targets MARPs or partners of PLHIV; and 3) maintain community-based and facility-based VCT for the general population, focusing on geographic areas with highest HIV burden or lowest number of people ever tested. Implementing partners will integrate a partners or couples-based approach in all settings. Additional target populations include adolescent girls and men. Services will continue to be national with additional emphasis on the 3 GHI/PEPFAR focus provinces: Zambezia, Sofala and Gaza. HTC targets are linked to new ART enrollment targets and VMMC scale up activities.

Funding decisions were based on partner programmatic results and performance, expenditure analysis data, and capacity (number of counselors and number of districts to be served). Budget distribution across provinces is proportional to the targets set. Other HTC priorities for COP 2012 include: improving testing quality and measurement; incidence monitoring for sero-discordant couples as part of Treatment as Prevention; support of Combination Prevention; HTC campaigns in the 3 GHI/PEPFAR provinces; strengthened linkages to complementary services such as VMMC or ART; rapid test kit planning and distribution; and innovative strategies to encourage partners of PLHIV to seek HTC through conditional cash transfers or SMS reminders.

Partner performance has been greatly affected by weak HIV rapid test kit (RTK) planning and distribution from central to health facility level. For COP 2012, clinical partners will receive specific funds for RTK

stock quantification and distribution for health facility and community-based counseling and testing. While USG is working with MOH to establish long-term and sustainable commodity distribution strategies, PEPFAR Mozambique will implement this short-term solution to guarantee delivery of RTKs and ensure service delivery. To support the scale up of quality HTC services, concerted efforts are required to improve a regular supply chain of RTKs. RTKs will be procured through one mechanism in support of efforts to expand facility and community based HTC activities and increase testing uptake. USG will fund a new partner in FY 2012 to support the Central Medical Stores (CMAM) and provide focused efforts in strengthening the RTK logistics system, including sub-national level distribution.
Whereas in years past, counselors simply gave referral slips to HIV-positive clients, with COP 2012 funds, counselors will have a stronger role supporting newly diagnosed clients by personally introducing them to volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, HTC counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the PP or pre-ART support groups.
HIV-negative clients are encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Counselors will refer HIV negative men to VMMC services, where available.
On a pilot basis, select partners in the 3 GHI/PEPFAR provinces will receive funds to 1) create innovative strategies to encourage partners of PLHIV to seek HTC; and 2) identify partners of newly diagnosed clients by providing HTC to the partner, providing adherence support, monitoring incidence, and carrying out case management as part of a pilot treatment as prevention activity. To ensure follow-up, retention and adherence of clients diagnosed with HIV, HTC service providers will work closely with the USG and partner M&E teams to develop and utilize instruments to document and measure service-to-service and facility-to-community linkages, as available data are currently not reliable.

CONDOMS
Male and female condom promotion and distribution is one of the cornerstones of preventing new infections. It is estimated that approximately 140 million condoms (98% male condoms and 2% female condoms) are needed on an annual basis to cover needs in Mozambique. Approximately 25% of the total quantity of condoms needed is purchased by the USG, and the remaining 75% by UNFPA. Currently, there is no unmet need in terms of quantities needed for the country. At the distribution points however, there is often an unmet need largely due to 1) Lack of capacity to carry out ongoing supply chain reviews to inform decision making; 2) Transport and distribution constraints to make condoms available at distribution points; 3) Lack of ongoing technical support in supply chain planning and distribution; and 4) Poor coordination between stakeholders (mainly public sector and civil society NGOs). Coordination for condom planning is through a multisectoral working group composed of GRM (including NAC, MOH, MMAS, Department of Internal Affairs and police), and donors (including UNFPA, USG, and national and international NGOs).

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC)
The six provinces with the lowest rates of VMMC and the highest HIV prevalence - Zambezia, Manica, Sofala, Gaza, Maputo and Maputo City – are the focus of PEPFAR VMMC activities and the MOH's commitment to the targeted scale-up of services. To date, a national VMMC strategy with corresponding annual targets has not been developed by the GRM. However, despite the absence of a formal national plan, the GRM has authorized a strategic scale-up based on the results of the demonstration project completed last year. Currently, USG supports VMMC services in 9 governmental facilities – 6 MOH sites and 3 MOD sites. All 9 facilities provide dedicated, full-time VMMC services, and supportive supervision is conducted in collaboration with MOH and MOD staff. VMMC facilities are integrated into the national health system and provide minor surgical services in addition to VMMC. However, VMMC accounts for the vast majority of procedures performed at facilities supported by PEPFAR. The FY 2012 targets were set based on anticipated capacity at existing and new MOH approved sites. These targets were

compared with the estimated number of VMMC needed to reach 80% coverage to gauge whether scale-up is occurring at a sufficient pace to achieve public health impact. The PEPFAR team has already initiated conversations with MOH to develop a national strategy with corresponding targets, which will assist with planning in future years.
Activities in FY 2012 will build upon current efforts, and USG and its partners will work with the MOH to enhance efficiencies within VMMC services while enhancing the capacity of facilities to perform minor surgical procedures. In an effort to maximize resources and perform procedures as efficiently as possible, Mozambique adopted the forceps-guided technique and task shifting during the demonstration project. Electro-cautery was recently introduced at the current sites and staff are adopting task sharing approaches to further enhance productivity. In the coming year, the program will introduce disposable VMMC kits in combination with standard, reusable equipment. The program will also procure mobile VMMC units to assist facilities during periods of high demand such as school holidays. Demand creation campaigns currently have not been approved by MOH; however existing demand continues to be stable at the majority of sites. Nonetheless, USG will use targeted communication efforts to increase the proportion of older men who are accessing VMMC services in the next year. The program will more effectively leverage referrals from existing services such as CT and blood donor programs to refer HIV-negative men for circumcision as a means of maintaining a consistent client flow. Within military settings, an additional priority will be to maximize the time recruits spend at training centers to intensify HIV prevention messages and create demand for VMMC among eligible males.
VMMC services are not designed to be a stand-alone intervention, but part of a comprehensive package built around men's reproductive health and HIV prevention needs, including the provision of HIV CT services; screening for STIs; the promotion of safer sex practices; the provision of condoms and promotion of their correct and consistent use; and linkages and referrals to prevention interventions and other social support services. An additional emphasis will be on appropriate counseling of men and their sexual partners to prevent them from developing a false sense of security and engaging in high-risk behaviors that could undermine the partial protection provided by VMMC. To achieve successful and safe scale up of VMMC, appropriate communication tools and messages will highlight accurate information regarding the protective effect of VMMC, need for continued use of other preventive behaviors (e.g. condom use), risks and benefits of the procedure, appropriate post-operative wound management and the need to abstain from sex until certified complete incision healing.

POSITIVE HEALTH DIGNITY AND PREVENTION
Positive Prevention (PP) is the term used in Mozambique to refer to interventions that specifically target PLHIV in order to promote their well-being and to prevent onward transmission of HIV.
Training healthcare workers and counselors to incorporate PP counseling into their clinical services and strengthening access to support groups and their role in prevention are strategies to reach large numbers of PLHIVs with preventive messages and interventions.
The PP National Strategy is under development by the national PP TWG, led by the MOH. It will include guidelines for the roll-out of PP at clinical and community settings in a fully integrated manner and for documenting and monitoring the process of delivering the PP minimum package. It will also show the flow for strengthening the health facility and community services linkages. Patients in pre-ART and ART will be the focus of PP interventions. 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.
The HIV prevention services delivered to PLHIV include 6 components: Conduct risk assessment and provide condoms and risk reduction counseling; assess partner status and provide partner testing provision or referral, with early identification of discordant couples a priority concern; assess ART adherence and, if indicated, support or referral for adherence counseling; assess STIs and, if indicated, provide treatment or referral for partner testing for STIs; assess FP and PMTCT needs and, if indicated, provide services or referral; assess need for support services , including for disclosure of status, and if indicated, refer or enroll PLHIV in community-based programs such as home-based care, support groups, and post-test-clubs.
M&E for PP has been particularly challenging. In COP 2012 an M&E stamp for PP is expected to be

rolled out to facilitate documenting this intervention at health facility level.
Condoms are provided free at the entrance and exit areas of local health facilities and a registration system for ART adherence exists. Risk reduction, safe pregnancy counseling and STI counseling, however, are provided by health providers but are not consistently recorded in patient folders.
Alcohol assessment and counseling, an additional intervention to the PP package, is in the early stages of being implemented. Additional evaluation systems for all the interventions will be developed by the national PP technical working group in the coming months.
PP services offered to sero-discordant couples are critical and create an opportunity to prevent transmission to the negative partner through risk reduction counseling, use of condoms, and referrals to VMMC for the negative male partner. Family planning is a key component of PP, and in COP specific support will be provided to fully integrate family planning in PEPFAR-supported facilities.
Prevention services for PLHIV are also delivered through community programs (such as community-based HTC), following up with PLHIV for ART adherence, distributing condoms and delivering prevention messages. Currently, the linkages and referrals between facility/clinic and community settings need strengthening, and are best structured at this point for patients enrolled in home-based care programs.

MARPS
Although limited, MARPs data have guided the creation and promotion of interventions that support the Mozambican government's National HIV Strategic Plan HIV, which identifies MARPs as a priority group. The USG portfolio on MARPs has been growing in the last year with interventions focused on different population groups, such as FSWs and their clients, MSM, mobile populations (including truck drivers and miners), uniformed personnel (e.g., military), incarcerated populations and IDUs. PEPFAR supports a comprehensive package of information and services that includes behavior change, risk reduction activities and bio-medical interventions. Specific activities to reach MARPs include peer education and night clinics. VMMC services are also being offered in some military health facilities, mainly to the military personnel. Technical support, advocacy and interventions for IDUs have been limited within the health sector (e.g., substitution for methadone and inclusion of HIV and AIDS in the national drug policy). In COP 2012, more attention will be given to exploring innovative ways to increase the number of MARPs using care and treatment services in order to ensure linkages between prevention and clinical partners. In addition, the USG has been working with the health sector, in particular with the MOH, to include humanized care and treatment of MARPs in the national protocols and guidelines for care, treatment and follow-up with the goals of reducing and removing barriers to service access and information and decreasing stigma and discrimination of MARPs. The USG has played a critical role in the MARPs technical working group, which was established by the NAC in 2007. USG has provided tools to improve the coordination of national MARPs initiatives, developed and strengthened synergies between MOH and NAC, and fostered a better working relationship between MOH and its partners.

GENERAL POPULATION
Mozambique's generalized epidemic is largely fueled by risky sexual behaviors that increase the likelihood of HIV transmission and acquisition among all segments of the population. The practice of having more than one sexual partner is common for both men and women, although the proportion of women age 15-49 who reported having two or more sexual partners in the past 12 months (3% according to the 2009 AIS survey) is much lower than that reported by men in the same age group (20%). Gender differences are most pronounced when prevalence rates are examined, as young women aged 15-24 have three times the prevalence of young men in the same age group, suggesting that young women are having relations with older men. The PEPFAR- supported prevention portfolio strives to have a strategic balance of approaches targeting adults and youth, men and women, and focuses on the high prevalence provinces of Maputo and Gaza primarily but not exclusively. Urban centers, and transport corridors, along which there is increased economic and sexual activity are also a strategic geographic focus, reflecting the epidemic in the country.
To guarantee an AIDS-free generation, schools are a focus of the youth oriented activities. The objective

is to ensure that they are indeed a safe environment for students, guarantee that teachers follow a code of conduct to protect them, and that grades are not exchanged for sex. Wrap around programming with the new USG education office is being planned to maximize inputs of each sector and provide an inclusive and protective environment for adolescents, especially girls, and OVCs. In addition to teachers, partners are focusing on parents as well, to equip them with the skills and confidence to discuss coming of age issues with their children. A cross-sectoral youth assessment is currently underway, supported by the USG, to identify challenges and positive behavioral choices made by Mozambican youth aged 15-24. This assessment will provide information about out of school youth, opportunities for livelihood, attitudes and knowledge that keep youth safe, and will be critical in identifying areas of synergy to enhance opportunities for healthy and educated generations of youth. The assessment is expected to shed light on the status of HIV education in school settings and to establish which approaches, including curricula, are used for this purpose. It will build on previous assessments, such as that conducted by UNICEF, to give an up to date snapshot of this foundational segment of society.
The Ministry of Education is discussing how to better integrate cross-cutting areas such as HIV/AIDS and the operationalization of the primary school based HIV prevention "Basic Package" or Pacote Básico, a set of interactive instructional materials and teacher guides. The USG Education Strategy for 2012 – 2014 is developed and under discussion. Recommendations include the integration of the cross-cutting areas in one block and the importance of including HIV prevention training for trainers at the teacher training institutes. Over the past year the USG has consolidated its prevention programming for the general population and youth, by making new awards and has supported intensified communication activities to increase reach. The proposed portfolio for 2012 continues to recognize the centrality of behavior as an overarching element of HIV prevention. Partners will optimize the use of evidence based behavioral interventions to increase awareness, risk perception, and the adoption of protective and health care seeking behaviors while minimizing risky and harmful ones , including the triad of multiple partners, alcohol abuse and gender-based violence. Critically, the effectiveness of behavioral approaches will be taken full advantage of to support the overall combination prevention interventions, and create demand for appropriate services, including youth friendly services, increase uptake of testing, ensure correct and consistent use of products and services, and improve early initiation of and adherence to HIV treatment and other services, e.g. post-operative instructions, in the case of VMMC.
To date, behavioral interventions have relied on community outreach and media as two separate, rather than mutually reinforcing approaches. There have been increasing efforts to ensure that all USG partners, contributing to the prevention portfolio, work together to improve consistency of messages, and coordinate with clinical partners to ensure the complementarity and continuity between facility based and community based prevention efforts.

HRH
The HIV prevention workforce is largely composed of community health workers (CHWs), who receive a stipend, community educators, peer educators and volunteers. Their training ranges in length from 4 months for the community health workers to a week for volunteers and peer educators. The GRM has recently revitalized the CHW, or Agente Polivalente Elementar (APE), and has agreed to strengthen the HIV component of their 4 month training. APEs must follow rigorous selection and training, and are to be supervised by the district health office. In the short and medium term, the GRM has requested donor support for the training and deployment of the APE, which USG supported partners are providing at provincial level, and coordinating supervision with the district. As part of this year's COP, the USG approached the MOH to request that official CHW cadre linking MOH facilities to the community expand their scope of work to include HIV. In principle, the MOH agreed, and details will be finalized in FY 2012. As the official CHW program is still being rolled out, approaches continue to vary from province to province and depending on partners given that the official GRM cadres (MOH and MMAS) do not currently perform the roles needed to achieve a continuum of services. As a result, in the short-term, the USG will continue to support a variety of unofficial cadres to support community-facility linkages and work with the GRM to find long-term solutions. Quality assurance of prevention services provided through all CHWs, official or not, is achieved through supervision and refresher/in-service trainings provided by USG

supported implementing partners.

MEDICAL TRANSMISSION
Preventing medical transmission of HIV is addressed through the infection prevention and control (IPC) program, which aims to reduce the risk of HIV transmission and other blood-borne pathogens at health facilities. Activities include complying with IPC/Injection Safety (IS) standards, managing biomedical waste and providing HIV post-exposure prophylaxis (PEP). Since 2010 all PEPFAR clinical partners have been required to incorporate the IPC/IS standards at their supported sites.
The USG also supports the National Blood Transfusion Service (SENASA). A regional blood bank to strengthen blood services in Southern Mozambique will open in March with PEPFAR support. Personnel from SENASA are participating in the first round of Strengthening Laboratory Management towards Accreditation (SLMTA) workshops Blood bank staff are also asked to support the accreditation of the National Blood Reference Center. A donor mobilization manual will be developed and used to train activists (including Peace Corps volunteers) who are also promoting healthy behavior and risk reduction messages. A blood safety agreement with the MOH allows the National Blood Transfusion Program to guarantee that essential commodities for blood testing and storage are available.
Preventing medical transmission is essential for ensuring the safety of patients and health providers in healthcare settings. To promote the sustainability of the program, PEPFAR is supporting the GRM to purchase and distribute IPC supplies and protective gear as well as providing IPC trainings and supervision and supporting audits on facilities where PEPFAR is providing direct ART, PMTCT and CT services through clinical partners. The IPC program will continue to coordinate with GRM and other donors to ensure the availability of safety boxes and reinforce the tracking system in order to avoid shortages or stock outs of commodities.

GENDER
Gender issues will be addressed as complementary components across all the interventions planned within the prevention portfolio. A primary focus will be to address gender and social norms that are associated with key drivers and that represent barriers to adopting protective behaviors and to accessing information and services. Activities will include school, workplace and non-traditional venue programs for men (including MARPs and military) and men who engage in sex with multiple, concurrent partners, transactional sex and cross-generational sex. In addition, activities to address alcohol abuse in relation to risky behaviors and gender-based violence (GBV) (including counseling and referrals to other services related to alcohol and GBV) will be incorporated. The program will also focus on establishing linkages with income-generating initiatives for women and girls engaged in commercial and transactional sex in order to reduce their dependence on these high-risk activities. Additionally, linkages will be established with counseling and legal services for reporting GBV cases.

STRATEGIC INFORMATION
The USG supports this component through the provision of technical assistance to the NAC and the MOH in order to strengthen the national HIV and AIDS information system at the central and provincial levels, support to partners and sub-partners to strengthen their existing M&E systems and, where possible, to align with GRM systems. This support has been provided by: 1) strengthening the mechanisms for information flow; 2) monitoring and increasing the use of new instruments for data collection, specifically, USG worked with MOH and partners to develop systems for monitoring PEP programs for victims of sexual violence and PP at GRM health facilities; 3) monitoring and improving the use of electronic databases for analysis, dissemination and evaluation; and 4) developing a core MARPs and STI/HIV surveillance system that will help track trends among sex workers and other MARPs who seek care at health facilities, or who are reached through mobile outreach services.
Many key prevention indicators are not part of the national M&E system, such as male circumcision or positive prevention coverage, while others suffer from poor data quality due to inadequate routine data collection systems. Other challenges are the lack of data flow between community and health unit based services, and the lack of sustainable HIV testing quality control system that can be used to provide

feedback about the work provided by health counselors. The mid-term evaluation of the partner reduction campaign was conducted and results disseminated during FY 2011. The evaluation provided evidence around the correlation between exposure to community mobilization and mass media behavior change campaigns on increased HIV counseling and testing and condom use. The impact on a reduction in engaging in high-risk sexual practices is being analyzed.
Appropriate use of evaluation results at all levels of the prevention response is critical. Despite the efforts and progress referred to above, there are still several challenges that exist on the availability and analysis of data on HIV prevention concerns, including the lack of sound HIV incidence estimates for the general population and the lack of timely knowledge, attitude, and behavioral data. This challenge was partially addressed through the completion of AIS in 2009 (incidence is still a challenge). Currently, with PEPFAR funding four additional MARPs behavioral surveillance surveys (Truckers, Miners, FSW, and MSM) are being conducted through partnership with the National Institute of Health, and partners involved in programs targeting specific MARPs groups observed in the studies. Findings should be available mid 2012. This year, we will implement an evaluation of a coordinated and intensified coverage of combination prevention in Gaza Province, where HIV prevalence rates are highest in the country. An existing demographic surveillance system (DSS) catchment population of 60,000 will be used to measure implementation of high impact prevention interventions (VMMC, ART, and PMTCT) in the first project year. Subsequently the DSS platform will be leveraged to track HIV incidence in the catchment population. In the first phase of the PEPFAR combination prevention project goals will be limited to demonstration of achieving intensification of service coverage of 90% for CT, 85% for ART, 85% for PMTCT, and 80% for VMMC in the DSS catchment area. It is expected that based on the experience of combination prevention in Gaza, similar scale-up and evaluation of this approach could be expanded in FY 2013.

CAPACITY BUILDING
The capacity for many functions needed to deliver a strong prevention response is weak or lacking at many levels: institutional, organizational, and individual, both in the public and private sectors. Strengthening of service delivery systems at community levels, and development of civil society organizations as partners in HIV prevention are clear priority objectives. Within the prevention portfolio, capacity building is ongoing and spans the behavioral and biomedical subjects and approaches, organizational development, financial accounting systems, monitoring and evaluation systems, governance, and human resources management, among others. Capacity building is implemented through a variety of approaches, ranging from pre-service and in-service training (e.g. in VMMC, safe blood, HIV testing and quality control, radio programming) to on the job training, to study tours and exchange visits within Mozambique and the region. Whereas most needs for building capacity are determined by the imperative to produce a positive impact on the HIV epidemic and to reduce transmission and the acquisition of new infections, others are determined by added compelling imperatives, such as building institutions capable of ensuring the health and wellbeing of the population through a holistic response. USG teams collaborate with several donors on capacity building, which receives appropriate attention as a result. The German Technical Collaboration, DANIDA, WHO, the Canadian Cooperation, and the European Union are among the key donors with whom the USG coordinates on capacity building priorities in the health and social service sectors for government and civil society. The USG is finalizing a trilateral agreement with the GRM and the Government of Brasil to strengthen civil society and the prevention response to the HIV epidemic, among other priorities.
Prevention programming at the district level is also carried out by local organizations, several of which are emerging as key partners in prevention, through the PEPFAR supported small grants program. The Small Grants Program is a key access point for small, local organizations and an important tool for strengthening civil society. The program is designed to have quick impact, address the immediate needs of the community and be flexible and responsive to emerging ideas and organizations while encouraging community ownership and capacity development whenever possible. To increase the sustainability of the organizations, associations, and networks and ensure their ability to provide future activities in Mozambique, the Small Grants Program provides technical support and capacity-building to help increase

the capacity of these groups for implementation of larger grants and improve their access to other donors.

EFFICIENCIES
As part of FY 2012 planning, the USG team used different sources of data to define priorities, targets and coverage, mainly partners' past performance, country trends on HIV prevalence and the national AIDS Indicator Survey (AIS 2009). Expenditures analysis (EA) data were also used. We calculated per unit expenditures (UE) by different program areas (e.g. HTC and Sexual Behavioral Risk Prevention (SBRP) services - general population, abstinence/be faithful and MARPs) and identified outlier data. Seven implementing partner mechanisms were identified as outliers within all program areas analyzed. The majority of these partners work in the HTC and SBRP program area. Using HCT as an example, HTC in PMTCT setting was the lowest UE of all CT modalities with a weighted mean UE of $7 whereas PICT was the highest UE of the CT modalities, though in terms of identifying HIV+ patients, it is the lowest UE. Thus, we utilized the unit cost estimations for 'pricing out' service delivery costs from the overall HVCT budget, though a very rough estimate. In addition to extreme outliers, other challenges included differences in project duration among the partners which affected results and UE, and data management gaps or weaknesses among some partners. In addition to the expenditure analysis data, HTC budget and target allocation decisions were based on past programmatic results and performance, capacity of the partners (number of counselors), and number of districts to be served. Budget distribution across provinces is proportional to the set targets, which were based on the treatment team's target for newly enrolled ART patients. The HTC program will continue to seek efficiencies by procuring test kits through one single partner, aiming to reach more individuals by emphasizing a couples/partners-based approach in all HTC service settings, and funding to lead clinical partners to support all provincial partners for improving quality and measurement of testing. Not all EA data were useful during FY 2012 planning due a lack of information for some programs, like PP, or timing of the analysis when for example, the majority of MARPs partners were in start-up phase and so data were limited. Other efficiencies found include focusing on three provincial HTC campaigns with decentralized planning, coordination and operationalization. Across the prevention portfolio, efficiencies will be obtained by coordinating and consolidating trainings and materials and supervision across clinical and community partners, as appropriate.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	43,004,667	0
HTXS	27,218,145	0
PDTX	8,676,753	0
Total Technical Area Planned Funding:	**78,899,565**	**0**

Summary:
FY 2012 PRIORITIES: In the wake of the HPTN 052 findings, the USG Mozambique team is proposing significant treatment scale-up in order to further reduce incident infections in Mozambique and to support Mozambique to achieve the UNGASS Declaration to put 80% of all eligible HIV-infected patients on ART

by 2015. Given current adult and pediatric ART coverage of 51% and 19% respectively, there is much work to do and the USG is committed to significantly increasing this coverage in the next 2 years. In FY 2012 we aim to provide ART to 221,305 Mozambicans and in FY 2013 311,975.

Discussions are ongoing with the MOH regarding the potential to implement a test and treat PMTCT strategy to provide universal treatment of HIV-infected pregnant women at all existing ART sites. In anticipation of this potential policy shift, FY 2012 resources are planned to support MOH initiation of lifelong ART for pregnant women at existing PEPFAR supported sites where ART and PMTCT services are co-located.

Mozambique has been operating under constant threat of ARV stock-outs for the past year. In the context of insecure funding commitments for ARVs due to recurrent problems with Global Fund (GF) disbursements, and subsequent ARV shortages and stock-outs, the MOH has been unable to adopt some key policy changes that would have improved access and significantly increased treatment numbers. As such, in FY 2012 the USG team is committed to securing the funding required to purchase the commodities required for treatment scale-up. At the same time, the USG is committed to strengthening the MOH's ability to access previously committed GF rounds and successfully apply to future rounds. Overall, allocations to adult and pediatric HIV treatment increased by 8% (adult treatment by 15% and ARV drugs by 132%) as well as efficiencies gained will allow us to significantly scale-up adult and pediatric HIV treatment in FY 2012 and 2013. We also anticipate seeing further reductions in health system support costs to serve the needs of the HIV-infected population with local NGO's receiving USG funds for technical assistance and direct funding agreements with Provincial Health Directorates (DPS) and the central level of the MOH.

ADULT TREATMENT
In line with the Government of Mozambique (GRM) primary priorities for adult HIV treatment the USG 2012 priorities are: 1) increased treatment coverage; 2) improved patient retention; 3) and quality improvement. Strategies for adult treatment scale-up include: intensification of HIV testing and recruitment strategies in high prevalence, low coverage areas; universal ART for HIV-infected TB patients; implementation of treatment eligibility to persons with fewer than350 CD4 cells/mm3, irrespective of WHO clinical stage; test and treat strategy for all HIV-infected pregnant women irrespective of CD4 count at co-located PMTCT/ART sites; mobile clinics to expand service coverage in high HIV prevalence rural districts; completion of Community Adherence and Support Groups (CASG) pilot and wide scale implementation if the results are favorable; community drug distribution; standardizing the roles of official and unofficial community health workers (CHWs) in all PEPFAR-supported health facilities; standardized quality improvement program; scale-up of point-of-care (POC) CD4 count technology; Implementation of a pre-ART package to ensure better health and retention prior to ART; and task-shifting ART provision to nurses and medical agents.
Increased treatment coverage: In 2011, USG-supported sites surpassed treatment targets by approximately 11%. This performance was in part due to our partners' ability to leverage their existing platforms to assist the MOH-run health services to streamline the care and treatment of HIV-infected adults. Last year's rate of new adult enrollments could have been higher if the national HIV program were not constrained by the ever-present specter of drug shortages and stock-outs of key commodities. The technical committee that advises the MOH on new guidelines and clinical algorithms, Comite TARV, approved the new CD4 count threshold for ART initiation of 350 cells/mm3 and universal ART for HIV/TB co-infected patients in September of 2009. These guidelines would have immediately increased the number of HIV infected adults eligible for treatment by approximately 25%. However, due to legitimate concerns expressed by the National HIV program about the availability of ARVs, the program only recently changed national policy to reflect these recommendations. In 2012, these guidelines will be implemented, contributing to significant increases in new patient enrolment.
TB/HIV linkages will be significantly improved in 2012 by supporting scale-up of universal ART for HIV-infected TB patients, national scale-up of a one-stop model of TB/HIV integration, improving TB

screening in HIV care settings, and improving TB infection control (IC).

In COP 2012, the USG team will support a test and treat strategy for all HIV-infected pregnant women who access services at one of the existing co-located PMTCT/ART sites. In FY 2013, we estimate an additional 35,000 HIV-infected pregnant women will be started on ART using this strategy, thus significantly contributing to pediatric HIV elimination and treatment scale-up goals. Mozambique's average fertility is 5.5 and the median age of first delivery is 18.9 years; the median interval between deliveries is 34 months and most women breastfeed until age 2 (DHS, 2003). Given these realities, WHO's Option B strategy was not the optimal choice to achieve the desired results, as it would result in young women starting and stopping ART multiple times, with only brief intervals off ART, throughout the course of their young lives. National targets are being revised and ARV forecasts (on which the Round 9 GF gap analysis was based) will be revised. Please see the PMTCT Acceleration Plan for more details. The USG team will implement an ambitious plan to scale-up treatment services in high-prevalence, low coverage districts in the provinces of Zambezia, Gaza, Manica and Sofala, using mobile clinics that will offer the full spectrum of HIV-related testing, point-of-care laboratory testing and HIV-treatment services, along with other select health services. We estimate this strategy, in conjunction with others, will place an additional 40,000 patients on ART in FY 2013. The mobile clinic strategy's cost and impact on retention in care will be evaluated carefully.

Improved patient retention: Retention remains a significant problem in Mozambique. According to APR 2011, 12-month cohort retention has decreased from 77% to 72%. We believe this decline is mostly explained by a more rigorous definition of cohort retention than has been used in the past. In 2011, the USG and the GRM pursued various measures to address the issue of low patient retention and those strategies will be scaled up using COP 2012 funding.

In 2011, the USG supported a national adherence/retention conference hosted by the MOH. At this conference a new national pilot, also supported by the USG, was launched to improve patient retention in care. The Community Adherence and Support Group (CASG) pilot was launched in 10 of the 11 provinces. This treatment model allows patients to form groups of up to 6 patients, one of whom visits the clinic every month and collects medications for the entire group. Results from a small pilot in Tete Province showed 97.5% retention, with a 2% mortality and 0.5% loss to follow up rate. The USG is supporting national scale-up of this initiative through intensive technical assistance at the central level, support at the facility level through clinical implementing partners and is assisting the MOH in evaluating this model in 2012. Quarterly supervision of CASG implementation is entirely funded through USG partners and the supervision team is comprised of a mix of GRM, USG and MSF staff.
Other modalities of community-based drug distribution, including 2-3 month drug supply disbursements, will also be implemented in selected provinces in an attempt to improve retention of poor patients living in geographically isolated communities. As in all poor countries, transportation and opportunity costs have been found to be key determining factors in poor adherence and retention for ART patients in Mozambique.

In FY 2012, we anticipate another round of guideline revisions during which a shift to a tenofovir-based first-line regimen, viral load monitoring, simplification of laboratory monitoring and further treatment scale-up will be discussed.

Quality Improvement: In order to ensure the quality of treatment programs in Mozambique, the USG team is currently engaged in a process of harmonizing and standardizing the disparate quality improvement (QI) strategies the different USG clinical implementing partners are currently using to monitor and improve the quality of care they support. By Q2 of 2012, we anticipate all clinical implementing partners will be using a uniform methodology, standardized tools, indicators, and reporting mechanisms to evaluate, analyze and improve upon the quality of care and treatment at supported sites. The methodology will include elements of supportive supervision, clinical mentoring and data quality audits (DQA). The quality

improvement strategy has very clear lines of responsibility for all responsible parties at the central, provincial, district and health facility level and is anticipated to be adopted by the MOH as a national strategy.
Treatment failure is an area of great concern. Currently, there is no standardized system in place to identify treatment failure. Viral load is not routinely available. As a hold-over from the early years of treatment scale-up, the system currently in place in Mozambique requires a health facility to seek approval from the national ART committee to initiate 2nd line therapy for suspected failure cases. This process is overly cumbersome and results in very small numbers of patients receiving 2nd line therapy. The percentage of patients on 2nd line regimens has been declining annually since 2008, with only 0.7% of all patients currently on 2nd line in 2011 (MOH monthly report). USG partners routinely report data on clinical and immunologic failure, with at least 10% of patients supported at PEPFAR supported sites meeting criteria for one or the other, meaning the actual number with virologic failure is likely higher. This is an area of great concern for the PEPFAR team and we are diligently working to advocate for a more streamlined approval structure and to decentralize the decision-making process for 2nd line switches and improve identification of failure suspects.

Pre-ART care is an integral part of PEPFAR Mozambique's treatment strategy. By improving pre-ART care, it will be possible to increase the number of patients accessing early treatment, thereby decreasing morbidity and mortality in the ART population. Together with the MOH, the USG team designed and is implementing a pre-ART package of services that provides comprehensive HIV-care to infected patients. Additionally, the USG team will be offering a Basic Care Package to pre-ART patients in selected provinces to determine the impact upon long-term outcomes.
Efficiencies: PEPFAR Mozambique recently participated in an expenditure analysis exercise. The analysis was a useful undertaking that, in the end, raised as many questions as it answered. PEPFAR Mozambique's treatment team worked closely with the expenditure analysis team to allocate budgets and ensure proper use of data in our discussions regarding programmatic and budgetary priorities. Due to the difficulty of interpreting some of the results of the expenditure analysis, the team did not feel like the analysis could be a decisive factor in our decision-making process. Future steps include cross-referencing the information with our performance data as well using the PEPFAR ART Costing Model (PACM) to establish a cost basis for various treatment scale-up scenarios as developed using the GOALS model to determine the impact of treatment on the HIV epidemic in Mozambique.

PEDIATRIC TREATMENT
Pediatric HIV treatment continues to lag behind adult treatment achievements in Mozambique. Coverage remains stubbornly low at 19% despite significant increases in the number of children receiving ART. Some reasons for this are structural and others reflect a historical lack of commitment to prioritizing this group of patients and the lack of a specific strategy to actively identify and enroll and retain children with HIV into care and treatment. Until early 2010, only medical doctors were allowed to prescribe ART for children. With few doctors in Mozambique, especially pediatricians, this posed a major challenge to pediatric treatment scale-up. Since then, task-shifting to clinical officers has occurred and the MOH is recently approved further task shifting to medical assistants in the area of pediatric HIV treatment.

At the end of FY 2011, just over 17,000 children were currently receiving ART, representing just 9% of the overall ART patient population. Unfortunately, despite that all USG supported treatment sites offer services for children, they only represented 9% of all new ART enrollees, so it appears little progress was made last year (MOH monthly report). This year, we anticipate a significant increase in the number of HIV-infected children on ART since the national guidelines have changed to reflect the WHO guidance and the MOH has voiced its renewed commitment to increasing pediatric ART coverage.

The MOH has significantly increased their pediatric treatment targets to reflect the WHO recommendation of 15% and thus PEPFAR Mozambique's pediatric treatment target is set at 15% of all new enrollees. At current targets, pediatric treatment coverage will reach 52% by 2015 (SPECTRUM projection). This

upwards revision happened in Q3 of 2011 and represents a significant increase in the number of children targeted for treatment. The USG is supporting the government's pediatric HIV strategy and scale-up plan by providing technical assistance to the MOH, funding the pediatric advisor in the MOH, and by supporting treatment sites, which accounts for 80% of all children receiving treatment in Mozambique. USG Mozambique will continue capacity building of the national program to address the above challenges. USG will continue support for a national pediatric HIV advisor within the MOH as well as participation in relevant national pediatric technical working groups and provision of technical support for updating and developing national guidance, tools and strategies to increase early identification, treatment and retention of children with HIV.

Key priorities for pediatric HIV treatment center around treatment scale-up and include increased early identification, improved treatment access, universal treatment for HIV infected children <2, and the establishment of a robust, effective program focused on the particular needs of adolescents. It is important to note that several of the above mentioned adult treatment strategies such as the mobile clinics, standardizing and universalizing peer educators in all PEPFAR supported health facilities, and scale-up of POC CD4 count technology will also apply to the pediatric HIV population. Other pediatric specific strategies for improving early treatment initiation in young infants, children and adolescents are:

- Family centered approach - The family centered approach is being piloted in Maputo Province, and there should be preliminary results by Q2 2012 to inform the program regarding the efficacy and feasibility of the approach.
- Active case finding of children of HIV infected adults - Most of the children born to our adult patient population are untested despite representing the most accessible pediatric population imaginable. For many reasons, only a small fraction of the HIV-exposed pediatric population ever gets tested for HIV. Focusing on this population in 2012 should significantly increase the number of HIV-infected children that are identified and brought into care.
- Improved linkages between PMTCT, MCH and pediatric treatment programs
- Improved linkages between OVC and HBC programs
- Increased provider-initiated testing and counseling (PITC) - To date, PICT has been weak in pediatric settings. In 2012, this will change and great emphasis will be placed on routinely testing children when they come into contact with the health system, irrespective of the reason.

SMS printers for faster, more reliable results reporting of PCR results The MOH will continue, with USG support, to scale up the SMS printer model to enable rapid, accurate reporting of DNA PCR results back to distant health facilities.

- Pre-ART package of care
- Pediatric QI Strategy

USG support will continue for training and mentorship of clinicians and other providers and enhanced clinical monitoring and strengthening of a seamless flow between community and facility-based services to improve retention in treatment, disclosure, and adherence activities.

Mozambique is in the process of conducting a comprehensive pediatric ART program evaluation with the data collection portion already complete. While we have no pediatric HIV surveillance activities, a national evaluation to document outcomes of children enrolled in care and treatment is currently underway and a separate evaluation pending approval from CDC-Atlanta to evaluate outcomes of all patients currently being supported at PEPFAR sites with electronic patient tracking systems in both pre-ART and ART cohorts is pending. There is also a viral load PHE being conducted to evaluate rates of virologic failure in children and characteristics associated with virologic failure in selected health facilities in Mozambique. Results of this evaluation should be available before the end of 2012.

Adolescents: To date, direct and targeted attention to perinatally and horizontally HIV-infected adolescents has not been commensurate to the anticipated need. As such, USG Mozambique in support of the GRM will conduct a participatory analysis of the status of HIV-infected adolescents including demographic information, identification of the unique medical and psychological, socio-developmental,

sexual and reproductive health needs, and resources needed to provide effective guidance and support to health workers and adolescents themselves. Agreed upon recommendations will be a key outcome of this analysis which will feed into national dialogue and strategy development for strengthening and scaling up clinical monitoring, retention, and adherence. Peer support and innovations around youth services and engagement of youth in HIV services will be critical components for analysis and scale up as will addressing this emerging population during the transition period from adolescent to adult care services.

The pediatric HIV program is currently being integrated into the broader MCH program much in the same way as adult treatment services. In this capacity, integration occurs within the GHI strategy and by leveraging the immunization platform for PITC more children with HIV will be identified and thus enrolled in early treatment. In many ways the pediatric HIV platform is already included in the MNCH platform. In an effort to collect and analyze HIV program data, both adult and pediatric data will be collected in the same manner, but using data instruments with an age data point for disaggregation. USG helped to design pediatric patients' forms and will continue to support the M&E and pediatric advisors in the MOH where program data is concerned.

SUPPLY CHAIN
A critical area of priority of both our GHI strategy and the FY 2012 COP is commodity security and a strong supply chain system to reach all service delivery levels. As outlined in our Governance TAN, the USG has developed a 5 year strategy for the pharmaceutical sector, which focuses on ensuring sustainability and aims to strike an appropriate balance between supporting immediate requirements for medicines and commodities and longer-term system strengthening goals.

Over the last year, the supply chain system in Mozambique has received significant attention and increasing support outside of USG for the procurement of commodities as well as for technical assistance. Other partners include Clinton Foundation, UNFPA, UNICEF, and more recently DFID, WFP, and the World Bank. USG provides the bulk of the technical assistance to the supply chain through significant investment and support to Central Medical Stores (CMAM), the pharmacy department and various MOH programs centrally. Other donors provide support primarily through procurement of commodities, discrete technical assistance activities, and participation and support to the Health Partners Medicines Working Group (GTM), a joint donor-MOH working group, currently co-led by UNICEF, and recently tasked by the MOH to provide more technical leadership, support and strategic guidance to the MOH and CMAM. USG is heavily engaged in the GTM.

Mozambique has experienced almost two years of GF emergencies and recurrent requests for revised gap analyses and quantifications every three months. Since July 2011, Mozambique has started to move into a more routine process for quantification, conducted by recently established quantification groups led by the MOH with significant technical support from SCMS and USG. The last complete quantification was done in June/July 2011, and the next one is planned for June 2012 once treatment and PMTCT targets have been revised.

Concerns surrounding commodity insecurity led the USG and GF to finance an internal control evaluation (SLICE) in 2011 to better understand the risk environment of the supply chain and provide concrete recommendations to improve controls. While Mozambique does not have a risk mitigation strategy at this time, the country is in the process of developing an action plan to address critical areas in the short-term, and is finalizing its pharmaceutical logistics master plan (PLMP) to address long-term challenges. One of the greatest challenges is the distribution system and lack of MOH financing at all levels to support transportation and distribution of commodities. To ensure a reliable drug supply to patients, the USG will increase funds for ARVs and other commodities as well as increase funding to clinical partners in the provinces to support commodities distribution down to the health facilities.

The USG will support further implementation, expansion, improvement and use of the new LMIS (SIMAM)

in districts, development of a centralized database, to increase visibility of stocks and data for decision making and increasing MOH ownership of the system. This will involve an increased role of USG clinical partners in the provinces to support implementation of SIMAM and data use for decision making. Lastly, the USG is supporting the establishment of mini-labs in collaboration with the University of Eduardo Mondlane, to increase the capacity for quality control of medicines. In addition, USG partners will provide training to the National Laboratory for the Quality of Medicines and support improvements in the national laboratory.

ARV DRUGS

In terms of ARV commodity security, the USG and the MOH have been functioning in an almost constant state of emergency since 2009 due to the unpredictability of GF financing as well as frequent bureaucratic delays in other donor-funded projects such as the World Bank. The USG is working with the GF, the largest financer of ARVs in Mozambique, to ensure Round 9 disbursements and secure complementary funding to the USG contribution for ARV commodities until 2015. However, the GF contribution to ARVs does not take into consideration the rapid scale-up of treatment and the anticipated increase in treatment and PMTCT targets. The USG is proposing $23.7 million to ARV drugs to triple last year's figures for ARV drugs and meet rapid scale-up targets towards an AIDS-free generation. Concerns remain around sustainable long-term commodity security as the current financial landscape of the GF remains unclear. No commodity security plan for Mozambique currently exists and the USG and partners are working with the GRM to incorporate a vision for commodity security in the development of the next Health Sector Strategic Plan. The Clinton Foundation has committed to supporting 100% of pediatric treatment and other commodities until the end of 2013. The projected ARV drug needs for pediatric treatment until 2012, taking into account increased targets and pediatric regimen changes will be approximately $6 million USD.

ARV commodities are one of the few commodities that have a relatively stable and functioning LMIS which produces site and district level data on stock on hand, patient consumption and numbers of patients on treatment, resulting in fairly reliable forecasting. The stock-outs that have occurred in the past year were primarily due to delays in GF disbursements, shortages in the API of certain pediatric commodities, poor inventory management and weaknesses in the distribution systems. CF has been supporting the distribution of pediatric ARVs down to the provincial level. USG implementing partners will support distribution systems from provinces and districts to address these and other issues.

LABORATORY

The MOH has elaborated a National Laboratory Strategic Plan and National Laboratory Policy both of which are currently under review by the MOH and awaiting final approval. Documents include strategic priorities and policies to guarantee quality of laboratory results through the implementation of quality management systems to achieve defined standards, placement of qualified workforce, standardization of laboratory test menus, methods, equipment and reagents and a consistent and adequate laboratory commodity supply chain. PEPFAR funds will support the MOH's pursuit of laboratory accreditation for all Level 3 and 4 laboratories using the WHO-AFRO Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) and Strengthening Laboratory Management Towards Accreditation (SLMTA) tools. To date, eight laboratories have completed a complete round of SLMTA workshops and exit assessments will be conducted in March 2012. The MOH intends to enroll 3-4 additional laboratories into the program per year to ensure that all laboratories pursuing accreditation can be properly supervised.

PEPFAR funds will continue to support the access to and quality of laboratory diagnostics for HIV treatment including: provision of equipment, maintenance contracts, reagents, and consumables for 61 level 2-4 laboratories, including CD4, biochemistry and hematology in every province. FY 2012 support will place point of care CD4 cell counting at hard to reach facilities and as part of mobile clinics to be deployed in high prevalence areas within focal provinces. Support to the National External Quality

Assurance Program for biochemistry, CD4 and other tests to support HIV testing and care (HIV serology, TB smear microscopy, malaria microscopy, gram stain, and syphilis serology). The laboratory commodity supply chain continues to be problematic due to weaknesses at all levels, e.g. laboratory inventory management systems to central level procurement and warehousing systems. USG support has developed LIMS tools that are in place in all Level 3 and 4 laboratories specifically for CD4, biochemistry and hematology reagents. FY 2012 will focus on establishing MOH tools and communication structures which allow for accurate data on laboratory reagent and consumable consumption to be moved from provincial to central level so that annual forecasting can be performed by the MOH with more autonomy and accuracy as well as inventory management systems for warehouses.

GENDER

Nationally, HIV prevalence is higher among women (13.1%) than men (9.2%), and it is estimated that 58% of adults (age 15-49) with HIV infection are women and 42% are men (INSIDA 2009). Data from APR11 show that the number of men on treatment is disproportionately lower than their share of the HIV burden: in FY2011, of adults (over 15) currently receiving ART with PEPFAR support, 67% were women while 33% were men. This difference is also reflected in the number of individuals (1,800,772) who have had HIV testing and counseling and have received their test results. The APR 2011 shows that of total, only 453,971 (25%) were male (data include people tested in ANC, L&D, ATS, ATSC, AT-Clinical, but not in the TB sector; data do not correct for people who were tested more than once). For children, nationally, ages 0-11 years old, the distribution of HIV infection is 50-50. For ages 12-14 year old there is not much change: girls 49% and boys 51%. In terms of the sex distribution of child patients (<14) receiving ART from PEPFAR, the rates are 52% for girls and 48% for boys.

In order to increase gender equity in HIV/AIDS activities and services, partners are utilizing a family centered approach to promote uptake of services. Under the Gender-based Violence Initiative (GBVI), clinical partners are supporting the DPS in implementing the MOH's minimum package (including provision of PEP) of services for GBV survivors based on MOH protocol. Partners are also providing technical support to clinics to strengthen referral networks and linkages between health and community services for survivors of GBV (adults and children), including Victim Centers (Gabinetes do Atendimento) run by the police and other government services.

STRATEGIC INFORMATION

The USG provides focused direct technical assistance through its technical advisors and seconded staff to GRM to estimate and project ART needs, coverage and targets, as well as to estimate averted deaths due to treatment scale-up for the national plan. Bi-annual sentinel surveillance surveys include transmitted HIV drug resistance monitoring and USG also funds HIV drug resistance early warning indicator surveys and drug resistance cohort studies. Mozambique does not currently have a national standard patient tracking system for HIV. Because of the growing need for collection of complex and detailed patient information for program monitoring, the adoption of patient level health information systems is becoming a necessity, but the need to ensure patient privacy, cross compatibility between legacy partner systems and sustainability complicates the development of a national standard. There is a need to regulate the use of these systems and USG partners have been working closely with the Department of Health Information (DIS) at the MOH and have been integral in the development of national guidelines, standards and in the assessment of existing patient tracking systems used for ART management. Additionally, USG partners are working with the MOH to develop a pilot system for a national patient tracking system to be completed this year, which will provide the Ministry a deeper insight on requirements and sustainable approaches to implementation. In alignment with the Partnership Framework, the SI portfolio emphasizes engagement and capacity building with GRM institutions, coordination and harmonization of technical assistance (TA) within the USG and with other donors, and development of systems which ensure high quality data are available and utilized for program management at all levels. The USG will continue to work towards these common goals.

CAPACITY BUILDING
Activities in FY 2012 continue to emphasize health systems strengthening, service integration, and skills transfer coupled with mentoring to ensure the cultivation of high-quality HIV services. In seeking to maximize country ownership and ensure long-term sustainability of these efforts, the USG considers the following principles to be integral to its work in Mozambique: 1) collaboration with provincial and district-level partners to improve their ability to manage service delivery with minimal external technical assistance; 2) partnerships with provincial and district-level health leaders to improve service quality and involve health facilities and other care sites closest to the communities; 3) involvement of people living with HIV/AIDS and community leaders in planning, implementing, and monitoring quality improvement programs; 4) engagement with provincial and district leaders to address gender-linked service inequalities.

The USG has prioritized 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.

Through implementing partners, the USG has been supporting a performance based financing (PBF) pilot in two provinces in Mozambique. Preliminary data shows a significant improvement in the quantity and quality of key HIV-related indicators. A rigorous evaluation will be conducted and we anticipate results by mid-2013. PBF schemes will be implemented in additional provinces using COP 2012 funds.
USG partners have direct sub-agreements with over 50 district health directorates and all 11 provincial. These sub-agreements allow for direct transfer of funds from the partner to the province or district and provide the local authorities with the fiscal autonomy to address critical gaps and begin critical new initiatives. The use of these funds is planned jointly between local health authorities and USG implementing partners and although USG partners assist the provincial and district health directorates execute the plans effectively, responsibility for fund use rests with the local health authorities.

To augment support to clinical services in COP12 the USG will support the establishment of a national monthly case-conference in which all provinces will participate remotely and as well as a clinical, “warm line”, for clinical support at the district level. USG partners will staff and coordinate the case conferences and the warm line.

PUBLIC PRIVATE PARTNERSHIPS
PEPFAR funds allocated to laboratory partners will continue to support the PPP with Becton-Dickinson (BD) targeted at establishing and strengthening a National Laboratory Quality Management team to lead and manage the quality improvement and accreditation efforts. PPP activities in 2012 are focused specifically on developing capacity of senior laboratory staff to conduct audits to support the implementation and monitoring of the SLIPTA process. Through the partnership, BD “volunteers” with specified expertise come into country for 3 weeks intervals 1-2 times per year to carry out activities as defined by the Laboratory Quality Improvement Action Plan and in line with MOH priorities.

MARPs
Although limited, existing models of modes of transmission indicate that in Mozambique 19% of new infections could result from sex work, 5% from sexual relationships between men who have sex with men, and 3% from injection drug use (NAC Modes of Transmission draft report 2009). Furthermore, the I-RARE study (CDC 2009) found an HIV prevalence rate of 48% among a small sample of sex workers, 43% among drug users and 42% among clients of sex workers. There is currently no information available regarding the percentage of HIV infected MARPs receiving ART, though USG-funded surveys are

currently in the field which will provide ART enrollment data for these populations. In FY 2012 more attention will be given to exploring innovative ways to increase the number of MARPs using care and treatment services, and ensure linkages between prevention and clinical partners. The USG has been working with the MOH to design specific guidelines for care and treatment of STI and HIV for MARPs; to include humanized care and treatment of MARPs in the national protocols and guidelines for care, treatment and follow-up with the goals of reducing and removing barriers to the access of services and information and decreasing stigma and discrimination of MARPs.

HRH
FY 2012 efforts to strengthen the clinical and non-clinical workforce delivering ART services will focus on task-shifting ART provision to nurses and medical agents, expansion of PBF to improve quality and motivation, and support to standardize roles of official and unofficial CHWs in all PEPFAR-supported health facilities. In September, 2011 the MOH officially allowed for nurses to provide ART, in addition to existing models of task shifting (e.g. clinical officers provide ART; nurses involved in monitoring ART patients, pre-ART health care, PMTCT services and ART counseling; ancillary workers involved in basic nursing care and phlebotomist tasks). The USG will support additional task-shifting by expanding the range of functional responsibilities of nurses, clinical officers, and medical technicians in order to increase health worker productivity and the health system's reach. In addition, the USG will work closely with the Clinton Foundation to roll out point-of-care technologies that support task shifting; for example, the PIMA device allows a nurse to measure a CD4 count in 20 minutes. At the central level, the USG will support task shifting by adding ART provision materials to nursing curricula and continuation of in-service training and clinical mentoring, and the CHW program. It will also support task analysis and curricula development for the three levels of pharmacy workers, including a logistics component.
Currently, the USG supports a wide range of health care workers to support a continuum of response from the facility to community. In the facility, the USG supports a variety of cadres (tecnicos de medicina, nurses, laboratory technicians, data clerks, pharmacy technicians) with both pre-service and in-service training and supervision to improve technical skills and provision of quality services. The USG also supports the official GRM community health worker (CHW) cadres, and non-official cadres such as community educators, community case managers, peer educators and volunteers. Approaches vary from province to province and depending on partners given that the official GRM cadres (MOH and MMAS) do not currently perform the roles needed to achieve a continuum of services. The positive prevention (PP) National Strategy, under development by the national PP TWG at the MOH, will create a clear flow for strengthening bidirectional health facility and community service linkages which are critical for improving pre-ART, ART, PMTCT, and FP uptake, adherence, and support services (e.g. nutrition, OVC, HBC, social support). As part of this year's COP, the USG approached the MOH to request that official CHW cadre linking MOH facilities to the community expand their scope of work to include HIV. In principle, the MOH agreed, and details will be finalized in FY 2012. As a result, in the short-term, the USG will continue to support a variety of unofficial cadres to support community-facility linkages and work with the GRM to clarify their roles and find long-term solutions for their incorporation into official cadres.
The USG will build on current pilots with performance-based financing (PBF) and further develop quality assurance and quality improvement activities based on current approaches. Linking funding to performance, as measured by the key outcomes that the GHI seeks to impact (i.e. facility-based deliveries, vaccination completion rates, etc.) offers a promising and innovative alternative to traditional input-based financing. The USG will work with the HR directors at the DPS to analyze the national retention plans and work with the DPS to determine roles and responsibilities for supporting the execution of these plans at the provincial level.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women who were tested for HIV and know their results	717,288	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	72 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	64,877	
	Number of HIV-positive pregnant women identified in	90,181	

	the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	14,959	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	47,421	
	Single-dose nevirapine (with or without tail)	2,497	
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services	215,000	Redacted

	per national standards and in accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia		
	By Age: <1	0	
	By Age: 1-9		
	By Age: 10-14		
	By Age: 15-19		
	By Age: 20-24		
	By Age: 25-49		
	By Age: 50+		
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	1,024	Redacted
	By Exposure Type: Occupational	1,024	
	By Exposure Type: Other non-occupational	0	
	By Exposure Type: Rape/sexual assault victims	0	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a	n/a	Redacted

	minimum package of 'Prevention with PLHIV (PLHIV) interventions		
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	80,891	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	1,084,250	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small	n/a	Redacted

	group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	215,007	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small	69,046	

	group level preventive interventions that are based on evidence and/or meet the minimum standards required		
	By MARP Type: CSW	0	
	By MARP Type: IDU	0	
	By MARP Type: MSM	0	
	Other Vulnerable Populations	0	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	1,749,014	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	212,569	
	By Age/Sex: 15+ Female		
	By Age: 15+	1,505,294	
	By Age/Sex: 15+ Male		
	By Sex: Female	1,287,205	
	By Sex: Male	430,658	
	By Test Result: Negative		
	By Test Result: Positive		
P12.5.D	By age: 0-4	0	Redacted
	By age: 10-14	0	
	By age: 15-17	0	

	By age: 18-24	0	
	By age: 25+	0	
	By age: 5-9	0	
	By geography: Districts*	0	
	By sex: Female	0	
	By sex: Male	0	
	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion	24,143	
P12.6.D	By age: 0-4	0	Redacted
	By age: 10-14	0	
	By age: 15-17	0	
	By age: 18-24	0	
	By age: 25+	0	
	By age: 5-9	0	
	By sex: Female	0	
	By sex: Male	0	
	By type of service: GBV screening	0	
	Number of GBV-related service-encounters	1,122	
	By type of service: Post GBV-care	0	
P12.7.D	P12.7.D Percentage of health facilities with	n/a	Redacted

	Gender-Based Violence and Coercion (GBV) services available (GBV pilot indicator)		
	Number of health facilities reporting that they offer (1) GBV screening and/or (2) assessment and provision or referral to the relevant service components for the management of GBV-related health needs	67	
	Total number of health facilities in the region or country being measured.	0	
	By type of facility: clinical	0	
	By type of facility: community	0	
	By type of service: GBV screening	0	
	By type of service: Post GBV-care	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	684,437	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		

	By Age: <18	205,901	
	By Age/Sex: 18+ Female		
	By Age: 18+	478,536	
	By Age/Sex: 18+ Male		
	By Sex: Female	465,416	
	By Sex: Male	219,021	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	492,882	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	49,288	
	By Age/Sex: 15+ Female		
	By Age: 15+	443,594	
	By Age/Sex: 15+ Male		
	By Sex: Female	335,159	
	By Sex: Male	157,723	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	60 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	295,729	
	Number of HIV-positive	492,882	

	individuals receiving a minimum of one clinical service		
C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	10,764	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.		
	By Age: <18		
	By Age: 18+		
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	60 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	295,729	
	Number of	492,882	

	HIV-positive individuals receiving a minimum of one clinical service		
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	6 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	29,573	
	Number of HIV-positive individuals receiving a minimum of one clinical service	492,882	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	39 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	38,144	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-	98,264	

	positive at entry)		
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	25,556	
	By timing and type of test: virological testing in the first 2 months	18,013	
C5.1.D	By Age: <18	0	Redacted
	By Age: 18+	0	
	Number of adults and children who received food and/or nutrition services during the reporting period	48,273	
	By: Pregnant Women or Lactating Women	0	
T1.1.D	By Age/Sex: <15 Female	6,275	Redacted
	By Age/Sex: <15 Male	5,793	
	By Age/Sex: 15+ Female	52,298	
	By Age/Sex: 15+ Male	28,161	
	By Age: <1	4,466	
	By: Pregnant Women	2,458	
	Number of adults and children with advanced HIV infection newly enrolled on ART	92,527	
T1.2.D	Number of adults and children with advanced HIV	246,440	Redacted

	infection receiving antiretroviral therapy (ART)		
	By Age/Sex: <15 Female	12,626	
	By Age/Sex: <15 Male	12,130	
	By Age/Sex: 15+ Female	148,528	
	By Age/Sex: 15+ Male	73,156	
	By Age: <1	6,933	
	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	85 %	
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	82,002	
T1.3.D	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	96,473	Redacted
	By Age: <15	8,200	
	By Age: 15+	73,802	

H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	61	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	8	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	736	Redacted
	By Cadre: Doctors	4	
	By Cadre: Midwives	0	
	By Cadre: Nurses	209	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	4,082	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	3,336	Redacted
	By Type of Training: Male Circumcision	77	
	By Type of Training: Pediatric Treatment	0	


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

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	GHP-State	409,200
7314	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	350,000
7315	FHI 360	NGO	U.S. Agency for International Development	GHP-State	100,000
7326	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	66,922,577
7328	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHP-State	0
7466	TEBA Development	NGO	U.S. Agency for International Development	GHP-State	140,000
7636	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	319,750
9564	American Society of Clinical Pathology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	275,000

9568	American Society for Microbiology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	329,000
9570	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	700,000
9725	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	650,000
9811	Vanderbilt University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9818	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,450,000
9819	Care International	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	0

			Control and Prevention		
9856	Ministry of Health, Mozambique	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
9857	Ministry of Health, Mozambique	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
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	GHP-State	1
9900	FHI 360	NGO	U.S. Agency for International Development	GHP-State	1,999,998
10135	Abt Associates	Private Contractor	U.S. Agency for International Development	GHP-State	4,675,434
10962	University of Connecticut	University	U.S. Department of Defense	GHP-State	0
10971	U.S. Department of Defense (Defense)	Other USG Agency	U.S. Department of Defense	GHP-State	0
10980	World Food Program	Multi-lateral Agency	U.S. Agency for International	GHP-State	0

			Development		
11580	JHPIEGO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	12,811,062
12144	Pathfinder International	NGO	U.S. Agency for International Development	GHP-State	460,000
12147	JHPIEGO	University	U.S. Agency for International Development	GHP-State	1,295,000
12148	Pathfinder International	NGO	U.S. Agency for International Development	GHP-State	1,889,712
12149	World Vision International	FBO	U.S. Agency for International Development	GHP-State	4,409,430
12150	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	500,000
12152	FHI 360	NGO	U.S. Agency for International Development	GHP-State	0
12156	TBD	TBD	Redacted	Redacted	Redacted
12157	TBD	TBD	Redacted	Redacted	Redacted
12159	TBD	TBD	Redacted	Redacted	Redacted
12165	TBD	TBD	Redacted	Redacted	Redacted
12166	Central de Medicamentos e Artigos Medicos (CMAM)	Implementing Agency	U.S. Agency for International Development	GHP-USAID	0
12167	Clinical and	NGO	U.S. Department	GHP-State	400,000

	Laboratory Standards Institute		of Health and Human Services/Centers for Disease Control and Prevention		
12168	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	607,000
12169	Samaritans Purse	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	150,000
12619	American Association of Blood Banks	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	950,000
12624	Federal University of Rio De Janeiro	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,450,000
12648	United States Pharmacopeia	Private Contractor	U.S. Agency for International	GHP-State	400,000

			Development		
12665	Provincial Directorate of Health, Cabo Delgado	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	238,212
12681	JEMBI	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,235,000
12702	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	995,000
12949	TBD	TBD	Redacted	Redacted	Redacted
12986	United Nations Children's Fund	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	100,000
12998	Provincial Directorate of Health, Maputo	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	270,750

			Prevention		
13022	FHI 360	NGO	U.S. Agency for International Development	GHP-State	3,092,817
13065	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	465,500
13160	TBD	TBD	Redacted	Redacted	Redacted
13194	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,433
13212	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	475,000
13214	TBD	TBD	Redacted	Redacted	Redacted
13255	FHI 360	NGO	U.S. Agency for International Development	GHP-State	638,229
13263	University of Eduardo Mondlane	University	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	570,000

			Prevention		
13271	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHP-State	2,268,000
13275	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	10,951,987
13368	World Health Organization	Multi-lateral Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,060
13382	AECOM-USA	Private Contractor	U.S. Agency for International Development	GHP-State	2,614,000
13413	International Youth Foundation	NGO	U.S. Agency for International Development	GHP-State	350,000
13434	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	904,324
13510	Global Health Communications	NGO	U.S. Department of Health and Human Services/Centers	GHP-State	540,000

			for Disease Control and Prevention		
13583	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	10,296,705
13654	Catholic University of Mozambique	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	232,000
13661	Barcelona Centre for International Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	250,000
13668	Fundacao ARIEL Contra a SIDA Pediatrica	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	7,138,881
13764	Population Services International	NGO	U.S. Agency for International Development	GHP-State	775,000
13776	Center for Collaboration in	NGO	U.S. Department of Health and	GHP-State	6,277,380

	Health		Human Services/Centers for Disease Control and Prevention		
13782	International Center for Reproductive Health, Mozambique	NGO	U.S. Agency for International Development	GHP-State	0
13784	Instituto Nacional de Saúde	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,760,000
14597	DevResults	Private Contractor	U.S. Agency for International Development	GHP-State	100,000
14598	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	150,000
14639	TBD	TBD	Redacted	Redacted	Redacted
14640	TBD	TBD	Redacted	Redacted	Redacted
14641	TBD	TBD	Redacted	Redacted	Redacted
14643	TBD	TBD	Redacted	Redacted	Redacted
14644	TBD	TBD	Redacted	Redacted	Redacted
14645	TBD	TBD	Redacted	Redacted	Redacted
14646	TBD	TBD	Redacted	Redacted	Redacted
14647	TBD	TBD	Redacted	Redacted	Redacted
14648	TBD	TBD	Redacted	Redacted	Redacted
14650	TBD	TBD	Redacted	Redacted	Redacted
14652	TBD	TBD	Redacted	Redacted	Redacted

14670	TBD	TBD	Redacted	Redacted	Redacted
14673	TBD	TBD	Redacted	Redacted	Redacted
14715	TBD	TBD	Redacted	Redacted	Redacted
14717	TBD	TBD	Redacted	Redacted	Redacted
14718	TBD	TBD	Redacted	Redacted	Redacted
14719	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	145,000
14732	FHI 360	NGO	U.S. Agency for International Development	GHP-State	800,000
14735	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHP-State	0
14736	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	775,000
14738	TBD	TBD	Redacted	Redacted	Redacted
14739	TBD	TBD	Redacted	Redacted	Redacted
14740	TBD	TBD	Redacted	Redacted	Redacted
14747	TBD	TBD	Redacted	Redacted	Redacted
14748	United Nations Children's Fund	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	350,000

14751	Gorongosa National Park	TBD	U.S. Agency for International Development	GHP-State	0
14753	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHP-State	900,000
14789	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	12,417,785
14792	ISCISA- Superior Institution of Health Sciences	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
14794	TBD	TBD	Redacted	Redacted	Redacted
14797	TBD	TBD	Redacted	Redacted	Redacted
14806	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	700,000
14807	Population Services International	NGO	U.S. Department of Defense	GHP-State	0
14821	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	Central GHP-State	4,500,000

			Prevention		
14822	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	5,065,000

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 409,200	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	409,200

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The CCP project is a single procurement mechanism managed centrally by USAID/Washington providing an efficient mechanism for consolidated purchases of condoms and other contraceptives for USG HIV and health programs, directly aligned with the goals outlined in the Partnership Framework.
CCP receives HVOP funds to cover 25% of the national needs of free male condoms for public sector health.

There is not costing data available at the moment. USG plan to include central level mechanisms in in the next expenditure analysis and costing exercises.

CCP is not directly contributing to health systems strengthening. It is complemented and supported by the work of John Snow International DELIVER project (JSI/DELIVER), a USG logistics partner tasked to support the Central Medical Stores (CMAM), the Reproductive Health and Family Planning program (RH/FP), and the Condom Technical Working Group (CTWG) in annual and multi-year forecasting and

planning, identification of bottlenecks in condom distribution and use. This process directly strengthens the countries' capacity to quantify and plan its condom and other contraceptive needs.

Monitoring and evaluation plan for the pharmaceutical sector is under development. This includes a chapter that specifically addresses the Pharmaceutical Sector, "Strengthened pharmaceutical management."

Not funds were allocated to procure condoms for the public sector in FY12. The small amount of funds allocated for FY12 is for procurement of condoms for non-public-sector outlets to ensure that sufficient quantities of male and female condoms are available for targeted population identified through the newly awarded social marketing program.
There will be no vehicles purchased or rented for this mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population
Workplace Programs
Family Planning

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	409,200	0

Narrative:

This procurement of condoms will improve the targeted population's access to non-public-sector essential health commodities, ensuring that sufficient quantities of male and female condoms are available .
These condoms are intended for sexually active adults within the general population and the most-at-risk populations including mobile and bridge populations.
This activity will be linked to clinical partner support to improve prevention for positive services and support to commodity logistics. This activity will help USG reach its overall prevention goals, and ensure availability of condoms for communities at risk and other vulnerable populations, especially discordant couples. Condoms will be marketed and distributed through a variety of channels to increase access. Distribution will be coordinated with other USAID projects, as well with the public sector community level distribution systems (APEs, Mobile Brigades, peer educators, etc) to ensure that distribution activities complement public sector systems.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 350,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of this activity is to improve the quality of care and support services provided to OVC and PLHIV. The Health Care Improvement Project (HCI) has been providing technical support to the Ministry of Women and Social Action (MMAS), USG and its implementing partners to engage in a quality improvement process by helping to define minimum service standards for OVC. The HCI project directly contributes to the Partnership Framework's Objectives 5.1 and 5.3, through technical assistance to improve the quality of care for OVC and affected households, development of M&E instruments, facilitation of best practice exchanges, training and development of standards, and clarifying roles between health facilities and community care providers. HCI will monitor the effectiveness based on the results of activities being developed, from which indicators measuring quality will be identified. Such indicators will include both outcome measures (changes in children's and PLHIV wellbeing) and also process measures (such as community participation, PLHIV and children's involvement) that relate to the essential actions as defined in the standards. HCI pipeline was less than 18 months. FY 12 request is less than previous years taking into account the pipeline and new planned activities. Purchased/leased vehicles will not be planned under this mechanism

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	10,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0

Narrative:

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

Once the HBC standards elaborated there will be a process of gathering evidence on the implementation of draft standards. This process will involve the identification of key partners, that will be involved in gathering evidence that the draft standards are doable and actually making a difference in household wellbeing; build quality improvement capacity of partners (develop a collaborative approach among the organizations involved in the piloting) to gather evidence on the draft standards; develop common tools to gather evidence across levels and document the process and the results.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	150,000	0

Narrative:

This activity is being implemented by an International Partner.

The goal of this activity is to improve the quality of care and support services provided to OVC.

HCI has been working with the Ministry of Women and Social Action (MMAS), the Quality Improvement (QI) Task Force (established by MMAS) and implementing partners, in the pilot of recently defined minimum service standards for Orphans and Vulnerable Children (OVC), which were approved by MMAS for piloting. The definition of minimum service standards was the first key step in improving the quality of services provided for OVC. The draft service standards are being piloted in Gaza, Zambezia and Cabo Delgado provinces since January 2011, to gather evidence that will support the vetting process by all stakeholders, and HCI will continue to support the district and provincial level QI teams through communities of learning meetings where sharing across Implementing Partners engaged in the process of quality improvement takes place.

With FY12 funds, HCI will continue to support MMAS in the identification and documentation of best practices and lessons learned from the pilot phase of implementation of the minimum service standards in the three provinces. The QI Task Force will jointly with HCI identify additional provinces to rapidly scale up the process of quality improvement for OVC. HCI will provide technical support to these additional provinces to ensure that services standards are disseminated, understood by implementers, OVC and caregivers, policy makers and other stakeholders. As service providers implement the new minimum service standards, HCI will help to document this process as well as make adjustments to implementation based on challenges encountered in the field at the point of service delivery.

In an effort to ensure local ownership and leadership of the quality improvement process, HCI will continue to support identified individuals at the provincial level MMAS who have been trained as QI Coaches. HCI will document the QI process across implementers, facilitate the sharing of promising practices and develop supportive networks of QI champions within Mozambique.

Currently HCI has been unable to continue the service provision through their office in Mozambique, given the fact that they are in the registration process with GRM to be legal entity. To mitigate this issue, regional and Washington based TA will be provided until the registration process is finalized.

Implementing Mechanism Details

Mechanism ID: 7315	**Mechanism Name: FANTA III**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 100,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FANTA II will be de-obligated and re-obligated under FANTA III which is planned to be awarded and begin work in February 2012. The goals of this activity are to improve and harmonize strategies, guidelines, manuals and plans for food and nutrition interventions for PLHIV; strengthen food and nutrition interventions, and in particular improve treatment for moderate and severe acute malnutrition, for PLHIV and OVC in USG-supported HIV care and treatment services and; improve coordination among USG-supported HIV care and treatment services, OVC and food security programs.
FANTA III technical assistance to PEPFAR clinical and TITLE II partners, and Government of Mozambique (GOM) will target adults and children living with HIV; HIV-positive pregnant and lactating women; infants and young children (0-24 months) born to HIV-positive mothers; OVC and their caregivers.
FANTA III operates at the central and provincial level to improve national-level coordination of the GOM and its partners through the MOH Nutrition and the Nutrition Technical Working Group and development of national guidelines for nutrition and HIV; will collaborate with MOH and partners to develop and implement a Social and Behavior Change Communication (SBCC) strategy for nutrition and HIV; and will continue to improve pre-service and in-service training of health professionals in nutrition aspects of the care and treatment of PLHIV. For Gender, FANTA-3 will integrate gender into nutrition and food security activities with the objective of improving women's and children's nutritional status and reducing their vulnerability to the impact of HIV.
Purchased/leased vehicles under this mechanism from the start of the mechanism will be determined once an award has been made

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**7315**		
Mechanism Name:	**FANTA III**		
Prime Partner Name:	**FHI 360**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	0

Narrative:

Fanta III operates at the provincial-level in Gaza, Nampula, Sofala, Zambezia and Niassa to strengthen the Provincial Health Directorates (DPS) and its partners capacity to provide nutrition assessment, counseling and treatment of acute malnutrition among children, adolescents and adults with HIV.

FANTA III will support the integration of nutrition in home-based care services in collaboration with ANEMO, the Community Care HIV and AIDS Services Strengthening Project (Com-CHASS/FHI 360), the Capable Partners Program (CAP/FHI360), MOH and the Ministry of Women and Social Welfare (MMAS). ANEMO is also the only MOH authorized organization to provide training for home-based care

volunteers. The trainings will target Trainers-of-Trainers in carrying out community-based nutrition assessment, education and counseling of PLHIV. FANTA III will support the cost of the training venues, food for participants during the trainings, and travel and accommodation for participants from the Provincial Health Directorates (DPS) and central level MOH for all of the trainings listed above. USG partners will be responsible for the travel and accommodation costs of USG partner participants. FANTA III will support the cost of printing of training materials and associated job aids.

USAID with with with the partner to develop a set of indicators and monitor and evaluation processes.

Implementing Mechanism Details

Mechanism ID: 7326	**Mechanism Name: Supply Chain Management Systems (SCMS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 66,922,577	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	66,922,577

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Partnership for Supply Chain Management (SCMS) is funded to procure all HIV-related commodities on behalf of the USG and USG partners, as well as strengthen the supply chain management of HIV, laboratory, and other health commodities through direct technical assistance to the Central Medical Stores (CMAM) and the laboratory department at the MOH in forecasting and supply planning; warehouse management and distribution; and use of logistics management information for decision making and planning. SCMS works primarily at central level supporting CMAM, as well as provides support to Beira Central Warehouse in Sofala Province. SCMS will intensify its support to monitor and strengthen

capacity in LMIS use in all provinces, in collaboration with implementing partners. USG/Mozambique did not conduct a costing or expenditure analysis (EA) for SCMS. This is planned for the next costing/EA exercise. SCMS will increase the cost share between JSI/DELIVER PMI and reproductive health projects.
In previous years, the partner had low burn rates and high pipeline, leading to annual reductions in funding levels. In FY12, the partner will have spent down all previous funding levels, due to increased burn rates, requiring higher funding levels to implement priority activities. Due to scale-up for treatment targets and lack of consistency in drug supply through GRM and GFATM, the USG funded additional resources for ARV Drugs in 2012-13 noting the scale-up gaps and needs across the country.
Purchased/leased under this mechanism from the start of the mechanism through COP11- 1New requests in COP FY 12-4 Total planned/purchased/leased vehicles for the life of this mechanisms-5
4 vehicles used for project administration. 1 new vehicle for regional presence.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	MOH programs	675	Support to quantification and gap analyses for Global Fund; Support to quantification and gap analyses, supoprt to CMAM to strengthen system to receive Global Fund grant disbursements and Secondment of a staff person at the Global Fund unit at the MOH

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Family Planning

Budget Code Information

Mechanism ID:	**7326**		
Mechanism Name:	**Supply Chain Management Systems (SCMS)**		
Prime Partner Name:	**Partnership for Supply Chain Management**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,000,000	0

Narrative:

In line with USG and GOM goals to ensure access to essential HIV medicines for treatment and care of HIV-related opportunistic and other infections, SCMS will receive funds to procure medicines for the prevention and treatment of OIs and STIs. USG will contribute $600,000 USD to the national OI commodity needs and $1,200,000 USD for STI drugs, providing up to 75% of the national need. In FY 12, USG will commit $200,000 USD to the procurement of cotrimoxazole, based on a recent forecasting exercise for all essential medicines, which demonstrated full supply of CTX through the first half of 2013. Global Fund, through the Round 9 Grant with Mozambique, will contribute to the majority of OI needs for HIV care and treatment, while the remaining needs will be covered with SWAP donor funding and State budget.

SCMS will also support strengthening the supply chain for CTX, OI, and STI drugs through OHSS funds. Provision and availability of OI and STI medicines, including CTX, have been challenged by the overall

weak supply chain, limited visibility of stocks throughout the country, poorly trained staff in standard operating procedures for drug management, and limited financial resources within the Ministry. The roll-out of the Integrated Logistics Management Information System (SIMAM) will significantly strengthen the supply chain for all commodities, in particular for essential medicines. In 2011 and Q1 of 2012, DELIVER Project and SCMS will conduct a large-scale national training in standard operating procedures (SOPs) for stock management at all levels of the supply chain, in collaboration with implementing partners. SCMS will support CMAM, and leverage clinical partners to address logistics challenges around essential medicines, through improving forecasting, data availability, and support to a new audit unit designed to monitor the supply chain and adherence to SOPs. SCMS will provide greater focus on strengthening STI and OI forecasting and distribution in coordination with clinical partners and MOH program counterparts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,820,290	0

Narrative:

In line with the USG and GOM goals for strengthening diagnostic capacity and access to TB medicines amongst TB/HIV co-infected patients, SCMS will locally procure diagnostic equipment and reagents on behalf of the TB program, including Gene Expert, Laboratory reagents, 30 LED microscopes, and an X-Ray machine.

In addition, the Global Drug Facility has committed to cover the needs for TB patients until the end of 2012. However, there is no committed financing beyond this period, with no comitment by the Global Fund to disburse Round 7 funds. Stock outs of TB medicines would be a national emergency, further exacerbating the challenges Mozambique faces with MDR-TB. As such, SCMS has included $600,000USD to cover the costs of first line TB medicines to ensure a continued supply of TB medicines for TB patients in the event of an emergency.

An additional $100,000 USD will be allocated to support the SCMS in-country procurement operations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	4,700,000	0

Narrative:

SCMS supports the clinical laboratory network with direct support of equipment, reagents, commodities and maintenance contracts for HIV diagnostic and monitoring tests. SCMS provides technical assistance to MOH to strengthen the laboratory commodity supply system and will increase capacity

building efforts within the MOH in areas of forecasting, procurement, distribution, and inventory management.

SCMS will procure CD4, hematology, biochemistry, microbiology and molecular biology equipment and commodities for HIV diagnostics and monitoring tests for 56 laboratories across all 11 provinces. SCMS is implementing a paper-based LIMS in labs receiving USG-funded commodities which will be expanded to all MOH labs as a strategy to improve the flow and validity of information coming from site level. At the central level, SCMS will build capacity to receive, analyze, and utilize these data to inform forecasting, procurement, and distribution decisions by placing SCMS staff as technical advisors within the MOH. SCMS's supply chain strengthening activities are aligned to the National Laboratory Strategic Plan, the USG PF, and the Global Health Initiative which calls for USG/GOM collaboration to "Improve commodity procurement and distribution systems at all levels". Supply chain strengthening activities also align to the next generation laboratory indicators by: 1) ensuring adequate numbers of labs have capacity to diagnose HIV and monitor therapy and 2) supporting the laboratory accreditation process which requires that labs have an inventory control system for supplies with appropriate documentation and a standardized system for reporting.

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

Currently, USG funded lab commodities are managed in a vertical system outside of the national system. SCMS will build capacity within CMAM to utilize USG funds to manage all lab commodities using the national system. These activities will be in line with the recently approved PLMP to strengthen the country's logistic system for all medical commodities and lead to a more sustainable system for commodity management that transitions ownership and responsibility to MOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	400,000	0

Narrative:

HIV Surveillance is a key tool for monitoring progress towards reducing HIV infections in Mozambique, the first goal outlined in the Partnership Framework. During the latest round in 2011, sentinel surveillance is being conducted at 36 sites throughout the country and dry blood spot (DBS) technology, BED

incidence assays, and threshold ARV resistance monitoring are being continued. Data from the sentinel surveillance round are used to describe the current burden of disease among pregnant women and to produce estimates of the burden and impact of HIV/AIDS in the country and to monitor disease trends over time. Sentinel surveillance data, adjusted by national survey data, are the cornerstone for allocating resources in the country. This year integrated bio-behavioral surveillance surveys (IBBS) are also being conducted in three most at risk populations (mineworkers, truck drivers, female sex workers). These surveys will provide the basis for assessing disease burden in these populations and also determining their contribution to the national epidemic.

This activity will support procurement of 1) commodities to support a future round of IBBS ($90,000), 2) commodities for the 2013 round of ANC surveillance ($210,000), 3) technical assistance from SCMS to the National Institute of Health to improve their internal procurement systems ($100,000). These activities will be partially supported through existing FY11 pipeline funds, thus a total of $400,000 is being requested in additional FY12 funds to cover all activities.

Funding for procurement of specimen collection and testing supplies and materials and test kits to support a second round of IBBS in one group is planned in FY12; the MOH intends to institutionalize the IBBS system by implementing surveillance activities in one key group per year for a more continuous system of surveillance in key populations. Results from the current round of three IBBS surveys should be available in 2012 and will help guide the design of the MOH MARPs HIV surveillance system.

Since 2001, CDC has provided complete financial and technical support for sentinel surveillance activities in Mozambique with PEPFAR funds. In 2009, HIV surveillance moved from the HIV program to the National Institute of Health with continuing financial support from CDC. Funds are planned in FY12 to procure sample collection equipment and supplies, sample processing equipment and supplies, and test kits necessary to conduct sentinel surveillance and related activities (HIV, syphilis, BED and Avidity tests for recent HIV infection, and threshold drug resistance testing) in 2013. The surveys typically include about 13,000 pregnant women.

Starting in 2009, procurement of these supplies has been routed through SCMS in order to improve long-term sustainability of surveillance activities. Starting in 2012, SCMS will provide technical assistance to INS to improve internal procurement practices related to surveys.

Materials may be procured locally, internationally or a combination of both, depending on costs and technical considerations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	3,200,000	0

Narrative:

The Government of Mozambique and USG programs have been hampered by chronic weaknesses in the

supply chain, associated with lack of qualified human resources, underfunding for distribution and operations at all levels of the supply chain, and poor program-Central Medical Stores (CMAM) coordination. These weaknesses have resulted in chronic stock outs, expired product, and waste of GOM and donor resources. A recent rapid assessment of CMAM and the central supply chain system supported the following recommendations: an improved policy, legal and human resource environment and framework to improve efficiencies in the supply chain, including administrative and financial autonomy; considerations for outsourcing distribution and warehousing; improved monitoring and evaluation, and communication; and information systems for decision-making. During FY 11, the MOH in collaboration with partners will revise and finalize the strategic plan for the sector, previously known as the Pharmaceutical Logistics Master Plan, initiated by SCMS. This plan will eventually be the basis around which all financing will be determined. For FY 2012, SCMS will be focusing its activities in line with the rapid assessment recommendations as well as previous recommendations from the PLMP. This includes: warehouse and distribution support, including improving controls of warehouse processes; strategy development for increased autonomy; intensifying its collaboration with clinical partners for strengthening logistics management information for decision making in provinces and districts; and focusing efforts to foster better coordination for forecasting. Significant efforts have been made to foster improved communication and coordination between CMAM and Ministry departments for quantification, supply planning and monitoring, particularly for GFATM. During 2011, quantification sub-groups were created; SCMS will increase its efforts to build capacity of the MOH programs in quantification and planning, and help develop terms of references and roles and responsibilities for the different groups and their members.

SCMS and USG clinical partners have continued to implement the logistics management information system (SIMAM) in all provinces, and in several districts. In FY 2012, SCMS will solidify use and Ministry ownership of the SIMAM system through a formalized collaboration with the M-OASIS project, the technical support to the MOH Department of Information Systems, funded by CDC. To improve use of SIMAM, SCMS will hire one data entry clerk per provincial warehouse, and will leverage USG's scholarship program to identify graduating students from the pharmacy schools to be absorbed into the system. Partner collaboration will be enhanced starting in FY11 into FY 12 through the development of partner-SCMS Memoranda of Understanding (MOU) in various provinces. SCMS will work with IPs to conduct a rapid logistics assessment per province around different program commodity areas to identify barriers and solutions. SCMS contributes to the cross-cutting areas of Human Resources for Health. Building on the large-scale national training planned for FY 2011, SCMS will provide additional support to the newly established audit unit within CMAM, tasked to monitor adherence to standard operating procedures, and provide procurement technical assistance in laboratory procurement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,000,000	0

Narrative:

A new activity for SCMS in FY12 is to support some of the critical commodity and equipment needs for the national MC program. The commodities and equipment, disposable MC kits and mobile unites, are part of a strategy to increase efficiencies and permit more males to be circumcised. Disposable MC kits, which contain pre-packaged surgical instruments for single MC procedures, were recently approved by MOH and will be procured for the first time in the coming year. The kits alleviate the need for the surgical teams to assemble and clean the equipment needed for MC. This time-savings makes it easier to circumcise more men and is particularly beneficial during peak periods of demand. SCMS will procure 50,000 kits to support the government's goal to adopt a combination of disposable and reusable kits. SCMS will also procure two mobile MC units to respond to increased demand. The mobile units are self-contained MC clinics with two procedure beds. The clinics will be used to support existing sites and in the future may be available for campaigns.

SCMS works primarily at central level supporting CMAM, as well as provides support to Beira Central Warehouse in Sofala Province. SCMS will intensify its support to monitor and strengthen capacity in LMIS use in all provinces, in collaboration with implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	3,616,666	0

Narrative:

SCMS will procure HIV rapid test kits to support the USG and MOH efforts to expand facility and community based HIV counseling and testing activities and increase testing uptake. The total national need for FY 2012 -2013 is estimated to cost $11 million USD for all areas of CT, including PMTCT, provider initiated testing and counseling (PICT), blood safety, community testing, and CT campaigns. This budget code will be used for HIV testing in non-ANC settings. In FY 2012, USG will focus significant efforts to increase testing via PICT and will contribute to national testing targets through MC scale up activities. USG will contribute to the overall national need along with other donors, including Global Fund Round 9, World Bank Health Commodity Security Project, and a small portion from Clinton Foundation for pediatric testing. 3,616,666USD will contribute to testing more than 3 million people in Mozambique

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

MOH programs and Central Medical Stores (CMAM) for forecasting and distribution planning has led to interruptions in supply due to inappropriate distribution to provinces

USG will be funding a new partner, Village Reach, in FY 2012 to provide focused efforts in strengthening the RTK logistics system through identification of key barriers at different levels of the supply chain, and working with the MOH program, CMAM and provinces to develop strategies to address these barriers. SCMS will collaborate with Village Reach by continuing to support the overall supply chain, strengthening overall forecasting and warehouse management of test kits; and working with clinical partners to ensure RTK consumption information is routinely collected and included in the LMIS (SIMAM) to improve distribution planning and forecasting. Clinical partners will support facility and district level RTK stock management through supervision visits, distribution support, identify barriers at provincial and district levels to improved RTK logistics, and provide recommendations for strengthening RTK logistics.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	7,045,000	0

Narrative:

Nationwide expansion of quality PMTCT services with increased access to more effective PMTCT regimens is a key goal for the GOM and supported by the USG as a critical intervention in the fight against HIV. In addition, since early 2011, the GOM has started implementation of the new WHO guidelines for Option A, provision of AZT to HIV-infected pregnant women starting at 14 weeks and daily NVP to the infant. To support these efforts, SCMS will receive funds to procure PMTCT related commodities, including ARV drugs for combination ARV prophylaxis for pregnant women and exposed infants in line with Option A; HIV rapid test kits for pregnant women and their partners; CD4 reagents, Point of Care technology, syphilis tests, and other laboratory supplies and reagents for screening and monitoring HIV-infected pregnant women.

SCMS will enhance its support to the PMTCT program at central level by providing focused training in quantification and planning for PMTCT-related commodities; by monitoring PMTCT-related stocks and their distribution; and by working with clinical partners to strengthen implementation of the new protocols at site level and ensuring PMTCT logistic challenges are addressed.

While not directly impacting targets, procurement of PMTCT-related commodities, and strengthening of the logistics system for PMTCT, will support USG and the GOM in achieving their goals outlined in the joint acceleration plan for averting pediatric infections, and ensuring universal access to treatment to pregnant women and their families.

SCMS works primarily at central level supporting CMAM, as well as provides support to Beira Central Warehouse in Sofala Province. SCMS will intensify its support to monitor and strengthen capacity in LMIS use in all provinces, in collaboration with implementing partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	42,790,621	0

Narrative:

The MOH ART program estimates there will be 319,976 ART patients by the end of 2013, of which approximately XXXX will be children. USG will contribute 279,676 patients planned with an additional scale-up predicted to be 40,300, 85% of the overall treatment targets. The Target for PMTCT is 35,000 with newly planned targets for scale-up at 29,500.

Mozambique MOH standard treatment guidelines (STGs) for ART services include the following components: first line ART with AZT/3TC/NVP for adults and for TB/HIV co-infected patients, universal treatment of TB/HIV co-infected patients and children < 2 years diagnosed with HIV.

Based on these STGs, and using historical and estimated consumption and treatment scale up rates, the national forecasted need for FY 2012 will cost $38 million, with a current gap of $9.5 million USD including Global Fund Round 9, Phase 1. One month of shipment for current patients costs approximately $2.5 to 3 million USD. SCMS will receive funds to procure adult first line ARVs ($23.5 million USD), and 2nd line ARV needs following the phase out of CHAI UNITAID funding ($300,000 USD). The rgovernment will be requantifying the need in June 2012 with expanded service points and using CD4 count of < 350 for pregnant women. The remaining gap of ARVs for 2013 will need to be by PEPFAR and covered by Global Fund Round 9 phase 2 funds and any early FY 12 funds to total over 60 million USD per submission, but all funds combined will not reach this target funding need. CHAI will continue to donate 100% of the national need for pediatric ARV formulations until the end of CY 2013. Other donors will negotiate contributions over the coming year.

Allocations of PEPFAR financing for ARVs are based on the assumption that Global Fund disbursements will happen. Mozambique has faced chronic insecurity around global fund grant implementation since 2009. As part of the USG/Mozambique Partnership Framework with the Government of Mozambique, USG's goal is to decrease support to commodity procurement while increasing its support to systems strengthening, infrastructure and other priorities outlined by the MOH, with an expectation that commodity needs will be financed primarily by Global Fund or other sources. Due to the insecurity with Global Fund grants, USG/Mozambique has increased its allocation of ARV funds in FY 2012 to cover the scale up needs and ongoing supply of ARVs while supporting Global Fund grant implementation in country.

Through health system strengthening funds, SCMS will provide technical assistance to Central Medical Stores (CMAM) to strengthen the national supply chain, including the ARV supply chain, through improved warehouse management, use of LMIS and their data for decision-making; and improved

program-CMAM coordination for quantification and distribution planning. SCMS will strengthen its efforts to foster coordination and joint planning between the MOH ART program and CMAM to forecast ARV needs for Global Fund applications as well as to conduct quarterly updates and supply planning. SCMS will work with CMAM and leverage implementing partners in the provinces to strengthen the use and reporting of the antiretroviral resupply system (MMIA) by ART sites. In addition, SCMS will conduct a technical analysis on a revised distribution system, to move from monthly to quarterly distribution for ARVs as well as to support patient adherence by provision of 2-3 months of ARVs in the periphery.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	350,000	0

Narrative:

This is a new activity in FY 12 for SCMS to provide support to the Ministry of Health in ensuring supply of ARVs and their distribution meet the MOH and USG goals for treatment scale up. This will include support to periodic stock verification of ARVs in country, supporting CMAM to provide routine information to the MOH treatment programs on stock levels and early warning of risks of ARV stock outs, and support to the ART program's goals to improve treatment retention rates through a more responsive, flexible, and reliable supply system for ARVs. This will include identifying strategies and requirements for the resupply of 2-3 months ARV supply for patients, participation in the expansion of the GAAC strategy, and supporting strategic planning and tools development for the resupply of ARVs in the context of task shifting of treatment. These funds will directly support SCMS technical assistance Logistics Advisor, including supervision and stock verification visits to the provinces and districts. SCMS has modified its approach to technical assistance in order to increase performance as well as skills transfer in the following way: SCMS will embed its technical assistance to increase the transfer of skills to key Government counterparts at CMAM and the Ministry of Health and will develope a capacity building plan for each area of support. At the same time, SCMS will hire critical human resources to support CMAM's need for qualified staff to gain control in the warehouses and regain donor confidence. SCMS will also increase collaboration with Ministry programs to institutionalize quantification and joint planning. SCMS will continue its efforts to transfer capacity of the laboratory department to manage the CD4 network system. Through improved engagement with programs via PSM groups, SCMS will increase its support to strengthen PMTCT logistics, OI/STI quantification, RTKs, and laboratory, in collaboration with Implementing Partnerss.

Implementing Mechanism Details

Mechanism ID: 7328	Mechanism Name: MEASURE Phase III Evaluation
Funding Agency: U.S. Agency for International	Procurement Type: Umbrella Agreement

Development	
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MEASURE Evaluation will continue to provide capacity building for the Mozambican National AIDS Council and the Ministry of Women and Social Action in the area of strengthening both national and sub-national monitoring and evaluation systems. This capacity building will be the continuation of strengthening paper-based and, where possible, eletronic systems. MEASURE Evaluation will also continue to perform external Data Quality Assurance audits of USG implementing partners at the request of USG Mozambique. There will be no vehicles purchased for this mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Budget Code Information

Mechanism ID:	7328		
Mechanism Name:	MEASURE Phase III Evaluation		
Prime Partner Name:	University of North Carolina at Chapel Hill, Carolina Population Center		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0

Narrative:

MEASURE Evaluation will continue to provide capacity building for the Mozambican National AIDS Council and the Ministry of Women and Social Action in the area of strengthening both national and sub-national monitoring and evaluation systems. This capacity building will be the continuation of strengthening paper-based and, where possible, eletronic systems. MEASURE Evaluation will also continue to perform external Data Quality Assurance audits of USG implementing partners at the request of USG Mozambique

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: TEBA Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 140,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	140,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is HIV response to mineworker-sending communities of southern Mozambique. TEBA will implement HIV prevention, HBC and OVC activities. It contributes to Partnership Framework Goals 1, 2, 4 and 5, and is in line with the Global Health Initiative Governance goal. TEBA, a regional organization, will receive capacity building from International Office for Migration, a local financial firm, and the TEBA office in South Africa. In Maputo City, Maputo Province, Gaza, and Inhambane, beneficiaries include mineworkers, partners and families of mineworkers, and others in the communities. In FY12, TEBA will implement in Gaza province (select localities of Xai Xai, Chibuto, Chokwe and Bilene). TEBA coordinates with other actors in the same provinces, such as PACTO and TB-CARE to ensure activities are not duplicative (i.e. two partners are not providing the same services to same population/in same locality) and that referrals strengthened. TEBA will seek cost-efficiency through its reliance on Mozambican staff, and technical assistance from its South African office and the local office of International Organization of Migration (IOM). TEBA is expanding a pilot project that was funded by IOM in the past; economies of scale will be had as the project builds upon past experience. This activity has pipeline from COP09-11, attributed to TBD Community-Based Responses to HIV. The pipeline is sufficient to cover the nearly $6 million of this award; in COP12 only a small amount is added for Counseling and Testing, a budget area not previously included. TEBA has bought two vehicles ($66,544) and will purchase another in FY12 with pipeline funds (total 3). Cars are for project implementation (OVC, prevention, HBC, monitoring, etc.).

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
TB
Family Planning

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

TEBA's HBC program will provide the following servies for PLHIV: symptom diagnosis and relief, psychological and spiritual support, referral for counselling and testing and ART, management (or referral for) of opportunistic infections including TB, malaria, and other complications; culturally-appropriate end-of-life care; social and material support such as nutrition support, water, sanitation and hygiene, and training and support for caregivers. "Change Agents" (HBC providers) will provide services through home visits, and will train and support family caregivers to sustain services. Women will increase their access to income and productive resources, as well as access to health activities and services, given that there is a large proportion of women in TEBA's communities (due to male migration to South Africa).

Meaningful involvement of PLHIV and OVC will increase awareness of issues of HIV-related stigma and discrimination, girls' and women's vulnerability to transactional and intergenerational sex, and inheritance and property rights. Interventions will be tailored to mineworker-sending communities heavily affected by migration.

By linking with clinical partners, health facilities, and other partners in the same geographic areas (for example, referrals to counseling and testing, PMTCT, and ART services), TEBA will strengthen community-facility linkages.

TEBA will also implement a cross-border referral system for Mozambicans working in South African mines. TEBA provides HBC for mineworkers who are medically repatriated, as well as support for the family. TEBA will strengthen cross-border referral systems in this project, including the tracking of mineworkers who return to Mozambique unofficially, and those who default from treatment.

TEBA has pipeline from previous COP allocations, and thus will not need HBC funding in this COP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

TEBA staff and Change Agents will be trained on OVC services, child rights, and national standards, in collaboration with USAID and the Ministry of Women and Social Action. TEBA will also participate in an exchange visit to HACI and Reencontro, two Mozambican OVC organizations, to gain a better understanding of OVC services.

TEBA will provide family-centered OVC services, with its HBC program as an entry point. OVC services will include nutrition support, registration for poverty certificates, and life skills, as well as other services that will be identified during its capacity-building process in OVC. Appropriate activities benefiting girl OVCs, such as caretaker counselling on issues such as intergenerational sex and early marriage, girls' access to education, dissemination of child protection law, etc. will be identified as part of this process.

TEBA has pipeline from previous COP allocations, and thus will not need HKID funding in this COP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

OHSS funds will be used to build capacity of HBC caregivers and other community workers, as well as TEBA staff in financial management and other organizational areas. No amount is planned for COP 2012, since TEBA has OHSS pipeline.

TEBA will buy three vehicles as it is expanding in three new provinces. However the expansion and the car purchase will be phased over two years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

TEBA will implement epidemiologically-responsive and contextually appropriate prevention activities reaching beneficiaries at the individual, couple, family, institutional, community, and social levels in mineworker-sending areas of Southern Mozambique. The project will support operationalization of priorities outlined in the National Strategy for Accelerated Prevention of HIV infection and will target key drivers including concurrent partnerships, low risk perception, low knowledge of sero-status, and low condom use with non-regular partners. Community mobilization interventions will address structural factors, including attitudes towards gender roles and migration, which influence these drivers. Beneficiaries will be adults aged 20-49, and youth aged 15-19, including mineworkers, ex-mineworkers, partners and families of mineworkers in mineworker-sending communities of Gaza, Inhambane, Maputo City, and Maputo Province.

Prevention activities will have a strong emphasis on reduction of multiple concurrent partnerships and promotion of condom use with non-regular partners. Programs will go beyond ‘awareness raising’ to focus on building risk perception to change individual behavior and risk norms around the key drivers mentioned above. This project will mainly support behavioral and structural interventions, conducted at community level to prevent HIV infections. It will support a mix of media (community radio) and interpersonal communication approaches that are known to be effective and that are tailored to reach adults and young people (including miners, ex-miners, potential miners, and partners and families of miners) with prevention programs that address multiple concurrent partnerships, the importance of counselling and testing, risks associated with migration, alcohol, etc, and the normative factors that affect each. The partner will also support prevention interventions that focus on discordant couples to encourage mutual disclosure and faithfulness that protect the negative partner and limit HIV transmission outside the couple. Change Agents will be trained in gender and GBV training as they inter-relate with migration and HIV.

By linking with clinical partners, health facilities, and other partners in the same geographic ares (for example, referrals to counseling and testing, PMTCT, and ART services), TEBA will strengthen community-facility linkages.

TEBA has pipeline from previous COP allocations, and thus will not need HVAB funding in this COP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	140,000	0

Narrative:

TEBA will receive HVCT funds for the first time through COP 12. As a partner serving a specific high risk group, allotting new funds to this existing partner falls within the PEPFAR Mozambique counseling and testing (CT) strategy of community based CT expansion for most-at-risk groups. TEBA has experience implementing community-based CT through past projects funded by other donors and will implement community-based counseling and testing, promotion and supervision in Gaza and Maputo provinces targeting mine workers, ex-mine workers, their partners and families, individuals residing in mine-sending communities, and partners of PLHIV.

Gaza's HIV prevalence is 29.9% among women 15-49 years compared with 16.8% of men. 26% of women reported having had a test in the last 12 months compared with only 10% of men. Maputo province's HIV prevalence is 20% for women and 19.5% for men. 24% of women reported having had a test in the last 12 months compared with 17% of men.

The project will mobilize communities to increase the demand and use of CT services and coordinate with care, support and treatment providers to establish a two-way referral system of clients and will complement TEBA's sexual transmission prevention activities. In addition to providing community-based CT , TEBA will reach in-transit miners with 'miner-specific' HIV prevention messages and 'miner-friendly' CT services at key transit points between the employment site in South Africa and their home community. CT will be part of a 'before you go home' package of services that Mozambican miners will receive at the miner processing center at the Ressano Garcia border crossing. Planned HVCT trainings include but are not exclusive to: quality assurance and control, counseling and message delivery in non-judgmental ways, supply planning and forecasting, campaign coordination, linkages/continuum of care, gender and gender-based violence (especially due to disclosure) and treatment as prevention. These interventions will increase gender equity in CT-seeking behavior. Information about the gender-based violence law, child protection law, and other relevant information will be shared to miners en route, as well as migrant-sending communities.

TEBA will participate in planning, coordination and implementation of any provincial CT campaigns led by the Provincial Health Directorate and National AIDS Council Provincial Nucleus, likely in Gaza, one of the three Global Health Initiative focus provinces. All CT partners will benefit from Quality Assurance/Quality Improvement support to INS at the central level. The lead clinical partners in Maputo and Gaza provinces will receive funds to support EQA logistics for all CT partners, including TEBA.

TEBA is developing its Monitoring and Evaluation (M&E) plan, which will include PEPFAR and non-PEPFAR indicators. IOM is providing TA in M&E, including the baseline survey. There are zero targets for this activity as TEBA's COP 12 HVCT funds are not expected until the very end of FY12. Upon receiving these funds, the awardee will begin identification and training of their community "change agents". CT will be included in the HIV prevention component of their training.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

TEBA will implement epidemiologically-responsive and contextually appropriate prevention activities reaching beneficiaries at the individual, couple, family, institutional, community, and social levels in mineworker-sending areas of Southern Mozambique. The project will support operationalization of priorities outlined in the National Strategy for Accelerated Prevention of HIV infection and will target key drivers including concurrent partnerships, low risk perception, low knowledge of sero-status, and low condom use with non-regular partners. Community mobilization interventions will address structural factors, including attitudes towards gender roles and migration, which influence these drivers. Beneficiaries will be adults aged 20-49, and youth aged 15-19, including mineworkers, ex-mineworkers, partners and families of mineworkers in mineworker-sending communities of Gaza, Inhambane, Maputo City, and Maputo Province.

Prevention activities will have a strong emphasis on reduction of multiple concurrent partnerships and promotion of condom use with non-regular partners. Programs will go beyond 'awareness raising' to focus on building risk perception to change individual behavior and risk norms around the key drivers mentioned above. This project will mainly support behavioral and structural interventions, conducted at community level to prevent HIV infections. It will support a mix of media (community radio) and interpersonal communication approaches that are known to be effective and that are tailored to reach adults and young people (including miners, ex-miners, potential miners, and partners and families of miners) with prevention programs that address multiple concurrent partnerships, the importance of counselling and testing, risks associated with migration, alcohol, etc, and the normative factors that affect each. The partner will also support prevention interventions that focus on discordant couples to

encourage mutual disclosure and faithfulness that protect the negative partner and limit HIV transmission outside the couple. Change Agents will be trained in gender and GBV training as they inter-relate with migration and HIV. By linking with clinical partners, health facilities, and other partners in the same geographic ares (for example, referrals to counseling and testing, PMTCT, and ART services), TEBA will strengthen community-facility linkages. TEBA has pipeline from previous reprogramming funds, and thus will not need HVOP funding in this COP. AB and OP funds will be used to provide a comprehensive and appropriate prevention interventions to the different target populations.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 319,750	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	319,750

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main goals of JSI/DELIVER project are to increase the availability of condoms and essential health supplies in public services through strengthen national supply chain-Central de Medicamentos e Artigos Médicos (CMAM), and other supportive environments for commodity security in coordination with SCMS, SIAPS and HR. In FY12 the project will continue to work with CMAM, CNCS, CTWG to improve condoms logistics at Central, Provincial and local levels. Activities will includes, pharmacy curriculum

development, advocacy within the MoH and HR for including a SCM component in PST curriculum for identified health courses.

JSI/DELIVER project works at national level building institutional capacity for CMAM and CNCS to improve the build in-country capacity to strengthen SCM. There are no direct targets for this activity, although support condom logistics will support overall prevention efforts to increase condom availability and use.

There is not costing data available at the moment. USG plan to include central level mechanisms in the next expenditure analysis and costing exercises.

The primary focus of JSI/DELIVER project has been on establishing sustainable systems for the government and it is expected that the partner will work closely with the MOH to build ownership in strengthening the logistics system. This is in line with the goals outlined in the USG-GOM Partnership Framework, to build capacity of CMAM and MOH to fully manage the health related commodities by the end of PEPFAR II.

Monitoring and evaluation plan for the pharmaceutical sector is under development. This includes a chapter that specifically addresses the Pharmaceutical Sector, “Strengthened pharmaceutical management.”
There will be no vehicles purchased or leased under this mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	100,000	0

Narrative:

Strengthening the supply chain system is critical for ensuring regular availability and access to male and female condoms in the country and is a key activity outlined in the Partnership Framework (PF) for health system strengthening. A major focus of JSI/DELIVER activities will be to support the, Ministry of Health (MOH), Central Medical Stores (CMAM), National AIDS council Control Program (CNCS) and provincial and district warehouses in the implementation of a Logistics Management Information System (LMIS) for male and female condoms . The priority areas in FY12 includes the support the Ministry in coordination with SIAPS, to develop of pre-service logistics modules for health training institutes, job description development, curriculum development, training for pharmacy courses. JSI/DELIVER will also support the integration of female condom distribution information into the condom inventory tracking tools and strengthen overall logistics management of female condoms.

In FY12 JSI/DELIVER will continue to increase coordination efforts with condom stakeholders as well as with clinical partners, CBOs and NGOs, who will have an expanded role in increasing the distribution and utilization rate of free condoms to ensure the sustainability of generic condom availability. JSI/DELIVER will also work with the USG prevention team and partners to integrate positive prevention activities into condom logistics. There will be linkages among the information systems, commodities, and leadership building blocks. The Human Resources for Health (HRH) cross-cutting budget attribute is for curriculum development and pre service training in commodities and logistics as well as advocacy for cadre development for logisticians. The spillover benefit will be the concurrent improvement in the family planning and reproductive health commodity tracking.

Additionally, in 2012, JSI/DELIVER in coordination with SCMS and other stakeholders will continue to support the MOH to implement the completed and approved Pharmaceutical Logistics Master Plan (PLMP) to be, a 5-year strategic plan hole pharmaceutical sector to re-design the distribution chain of

medical supplies and products in the country, including condoms.
There are no direct targets for this activity, although support to condom logistics will support overall prevention efforts to increase condom availability and use.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

Narrative:

Since 2008, the public health system in Mozambique has faced multiple periods of stock outs of rapid test kits for HIV, hampering implementation of USG and GOM priority programs to scale up HIV treatment and care services, including PMTCT. Further the lack of RTK availability has resulted in missed opportunities for testing, particularly among pregnant women and TB patients.

The Supply Chain Management System has been in country for several years, but has not succeeded at identifying the main challenges at the periphery, as the focus in their activities has been at central level and with the Central Medical Stores (CMAM). In 2010, Village Reach initiated a pilot with EGPAF to include rapid test kits for malaria and HIV in the last mile initiative for activity with EPI, using district and provincial EPI coordinators. This initiative resulted in a detailed understanding of the challenges and barriers to improving the Rapid test kit logistics system.

USG will provide $150,000 in CT funds to Village Reach to provide focused support to the Ministry of Health CT program and partners to strengthen the RTK logistics system, including documenting key barriers and challenges; establishing relations with the MOH CT program and CMAM, and supporting the development of an action plan for strengthening the RTK logistics system; and in collaboration with SCMS, development of any necessary tools or systems required to improve their management. These funds will support the recruitment of one additional person, as well as visits to provinces and any additional technical assistance from their Home office.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	69,750	0

Narrative:

Major focus of this activity will be on strengthening procurement and logistics systems in order to ensure a consistent supply and timely condom availability at the distribution points at all levels. Coordination, supervision and technical capacity building of existing condom technical groups at central and provincial levels will also be addressed in order to assure correct planning and forecasting of condoms, this also includes increase coordination efforts with condom stakeholders as well as with clinical partners, CBOs and NGOs, who will have an expanded role in increasing the distribution and utilization rate of free

condoms to ensure the sustainability of generic condom availability.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 275,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	275,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

(Continuing Activity COP 12 funds = $325,000) - The goal of the ASCP support program is to strengthen the laboratory system in PEPFAR countries. ASCP provides technical assistance in the development of a national approach to quality systems, continuing education and in the implementation of comprehensive quality laboratory services. In alignment with the partnership framework objective (4.6) to strengthen laboratory support for HIV diagnosis and management, ASCP strategies aim at building national laboratory capacity in the technical procedures necessary to perform laboratory analysis of tests related to HIV diagnosis, treatment monitoring and management. ASCP's approach upholds GHI principles to ensure sustainability in the long term by building local capacity to implement and monitor programs. Together with the Ministry of Health namely the Laboratory Section and the National Institute of Health, training curricula for different laboratory disciplines and quality management, are being revised and adapted to the local context and local trainers are being developed. All activities are aligned with Ministry of Health priorities.

ASCP also continues to be a strong partner to strengthen pre-service training. This will ensure that high caliber laboratorians are deployed into the system. To measure the impact of in-service trainings, ASCP

will conduct a baseline assessment of participant labs in advance of all in-service trainings. At 6 and 12 month intervals, ASCP staff and consultants will perform an M&E assessment to determine the impact of training on each lab. This serves as an evaluation of ASCP trainers and curriculum as well as a benchmark for labs as they strive for accreditation.
ASCP's budget has been reduced in FY12 because of a significant pipeline.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Governance and Systems	HLAB	275,000	0

Narrative:

In FY12 ASCP will continue to work together with various implementing partners to assist the Ministry of Health in achieving its goal to enhance laboratory systems by improving laboratory diagnosis and

implementing comprehensive laboratory quality assurance programs.
ASCP, in collaboration with other laboratory coalition partners, will continue to provide support for the implementation of the “Strengthening Laboratory Management Towards Accreditation” (SLMTA) training program in the eight currently enrolled laboratories and an additional three labs. ASCP will support the MOH's provincial quality managers in program planning, implementation, monitoring and evaluation. This will involve training additional trainers, developing an implementation plan and conducting assessments at baseline, during implementation and post completion of the program.
ASCP aims to support the sustainability of capacity-building activities by giving Mozambicans ownership over all ASCP in-service training curriculums and preparing them to deliver the material themselves. Training of trainer courses will be conducted to build local presentation and facilitation skills in order to roll-out subsequent trainings throughout the country. This methodology has been successful in the roll out of CD4 in-service training. In FY12, this approach will be adopted for hematology and biochemistry training. It is envisioned that the lab advisors for the clinical partners will also participate in training of trainer courses and facilitate the roll out of these trainings in the provinces where they are the lead partner.
The pre-service programs, in particular, address the need for a self-sustained education system for lab scientists and ASCP will continue to provide support to strengthen pre-service training for laboratory personnel. In FY11, ASCP has supported the Ministry of Health initiative to move away from traditional curriculum to competency-based curriculum. To ensure the successful implementation of this new curriculum, ASCP will focus on faculty development in FY12. Through long and short-term faculty mentorships, ASCP will assist faculty as they learn new curriculum, teaching techniques, and software. With dedicated and knowledgeable faculty, students will be more motivated and better prepared for deployment into the field.
ASCP has worked with many local partners, the Ministry of Health, the Ministry of Education, the National Institute of Health (INS), the Health Science Institutes and the Instituto Superior de Ciencias de Saude (ISCISA). ASCP has also collaborated with other implementing partners, such as the Federal University of Rio de Janeiro (FURJ), Clinton Health Access Initiative (CHAI), Beckman Dickenson (BD), A Global Healthcare Public Foundation (AGHPF), the American Society of Microbiology (ASM) and the American Public Health Labs (APHL), on many projects. These partnerships have strengthened ASCP’s activities, especially the Pre-Service Program and the Strengthening Lab Management towards Accreditation (SLMTA) program. In FY12, ASCP will continue to work in partnership with various partners to strengthen the impact of their support activities.

Implementing Mechanism Details

Mechanism ID: 9568	**Mechanism Name: ASM-Technical assistance for microbiology 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: American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 329,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	329,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The American Society for Microbiology (ASM) International Laboratory Capacity Building (LabCap) Program has a goal of strengthening and expanding clinical microbiology laboratory capacity for the diagnosis of HIV-related Opportunistic Infections (OIs).

ASM's goals are in aligned to the Partnership Framework objective (4.6) to strengthen laboratory support services for HIV diagnosis and management. Significant contribution will be made to strengthen human resource capacity through training and mentoring and to strengthening the national commodity procurement system as pertains to microbiology reagents and consumables.

ASM will support the creation of regional centers of excellence for microbiology diagnosis to serve as referral microbiology laboratories; strengthen TB diagnosis in regional laboratories; increase access to TB culture and strengthen forecasting and planning for equipment and reagents for microbiology.

ASM will develop/improve training programs provided to laboratory technicians working in clinical health care facilities for improved diagnosis of TB and OIs.

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

ASM did not have a very significant pipeline and will continue to explore strategies to achieve cost efficiencies.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9568**		
Mechanism Name:	**ASM-Technical assistance for microbiology capacity building**		
Prime Partner Name:	**American Society for Microbiology**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	154,000	0

Narrative:

ASM will work in coordination with the MOH and USG in Mozambique to carry out laboratory capacity building activities to strengthen tuberculosis (TB) diagnostics. In FY 2012 ASM will implement the following activities:
The Ministry of Health's goal is to establish regional referral testing for TB culture. Two labs have been fully established: the national TB reference lab in the South and the TB reference lab in the central region. A referral lab for the North of the country will be completed in early 2012. ASM will provide training and mentorship to the lab personnel in the Northern regional lab to conduct TB culture and drug susceptibility testing. English speaking personnel will be supported to attend the culture and DST courses

offered at the African Centre for Integrated Laboratory training (ACILT). This will be followed up by mentorship by Portuguese speaking experts. ASM will assist in setting up the laboratory, establishing an efficient workflow and implementing a quality management system.
ASM will also support the strengthening of the National External Quality Assessment (EQA) system for TB diagnostics: ASM will review the existing EQA system operational in the TB laboratory network and strengthen supervision and blind re-checking of slides. In FY11, ASM supported the TB reference lab to introduce proficiency testing (PT) panels as part of the TB Smear EQA program. In FY12, ASM will support the decentralization of panel preparation to the regional TB reference laboratories. ASM will facilitate training of the TB reference laboratory staff in preparation of PT panels for distribution first to the provincial hospital laboratories in the first round then to district level hospitals. A system will be set up for analysis and review of results and follow up for poorly performing sites. ASM will evaluate the performance of the EQA program to ensure it is achieving the goals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	175,000	0

Narrative:

The American Society for Microbiology (ASM) will continue to work in coordination with the MOH and USG in Mozambique to carry out microbiology laboratory capacity building activities. ASM will implement the following activities:
1) Portuguese or Spanish speaking mentors will provide on the job training in standard microbiology techniques and new technologies. Proposed laboratories are located at the central hospitals in Maputo, Beira, and Nampula. Mentoring will include onsite supervision and training as needed.
2) Five-day regional workshops will be held for provincial lab personnel that will provide practical and didactic training in basic bacteriology and roll-out new standard operating procedures (SOPs) and standardized training materials. A reference set of positive, negative or indeterminate gram stained slides for the most frequently observed bacterial pathogens will be developed and provided to laboratories to utilize as quality controls and ongoing proficiency testing of staff. A ToT will be conducted to develop local capacity to facilitate this course as a means to create ongoing and sustainable local capacity.
3) ASM will continue to provide support to the INS in the establishment of the National Bacteriology Reference Laboratory. The mandate of the reference laboratory is to run EQA programs, provide training and reference testing for the laboratory network. ASM will support the placement of mentors to work with MOH counterparts in the development and implementation an External Quality Assurance Program (EQA) for routine clinical microbiology procedures and ultimately integrate this with other existing EQA programs.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 700,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the USG Public Affairs Section (PAS) small grants program is to support small-scale, community based prevention efforts, as well as increase the capability of the media in covering, raising awareness, and educating the Mozambican population on prevention activities, as well as moving towards "Mozambicanization" of the response to HIV. The projects aim at promoting a comprehensive HIV prevention programs focusing on Sexual Prevention and Health Systems Strengthening. Prevention programs will also address issues related to multiple concurrent partnerships, tradition and cultural norms that support or hinder HIV prevention. Target groups will be young boys and girls in or out of school, adult men and women. Peace Corps grantees will play an important role in implementing programs with young boys and girls in and out of school. They have managed successful HIV awareness and life skills programs for young girls and boys, which had a positive impact on their lives and communities. Peace Corps Volunteers are often well-integrated into communities that are difficult for traditional programs to reach, and understand local needs in a way that allows them to propose projects that have lasting impact and a high likelihood of community ownership. The JOMA and REDES, FUEMO and English Club PCV programs integrates gender issues, by increasing gender equity in HIV/AIDS activities and services, addressing male norms and behaviors and gender based violence and coercion and empowering young girls and boys through HIV training sessions and life skills. In line with the Partnership Framework, the project intends to support local civil society organizations to reach sustainability through staff training and

institutional capacity building.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	OHSS	200,000	0
Narrative:			
This activity addresses the system barrier of a weak civil society and media institutions which contributes to weak participation in the health system. Media associations and individual journalists will be			

strengthened to
play a leading role in the HIV response - as reporters and advocates - thus
strengthening the health system. National and community-based media are well-placed
to publicize relevant HIV activities and ensure that the voices of PLHIV and those
affected by HIV are heard, including addressing issues of stigma, constructive
engagement of men to revisit the influence of accepted gender roles in HIV infection,
and locally-identified barriers to effective communication around HIV. The focus will be on the following types of program, partners and activities:
-Local civil society organizations in all provinces of Mozambique: (CSOs, NGOs, CBOs, FBOs)
Training of activists, community leaders, religious leaders in HIV/AIDS prevention strategies- increasing support to local community based organization to develop and manage effective HIV prevention program.
-PCVs leaded programs (JOMA, REDES)
Intensive training of Mozambican secondary school teachers and REDES/JOMA facilitators in the area of HIV/AIDS prevention, gender and health- to allow continuing PCVs leaded projects to have lasting impact by increasing community ownership.
-Community Radios and Media Institutions
Training of journalists and media professional strengthening their leading role as reporters and advocates- increasing the capability of the media in covering, raising awareness, and educating the Mozambican population on prevention activities.
-Exchanges programs between Mozambique and the U.S. (e.g. providing U.S.-based training for select journalists who have a demonstrated track record in effective HIV coverage) Embedding of U.S. experts into Mozambican media associations and institutions -Expanding opportunities for quality training and providing capacity-building assistance and related support to Mozambican media professionals in the are of HIV/AIDS .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	400,000	0

Narrative:

Programs target youth aged 15- 35, young men and women, girls at risk of sexual exploitation, and youth associations.Activities focus on working with already-existing institutions, (schools, churches, community leaders), to reduce multiple concurrent partners, cross-generational and transactional sex. The target groups are equipped with the understanding, skills and motivation to recognize and avoid high risk behaviors that make them vulnerable to HIV infection. All messages are monitored for appropriateness and are reviewed and approved by CNCS, the National AIDS council. Programs integrates gender issues, by increasing gender equity in HIV/AIDS activities and services, addressing male norms and behaviors and gender based violence and coercion

and empowering young girls and boys through HIV training sessions and life skills. All activities encourage linkages with counseling and testing facilities, as well as promotion of increased economic and educational endeavors. In many cases, partners are integrating HIV prevention with populations with whom they already have a
relationship - farmer associations, churches, associations of professors and educators.
Other activities are focused on HIV educations and activism; organization of Girls/Boys Clubs; community workshops on HIV prevention; distribution of visual training products : posters, comics, T-shirts, and HIV training kits; training of people living with HIV on prevention plus methods to address the issue at
schools, private companies and in the community; organization of World AIDS Day
events and publicity; testing and counseling campaigns; round tables on HIV; participative meetings with community and religious leaders, traditional healers for exchanges on HIV prevention; recreational and sports events with HIV messages; workshops on HIV prevention; musical contests on themes about HIV prevention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

Small grants enable organizations to use innovative approaches to engage the harder
to reach populations and strengthen links to other preventive activities. The capacity of
local organizations will be strengthened to develop and implement programs will particularly focus on high-risk populations and provide HIV prevention messages and skills tailored to high-risk lifestyle targeting
vulnerable boys and girls, primarily over 15 years old, alchol users, at risk groups, mobile population, persons who exchange sex for money and persons with concurrent sex partners. Local partners will be supported in community outreach and interpersonal communication interventions, e.g. discussion groups and peer education, are engaging and effective. Activities include training sessions on HIV transmission and prevention for HIV activists; equipping PLHIV and those close to them to facilitate community members who come from groups at high-risk to develop their own personal prevention action plans; improving the economic welfare and vulnerable status of selected vulnberable groups and sex workers by educating them on STIs and HIVprevention menthods, conducting tarings and debates, and promoting correct and consistent condom use by PLHIV, on ART and prophylaxis. Programs will aslo include activities that address male norms and behaviors and gender based violence and coercion.

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 Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 650,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	650,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Twinning Center (TC) supports local capacity building by pairing Mozambican institutions with supportive organizations. COP12 funds will support four projects.One ongoing activity from COP11 will provide support to St. Luke's clinic in Beira. Three new projects include support to MOASIS, a local information technology group, support to Eduardo Mondlane University (UEM) for pediatric surgery training, and support to Central Hospital of Mozambique for general surgery services. A fifth project from COP11 that provided support to the nursing association, ANEMO, will be closed out with FY11 funds. All five projects align with the Mozambique GHI goal of strengthening health systems and human resources in Mozambique, as all projects have an over-arching goal of building local capacity and skills in the area of health provision. The partnerships with MOASIS, UEM, and Central Hospital are all in Maputo but these partnerships' work will yield national benefits. The partnership with St. Luke's clinic is in Beira and primarily benefits that city. TC generally provide strong results with minimum PEPFAR funding, as the program pairs local organizations with more developed organizations that supply free technical assistance, capacity building, and often material goods. The ANEMO project has already transitioned leadership of the project to local control and will not receive funding support in FY12. The project with St. Luke's clinic in Beira will be asked to transition funding support for the clinic to DPS and other local support with FY12 funds. There is no pipeline in any of the 5 projects. AIHA assists the partners in the collection of PEPFAR relevant indicators to inform programmatic direction. The new MOASIS project is requesting 1 vehicle ($5,000) with FY12 funds.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Child Survival Activities

Budget Code Information

Mechanism ID:	**9725**
Mechanism Name:	**Twinning Center**
Prime Partner Name:	**American International Health Alliance Twinning Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

• Twining Partners: Twinning Partners: JEMBI, a South African-based not-for-profit NGO and MOASIS (Mozambique-Open Architectures, Standards and Information Systems). The focus of this twinning partnership is to further develop the organizational structure of MOASIS and to advance MOASIS' access to global health through the correct use and implementation of e-health and health information systems, and strengthen Jembi as a social enterprise and investigate sustainable models to grow the organization in future and to strengthen the institutional capacity and its key partner UEM-MOASIS, the MoH (human

resources development and performance) and improve and complement key activities to ensure the success of strategic projects and finally to strengthen the collaboration between the Mozambique Ministry of health, Jembi and the WHO – Family of International Classification collaborating center hosted at the Medical Research Council of South Africa.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	550,000	0

Narrative:

The American International Health Alliance's (Twinning Center) goal is to advance global health by helping communities and nations with limited resources build sustainable institutional and human resource capacity. In 2012 American International Health Alliance Twinning Center will support the following activities:

• Twining Partners: Twinning Partners: Catholic University of Mozambique, Beira (UCM); University of Pittsburgh, Pittsburgh, Pennsylvania. The goal of the partnership is to increase the quality of human resources for health and social welfare in key areas to support the HIV prevention, treatment and care and second goal to reduce new infections in Mozambique. UCM will provide integrated HIV/AIDS care and treatment a cohort of patients will be established and clinical mentoring will be provided to UCM faculty and students on HIV primary care to create cadre of trainer's thro training methodologies.

• Twining Partners: St. Luke's School of Nursing support to ANEMO. The key contributions for this implementing partner are in the areas of developing institutional capacity administratively and technically and to strengthen the capacity of ANEMO's to serve as an autonomous, leading professional nursing association in Mozambique. The focus of the partnership with ANEMO is to increase the capacity to develop nurse leaders in Mozambique though coordination and continuation of the Mozambican Nursing Leadership Institute (MNLI), and to formalize ANEMO's organizational infrastructure to include strategic, operation and business plans. This project will receive no new funds in COP 12 and will be transitioned to local support using FY11 funds.

• Twining Partners: University of California at San Diego (UCSD) support to UEM/Central Hospital general surgery. The focus of this twinning partnership is to improve the quality of care and strengthen services for general surgery provided at UEM. Improve the quality of surgical instruction at UEM, improve the quality of surgical care at Central Hospital and improve the capacity in country to appropriately handle obstetric emergencies, traumas and other surgical needs.

• Twining Partners: University of California at Los Angeles (UCLA) support to UEM pediatric surgery. The focus of this twinning partnership is to improve the quality of care and strengthen services for pediatric. Improve on newborn care, pediatric surgery care and care critical ill children at Maputo central hospital.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

With existing funding FGH in COP12 will implement HIV program activities in Zambezia province. The program goal is to increase access to quality HIV prevention, care and treatment using evidence based approaches which directly contributes to PF goals 1-5 in the following ways: 1) Scale up service delivery of Counseling and testing, PMTCT and ARV treatment; 2) Community mobilization and linking of facility and community based care 3) Increase Provincial and District Ministry of Health capacity; 4) Supporting quality assurance and quality improvement activities

The FGH project will directly contribute to two of Mozambique's GHI strategy focal areas; expanded access and uptake of quality MNCH services by supporting PMTCT and pediatric HIV services and strengthened governance in the health sector by supporting provincial and district planning, logistics management and sub agreements

Cross cutting programs include: 1) Food and Nutrition, including community links to improve nutrition through basic nutritional education and counseling and the promotion of locally appropriate, nutritious foods; 2) Gender addressing male norms and behaviors, increasing gender equity in HIV/AIDS activities and services and women's legal rights and protection; 3) Positive prevention and Pre-ART services; 4)

Most at risk populations and 5) Health care worker / workplace program by supporting facility-level WPP to boost awareness and understanding of HIV and AIDS related issues of the personnel of the health sector and their families and 6)Local capacity development.

Because this is an end of program, no vehicles will be purchased in FY12.

FGH in 2012 will continue to support the “Provincial Center for Health information” with the goal to improve the DPS and USG partners M&E systems.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB
Workplace Programs

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	0	0

Narrative:

In FY 12, the FGH will continue to support the Ministry of Health through the Provincial Health Directorate (DPS) of Zambezia as well as the District Health Directorates (SDSMAS) in this province.
The focus will be capacity-building to improve program management and delivery of services
In Zambezia FGH will intensify its support to ensure high quality services for patients in care (pre-ART and ART patients), improve the retention rates, strengthen referral systems within health facilities and the community.
The main activities are:
1) Roll out Pre-ART package of care and support services to HIV infected patients. This activity will allow a better follow up of patients in care in standardized manner. The objective is to ensure all patients in care, either pre-ART and ART benefit from a comprehensive set of intervention such as diagnosis of opportunistic infections (OIs), provision of cotrimoxazole prophylaxis, TB screening, INH prophylaxis, STI diagnosis and syndromic management, nutrition assessment and counseling (NAC), psychosocial support, adherence support, positive prevention and other services that will contribute to link to and retain patients in care
2) Integration of Pre-ART with positive prevention (PP) interventions. In line with the MoH vision, Pre-ART and PP interventions will be integrated. PEPFAR recommends a whole range of interventions that should be offered to all patients in care. Efforts will be done to ensure that at health facility the following 7 interventions are provided(including the data reporting as long as the monitoring and evaluation systems are in place) within the pre-ART package: 1)Condom provision and education; 2) Partner testing and referral; 3) STI management and partner testing; 4) Family Planning; 5) Adherence assessment and support;6) Assessment of support needs and referral (i.e: home-based care, support groups, post-test-clubs); 7)Alcohol use, assessment and counseling
3) Provincial trainings and supervision to improve syndromic management of STIs
4) Scale up of the `screen and treat` cervical cancer program
5) Train nurses and medical agents in OIs (new guidelines) to ensure appropriate and early diagnosis of and provision of CTX prophylaxis
6) Implementation of universal access of peer educators (PE) support
7) Capacity building to the DPS,DDSMAS and local organizations to manage and implement quality HIV/AIDS Prevention, Care, and Treatment related sub agreements
8) Expand Performance Base Financing to all districts of Gaza and Nampula

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

Narrative:

FGH works in collaboration with the DPS and DDSs in Zambezia province to improve TB related services As a result of this partnership, there has been significant improvement in the integration of TB and HIV services at the health center level. These achievements are due to:
1) Implementation of the 3 "is" : intensive case finding(ICF); izoniazid preventive treatment (IPT), and infection control (IC)
2) Training of clinicians on TB/HIV co-infection and management of MDR-TB.
2) Strengthening of the referral system
In 2012 FGH will continue to strengthen the identification, treatment and management of TB in adults and children and to strengthen other TB/HIV-related activities.
The priorities will be to:
1) Increase TB detection rates and TB cure rates;
2) Scalling up the implementation of the 3 "is" : intensive case finding(ICF); izoniazid preventive treatment (IPT), and infection control (IC)Strengthen PICT;
3) Support Routine provision of CTX ;
4) IImpementation of universal access to ART regardless of the CD4 count
5) Strengthen the referral system and linkages with other services Consultation for Child at Risk (CCR), Counseling and Testing for Health (ATS), PMTCT and ART and inpatient wards;
6) Moreover FGH will continue to expand the implementation of “one stop model” to additional sites.
7) Strengthen laboratory diagnostic services through training of new and existing laboratory technicians on smear microscopy techniques and establish a referral system for the regional laboratory for performing TB culture and DST.
8) Continue assist in the implementation of administrative, environmental and personal protection measures in both HIV and TB facility and will support training of staff in TB infection control.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

During FY12 FGH will support Pediatric HIV care services in Zambezia Province
Support for the provision of comprehensive care and support services to HIV exposed and infected children includes: Early infant diagnosis; cotrimoxazole prophylaxis; management of opportunistic infections; growth and development monitoring; nutrition assessment, counseling and support; psycholo- social support. In FY12 FGH will provide cotrimoxazole prophylaxis to 6326 HIV exposed infants.

The systems strengthening and capacity building activities that will be supported in Fy12 include:
in-service training on comprehensive pediatric HIV care, supportive supervisions and mentoring; provision of job aids; and strengthening of commodity, drug and reagent distribution systems within the province
Routine supervision, monitoring and collection of data on infant diagnosis, cotrimoxazole prophylaxis and enrollment in ART programs will be ensured through implementation of QI activities.

Activities promoting integration and linkages of pediatric services with other routine care will be implemented and include:
1) Expanding PICT: - to all hospital admitted children, TB clinics and nutrition services; systematic testing of children of adult patients enrolled on ART;
2) Strengthening the HIV DNA PCR infant diagnosis logistic system, use of cell phone printers' technology to transmit test results and reduce the waiting time to HIV diagnosis.
3) Improving referral systems between pediatric Care and treatment and child at risk consultation clinics (CCR):- using escorts (peer educators) for mother/baby pairs between maternity and CCR; in EPI/MCH services, verification of HIV status/ exposure in the child health card and referral for testing and follow up in CCR clinics
4) Integration of HIV in MCH services by including MCH nurses in ART management committee meetings, reviewing patient flow to reduce loss to follow and conducting home visits for HEI within the first month of delivery.
5) Supporting access to malaria and diarrhea prevention assuring storage and distribution of basic care commodities (water purification, IEC materials and soap) and access to ITNs for all children < 5 years;
5) Nutritional assessment and counseling and provision or referral to access therapeutic and supplementary food that is provided through other partners and donors (e.g WFP and UNICEF)
6) Strengthen referral systems between clinic and community services including OVC programs;

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. FGH also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyze performance data

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

MOH has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY 2008, MOH developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation (M&E).

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

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	0

Narrative:

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities. In FY 20112FGH will support MOH efforts to expand and institutionalize infection prevention and control (IPC) programs.

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

1) Implementation of standard operating procedures regarding sharps and other infectious waste disposal / IPC
2) Ensure that all health facility staff receives updated training and supervision in injection safety / IPC/ 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
7) Other activities include supportive supervision/empowerment of health workers with knowledge and tools to protect themselves and patients; demand creation for safe conditions in the workplace with all health facility staff cadres; increasing IPC awareness including hand hygiene and universal precautions; and consideration of strategies aimed at both the community and HCW to reduce unnecessary injections.

USG clinical services partners will pursue these activities in collaboration and coordination with a single central-level technical assistance partner, which will also specifically support the development and implementation of IPC/ injection safety measures at national level.
HMIN activities are linked to workplace programs. 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	HVCT	0	0

Narrative:

FGH/Vanderbilt will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.
FGH will target populations for HTC in health-care setting: provider Initiated testing and Counseling (PICT) for all patients accessing health care services and their partners as well Voluntary CT for all patients wanting to access CT services with a special focus on men, adolescent girls, partners of PLHIV and couples

FGH will also be instrumental in the regional CT campaigns planned for FY12 as demand creation activities will be carried out in Zambezia. The target population for the HTC regional campaigns will be mainly partners of PLHIV, couples and men, as these particular groups have had low coverage in years past.

SYSTEM STRENGTHENING AND CAPACITY BUILDING:

Quality assurance is a priority and FGH will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of Columbia University's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

INTEGRATION AND LINKAGES:

Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, FGH's counselors and health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

MONITORING AND EVALUATION

FGH will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

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

Key Activities:

(1) Mainstreaming of positive prevention (PP) activities:

(2) Management of sexually transmitted infections (STI): FGH will support the management of STIs at provincial, district and health facility level (18 sites in 12 districts) in order to reduce the burden of STIs as

well as HIV infections attributable to STI co-infection. Additional focus will be on most-at-risk populations (MARPs). Key activities will include basic STI care; training and job aids; infrastructure support (equipment, privacy); Coordinate and support mechanisms to ensure availability of all medications necessary for following Mozambique's 2006 STI Syndromic Management Guidelines in the pharmacies; and M&E.

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Priorities in FY 2012are coordination with MOH and scale up of PMTCT services within an integrated MCH system an emphasis in supporting roll out of revised WHO guidelines on ARV prophylaxis and infant feeding as approved by MoH. Vanderbilt objectives include improved quality through clinical mentoring and other quality improvement strategies; access to a comprehensive package including psychosocial support; and improved nutrition support for reduced vertical transmission, including supporting staff (nutritionists, SMI nurses) fully dedicated to this area. Vanderbilt activities will align with MOH through district-, and provincial-level support, technical assistance, training, quality improvement, and monitoring and evaluation (M&E). The district-based approach and collaboration at provincial level, including subcontracts or grants from Vanderbilt to provincial and district public health departments, will increase Vanderbilt responsiveness, including support for overall systems strengthening and positioning for transition. Community platforms will be strengthened to increase demand for PMTCT services.
The major allocation of effort (at least 60%) will be towards scale up, including training, supervision, and technical assistance, in line with the goal of 80% PMTCT coverage by 2014.
Key activities:
1) Expansion: Support for sites without PMTCT services, and enhanced support for low-performing sites receiving partner or MOH support; increased community demand for services
2) Prevention of HIV in women of childbearing age:
a. Re-enforce provider initiated counseling and testing for women and couples in all components of MCH services;
b. In coordination with community partners, develop IEC activities and promote health fairs focusing in areas with high concentration of women.
3) ARVs for PMTCT: Focus on more effective regimens and ART initiation – support the MoH roll out of

revised WHO guidelines for ARV prophylaxis and infant feeding
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 – Mães para Mães support groups
8) Information, education, communication: Dissemination of materials developed by a central / lead partner
9) Safe infant nutrition interventions integrated into routine services, including counseling and distribution of commodities in close collaboration with central / lead nutrition technical assistance and procurement partner
10) M&E: support for reproduction and roll out of revised registers
11) PMTCT clinical mentoring based on national model
11) Linkages to system strengthening, including infrastructure projects for PMTCT as required
12) Mainstream infection prevention control in PMTCT settings; support workplace programs including PEP.

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

Narrative:

FGH supports adult ART services in 12 districts of Zambezia province
Priority areas are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, pre-ART services, and prevention with positives. Gender distribution of access to treatment shows that currently about 66% of patients on ART are female. There are also comparatively more females testing HIV positive than men. Continued efforts to promote family centred approaches to treatment and care will be implemented to ensure gender equity in access to service.
The strategies that will be employed to address these challenges are:
• Intensification of testing and recruitment strategies including couple counselling and testing.
• Universal ART for TB/HIV co-infected patients
• Implementation of the 350 cells/mm3 CD4 count threshold
• Test and treat strategy for all HIV-infected pregnant women accessing antenatal care at ART sites, irrespective of CD4 count
• Mobile clinics to bring services closer to patients living in rural isolated areas (in Zambezia)
• Scale-up of Community Adherence and Support Groups
• Standardizing and universalizing peer educators in all PEPFAR supported health facilities

• Standardized quality improvement program
• Scale-up of POC CD4 count technology
• Implementation of a pre-ART package
• Additional task-shifting to include nursing cadres and medical assistants
On-site peer educators and follow-up of patients using community volunteers, electronic patient tracking systems, diary/agenda systems and home visits are conducted to trace defaulters or lost to follow up cases and to improve retention rates. The peer educator program will be standardized in all sites in FY12.
Programmatic efficiencies are increased by deployment of multi-disciplinary teams of clinicians, psychosocial support, M&E to provide technical assistance in ART program management and capacity building in finance and administration management to site and district health teams.

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

Narrative:

During FY12 FGH will support Pediatric ART services in Zambezia Province
Scale-up of pediatric HIV is a national priority that FGH will support MoH work towards including ensuring implementation of new guidelines within supported provinces, districts and sites. FGH will support sites to achieve pediatric new ART enrollments rates of at least 15% of all new patients on treatment and ART retention of 85%. The following are the expected pediatric treatment targets for the next two years: FY12- xx new patients and yy ever on treatment and FY13 – xx new patients and yy ever on treatment.
Activities to expand pediatric enrollments and access to diagnostic services include:
1) improving patient flow and specimen referrals to increase access to EID
2) POC CD4 testing
3) implementation of continuous quality improvement programs
4) early initiation of treatment
5) An active case finding model
6) Improved linkages between services (i.e.: TB, MCH, inpatient wards etc)
7) Increased community awareness of the importance of testing children and accessing care early

The systems strengthening and capacity building activities that will be supported in FY12 to enhance capacity of sites and health care providers include: in service training on pediatric HIV care and treatment, supportive supervisions and mentoring; provision of job aids, implementation of new national Pediatric Treatment Guidelines; assistance in monitoring stocks of ARV drugs and support distribution systems within the province.

Routine supervision, monitoring and collection of data on pediatric treatment will be ensured through implementation of QI activities, Patient tracking systems and strengthening of district and provincial ART management committees. The USG will develop a comprehensive strategy on the management of HIV-infected adolescents which will be implemented and supported by the clinical implementing partners. Adherence and retention strategies are provision of psychosocial support, improved quality of care, caregiver counseling, support groups, and community follow up. There will also be emphasis on the importance of disclosure. Strategies to ensure increased integration and linkages of HIV services with the existing child health and other programs to reduce loss to follow and improve retention include: prioritization of children in ART clinics, assuring same day consultations for mother and child in PMTCT services, developing formal referral systems between ART clinics with TB, PMTCT, Counseling services, CCR and EPI programs and with the community; ART initiation within CCR clinics. Clinical outcomes will be tracked routinely on paper and electronically. Monthly reports will be submitted to MoH as well as quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data and the TBD partner will also partcipate in these meetings.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,450,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	1,450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of APHL's activities is to assist the MOH to create and strengthen a tiered laboratory network to provide quality laboratory services to all Mozambicans. This directly links to the Partnership Framework which calls for USG- GOM collaboration to "Strengthen laboratory support services for HIV diagnosis and management". Work is linked to the GHI strategy for Mozambique related to stronger leadership and management of health systems. The PEPFAR II indicators for laboratory serve as important measures of APHL's success in reaching these goals over the life of the cooperative agreement. Activities focus on national level technical assistance and capacity building to strengthen the laboratory network overall and to capacitate MOH to lead and manage the network. To increase cost efficiency, APHL builds local capacity among MOH- National Institute of Health (INS) and University staff to facilitate in-service training courses to decrease dependency on international facilitators. This effort has been prioritized as a means to transition the curriculum and expertise for developing laboratory leaders to the MOH. The INS is home to the technical expertise for the laboratory network and thus represents our strongest local laboratory partner. The same strategy to reduce costs, ie, building local capacity and institutionalizing programs, is also strengthening systems and capacitating Mozambicans to lead and manage their laboratory network. APHL currently uses the WHO Afro Laboratory Quality Checklist to monitor progress towards accreditation, but will also implement one or more of the Laboratory Network Performance Assessment Indicators addressing domain areas of Policy, Access, Quality, and Communication. This partner did not have significant pipeline.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	HLAB	1,450,000	0

Narrative:

APHL will receive funding via the HLAB Budget Code only. Their work is focused on central level technical assistance and capacity building with an emphasis on transitioning implementation of activities that have previously required outside consultant support to MOH staff. APHL will use PEPFAR II indicators (specifically # of labs with national or international accreditation) and one or more indicators being developed to monitor lab systems strengthening efforts across 5 domains: Policy, Quality, Communication, Access, and Network Support.

Laboratory Policy – through technical assistance to the National Institute of Health (INS) APHL is supporting the finalization and approval of a National Laboratory Policy which addresses both clinical and public health laboratories.

Laboratory Quality- APHL is supporting the implementation of SLMTA in Mozambique through workshop facilitation and site supervision, logistical support, and procurement of small supplies for enrolled labs. APHL will support building local capacity for biosafety cabinet certification.

Laboratory Management- APHL will work to institutionalize the Foundations in Laboratory Leadership and Management course by developing local facilitators within the University and the INS. APHL will continue to support advanced lab leadership and mentorship by pairing key individuals with laboratory leaders in US-based public health laboratories. APHL will support the MOH to implement tools and utilize established databases to receive, manage and analyze data to improve forecasting, planning and budgeting for both material and human resources.

Communication- APHL will continue supporting the Lab Information Systems in Mozambique, through both electronic and paper-based systems. APHL will build capacity within the MOH to take on

increasingly more leadership and ownership of this area. APHL will support innovative approaches to connecting POCT devices to central servers to manage testing results that are being done in remote sites and establish SMS technology for CD4 and TB culture tests to rapidly return results to the health facilities where the patient receives clinical services. Access to Testing- APHL will support innovative approaches to connecting POCT devices to central servers to manage testing results that are being done in remote sites and establish SMS technology for CD4 and TB culture tests to rapidly return results to the health facilities where the patient receives clinical services.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, CARE will continue to support MOH, to increase access to and uptake of high quality HIV care and treatment services by improving service coverage and quality in HIV CT services; laboratory services; PMTCT; adult and pediatric care and treatment; infection prevention and control activities including PEP, injection safety, and waste management; and HIV-TB co-infection services. CARE will continue to mainstream positive prevention (PP) and and cross-cutting gender issues will be addressed, with specific

activities to improve men's access and involvement including couples consultations. CARE goals and activities are aligned with all five goals of the USG-Mozambique Partnership Framework, including HIV prevention, health system strengthening, and HIV service delivery.

CARE currently supports HIV services in 4 districts in northern Inhambane. The target population is aligned with specific program areas, coverage adults, pregnant women, and children.

CARE participated in PEPFAR expenditure analysis and is within normal limits of PEPFAR Mozambique implementing partners.

CARE's agreement ends in FY13 and service delivery will be incorporated into the larger CDC Mozambique transition strategy through local NGO implementation.

CARE will also support the MOH to strengthen M&E activities through support for robust systems for all activities.

Pipeline analysis showed that FY12 funding is not required for CARE.

No vehicles are requested.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Child Survival Activities
TB

Budget Code Information

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

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

Narrative:

In FY 2012 CARE International will continue to strengthen the identification, treatment and management of TB in adults and children as well as continue to strengthen TB/HIV activities.
The priorities will be:
1) To increase TB detection rates and TB cure rates;
2) Implement the 3 “Is”: intensified case finding (ICF), Isoniazid prophylaxis (IPT) and infection control (IC)
3) Routine provision of CTX
4) Strengthen the referral system and linkages with other services (CCR, CTH, PMTCT and ART and, inpatient wards) and implementation of “one stop model”;
6) Strengthen laboratory diagnostic services through training of new and existing laboratory technicians on smear microscopy techniques and establish a referral system for the regional laboratory for performing TB culture and DST.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	0

Narrative:

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens through biomedical procedures, at health facilities. Care will continue its support to MOH through an alignment with overall PEPFAR FY 2012 activities.
Key activities include 1) training for health workers and ancillary staff, dissemination of education

materials, including job aids 2) supportive supervision, development and use of monitoring & evaluation tools 3) improvement of needles, sharps and other infectious waste systems disposal including dissemination of policies and strategies4)support implementation of PEP (training, creation of job aids, M&E. 4) technical assistance to DPS/DDS to improve management of stock levels and resupply of necessary items through existing MOH channels.
CARE will mainstream relevant activities into the routine functioning of health facilities where USG activities are supported. main activities includes:
1) Ensure that health facility staff receive updated training in injection safety / IPC; PEP; waste managment 2) Implementation of standard operational procedures regarding sharps and other infectious waste disposal / IPC; 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 availability of PEP and appropriate data collection and reporting / record keeping, IPC/Injection safety activities are linked to workplace programs. Implementation and supervision of activities will be conducted through an integrated approach in close collaboration with DDS and DPS. CARE will work closely with the USG and partners to monitore IPC/IS/PEP services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

CARE will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.
CARE will target populations for HTC in health-care setting: provider Initiated testing and Counseling (PICT) for all patients accessing health care services and their partners as well Voluntary CT for all patients wanting to access Ct services with a special focus on men, adolescent girls, partners of PLHIV and couples
SYSTEM STRENGTHENING AND CAPACITY BUILDING:
Quality assurance is a priority and Care will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of Columbia University's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

INTEGRATION AND LINKAGES:

Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12

funds, FGH's counselors and health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

MONITORING AND EVALUATION

CARE will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Positive Prevention (PP) is the name given in Mozambique to those interventions that specifically target people living with HIV and AIDS (PLHIV) in order to promote their well-being and to prevent onward transmission, including sexual transmission or mother-to-child transmission. 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. PEPFAR Mozambique activities are currently focused on scaling up 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 (risk assessment, partner testing, adherence, Sexually Transmitted Infections (STIs) screening and treating, Family planning, PMTCT, referral to support services and care and treatment (both facility- and community- based).

USE OF EXPENDITURE/COSTING DATA

For PP program there's not yet Expenditure Analysis information. The minimum package of PP interventions, according to Ministry of Health, will allow the health providers to deliver, in a comprehensive and systematic way, some of interventions that already are being done by the health providers with HIV patients, but not in a consistent and systematic way. PP program will improve the quality of care to the HIV patients in Pre-ART and ART and will help to document and monitor this

intervention when the reporting tool will be developed and implemented. SYSTEM STRENGHTENING AND CAPACITY BUILDING The Provincial and District Ministry of Health capacity will increase through PP training, supportive supervision, technical and managerial support; and improving HIV services integration. CARE will focus on: e.g. integration of PP services in existing HIV activities, and expansion in geographical and technical scope through training of health providers, monitoring the PP indicator, supportive supervisions and reproduction of training materials / dissemination (job aides, leaflets, etc) in coordination with lead TA partner. MONITORING AND EVALUATION PLANS PP program will improve the quality of care to the HIV patients. However, the monitoring plan is not yet in place. There is an issue to document and monitor this intervention. The national PP technical working group headed by Ministry of Health is working on it as well as developing a National PP Strategy which will include a clear guidance on how to roll-out the PP intervention at facility and community level as well how to monitor the PP indicator.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In order to ensure safe blood products for those in need in Mozambique, the Ministry of Health of

Mozambique intend to: 1) Establish an autonomous nationally-coordinated National Blood Transfusion Service; 2) Operationalize the National Blood Reference Center (NBRC) in Maputo; 3) Increase blood collection to meet clinical demand; 4) Reduce family replacement blood donations by increasing voluntary non-remunerated blood donors; 5) Strengthen blood bank's testing capacity and ensure production of blood components; 6) Establish an EQA program for blood banks; 7) Promote appropriate clinical use of blood. By preventing HIV transmission via blood transfusion, this implementing mechanism is addressing the objective 1.5 of the partnership framework which is to ensure access to safe blood product and safe medical injections and enhance safety for health care workers. The prevention of HIV transmission through blood transfusion is one the most important mean to reduce new HIV infection. Besides being a foundation for HIV prevention, ensuring access to safe blood products is essential for GHI strategy since bleeding during and after deliver is accountable for more that 30% of deaths in Africa. Therefore, Availability of safe blood products is critical if Mozambique aims to reduce maternal mortality. The establishment of semi-autonomous national blood service and approval of an appropriate legislation will imply that gradually all costs associated to this implementing mechanism will be funded by GOM and USG support will be concentrated on providing TA. Qualitative and quantitative indicators are going to be measured, including: establishment of a national blood transfusion policy and guidelines for blood transfusion and number of roll-out trainings.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HMBL	Ministry of Health	131910	Procure and purchase ELISA materials and reagents; procure and retrieve the results of external quality assurance panels every six months for CQ BS at the national level; Train blood bank staff on notification and referral of HIV + blood donors

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	200,000	0

Narrative:

The principal goal of the MoH is to ensure access to safe blood products for those in need in Mozambique. This implementing mechanism is expecting to establish, by next year, the national blood transfusion service that will rely mainly on GoM funds. A new legislation is awaiting approval of the economic council for its final endorsement. In the meantime, blood services are being offered in 150 hospital based blood banks (including remote districts) in all 11 provinces of the country and its expansion is not expected in near future; Efforts will be done to increase the % of voluntary non-remunerated donors to reach 100% VNRD. This IM will continue to prioritize school students and members of religious congregations to meet 100% VNRD. To reduce the reliance on family replace blood donations the Ministry of Health is developing a donor mobilization manual to be used by blood donor mobilization activists. This manual will also be used to train the existing HIV and health promotion activists and CT personnel.

This implementing mechanism will continue to purchase reagents, equipments, furnishings and consumables to ensure the operationalization of the newly constructed National Reference Blood Bank and that all units of blood are routinely screened for HIV, HBV, HCV and syphilis before transfusion; Only 11 out 150 blood banks are using 4th generation ELISA to test blood for HIV; however, these blood banks are accountable for more than 80% of all blood units transfused in the country. Currently a small proportion of blood banks are participating in the EQA program and due to that an EQA program for blood banks is being planned for 2012. In-service training is planned for new and existing personnel; roll out trainings on IDT, Immune-hematology and donor services will be conducted by Mozambicans trainers. A Blood component preparation manual has been finalized and a ToT on that will be conducted. This IM will use COP 12 funding to hire a Quality Manager and support the implementation of Quality Management Systems for the National Reference Blood Bank and eventually blood bank network. The collaboration with other HIV services is currently happening. For example, training on HIV and Syphilis counseling, quality management, commodity supply chain and pre-service education strengthening are planned in collaboration with other partners and the relevant MOH programs.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this program is to progressively build an indigenous, sustainable approach to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV prevention, care and tx interventions, and improve linkages and coordination between the national (central) and provincial response to HIV counseling and testing, HIV tx and care services targeting rural and other underserved populations, and addressing (developing and strengthening) the shortage of human resources. The USG, through this CoAg, will continue to support the MOH in the areas of PMTCT, other prevention (STIs), Injection Safety, Adult Care and Support, Adult Treatment, TB/HIV and other opportunistic infections, Pediatric Treatment, Strategic Information, and Health System Strengthening.

Activities included in this CoAg will directly contribute to the five goals of the Partnership Framework: Reduce new HIV infections; strengthen the multisectorial HIV response; HSS, HRH and social welfare; improve access to quality HIV tx services; ensure care and support for pregnant women, and others infected or affected by HIV. The scope of this collaboration is national in scale. By funding the MOH directly, the USG strives to achieve cost effectiveness of Mozambican programs as well as build the capacity of the National Government to implement HIV programs.

MOH is working on strengthening and further develop their National M&E plan, Modulo Basico, which captures Health data nationwide. The USG Moz indicators are aligned with this plan and currently share 20 indicators.

This partner's funding has been reduced given existing pipeline. The pipeline reduction accounts for $2,500,000; thus overall funding to partner is $5,104,243. No vehicles planned with this funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Child Survival Activities

Safe Motherhood

TB

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	173,699	0

Narrative:

In FY 2012, through PEPFAR funds, the USG will provide direct technical assistance (TA) to the Ministry of health (MoH) to ensure the provision of HIV related care and support services to adolescents, adults, women, and MARPs, including children.

At central level the support will be directed to the development of policies, guidelines and strategies to address some of the pressing barriers such as access to pre-ART services, quality and retention in care.

In June 2011, The MoH organized a national retention conference and the main recommendations are:
1. Further scale up of ART services to remote areas
2. Implement community adherence support groups;
3. Improve follow up of pre and ART patients (adherence and CTX prophylaxis)
4. Improve quality of service across all care and treatment programs

To ensure that these priorities are accomplished, the USG support will be directed to the following activities:

1. Roll out the Pre-ART package of care and support services to HIV infected patients. This will increase access to diagnosis of opportunistic infections and cotrimoxazole prophylaxis, TB screening and INH

prophylaxis, STI diagnosis and syndromic management, nutrition counseling, adherence support and other services that will contribute to link and retain patients in care. Thus, funds will be allocated for reproduction and distribution of guidelines and algorithms, updating and reproduction of training materials, and central level supervision to provinces and districts. In addition, integration of Pre-ART with positive prevention (PP) interventions will be prioritized, addressing the development of the national strategy of PP/Pre-ART, regional TOTs for healthcare workers and reproduction of training materials, job aids, posters and PP tools.
2. A new evidence-based initiative of ART groups, known as GAAC (grupos de apoio a adesao comunitaria), will also be implemented, to improve retention rates of HIV positive people enrolled in clinical care nationally. Funds will be used for training, M&E tools, workshops and supervision.
3. Universal access to peer educators (PE) support will be scaled up to improve adherence and retention of ART and Pre-ART patients in care. Implementing PE support, on one hand, will strengthen linkages between services at health facility, and on the other hand will build strong referral systems and linkages with existing community care and support programs. This will also allow bidirectional collaboration between clinical and community partners. Therefore, there will be standardization of PE`s role across all partners, harmonization of the national strategy of PE, curricula development, and reproduction of manuals, guidelines, and tools.
4. Expand the national cervical cancer prevention and control program to 42 new sites. So funds will be allocated for: national meetings; supervision, reproduction of guidelines and IEC materials.
5. Jointly work with the National Institute of Traditional Medicine to ensure training of traditional healers to increase awareness about HIV/AIDS and other diseases, improve the linkages/referral systems between traditional practitioners and the health facilities.
6. Support the implementation of the new home based care (HBC) strategy with emphasis on adherence support, palliative care and nutrition support. Redefine the profile of the care provider to merge HBC and home visits at community level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	60,000	0

Narrative:

In 2012 MISAU will continue to implement the TB/HIV collaborative activities by 1) Strengthening the implementation of the 3 “Is”- intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment

and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on TB/HIV, and MDR-TB including management of pediatric TB including management of contacts for both sensitive and resistant TB.
Additionally funds will be used to continue training of clinicians on the management of TB, TB/HIV and X/MDR-TB in adults and children. Finally, the referral system and linkages with other services (ATS, PMTCT, ART) will be strengthen, supportive supervision will be conducted and implementation of the new recording and reporting including the MDR-TB data base will be implemented.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

This continuing activity reflects a general strategy designed to build and strengthen MOH capacity in strategic information, with a particular focus in monitoring and evaluation (M&E), information systems, and human capacity development. These funds will support activities in these areas for which the National Directorate for Planning and Cooperation are responsible (which include M&E and Health Information Systems.) In COP 12, $250,000 has been budgeted in this area.
Planned activities will be implemented through the Ministry of Health to implement the National Strategic Plan for Health Information Systems (2009-14). Areas of emphasis include:
• Information systems and standards development
• Strengthen mortality surveillance systems
• Update & maintain a national registry of health facilities.
• Implementation of the Health Information System for the Hospitals with aggregated data using CID-10 reduced list of morbidity and mortality.
• Strengthening Human Resources in Information Systems (including curriculum development in both pre- and in-service settings.)
Funds may also be used to support implementation of the National Plan for Monitoring and Evaluation (2012-2014), which was developed with significant technical support from USG; this national Plan should be finalized and approved by end of 2011. Activities supported will be linked with MOH priorities and may include:
• Strengthening human resources through training, professional development, mentoring and supervision
• Strengthening coordination of monitoring and evaluation systems
• Reinforcing systems to ensure high quality and use of data

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	OHSS	61,200	0

Systems			

Narrative:

In FY12, PEPFAR funds will continue to support the following OHSS activities.
1) Printing of materials: manuals and pamphlets 2) Finalization of the General Nursing and MCH curricula.
3) Scholarships for health workers to upgrade skills to get superior level degree at ISCISA
4) Purchase of materials (Computers)
5) Purchase of office supplies for the Training Department
6) Supervision visits to training institutions
7) Health workers prevention program
This partner has a significant pipeline ($556,000) therefore those funds will be used to perform FY12 activities. The amount allocated in FY12 ($68,000) will be used to perform activities on the health workers prevention program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	214,800	0

Narrative:

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens among health care personnel at health facilities in Mozambique. The National Directorate of Medical Assistance (DNAM) of the MOH closely linked to the National Nursing Department has been implementing a nationwide Infection Prevention and Control (IPC) program that coordinate, implement and supervise the prevention of medical transmission activities in the country.
USG resources have been utilized to implement the IPC program and will continue to support the MOH staff to roll out training to health workers of health units where there is no partner. This enhances the MOH staff's capacity to utilize training materials developed with assistance from USG supported partners, and to implement activities on their own, strengthening their confidence and implementation experience in the absence of outside support, which in turn will contribute to long-term sustainability and continuation of the program activities.
In FY 2012 the goal is to continue to strengthen the role of the MOH IPC program, in particular the nursing department and DNAM in the expansion and institutionalization of the IPC efforts including adequate sharps and other infectious waste disposal, PEP and work place safety scale-up throughout the country. Key activities include:
• Enforce implementation of Infection prevention and control(IPC) procedures in all facilities including development/update of policies, guidelines, monitoring and evaluation and data management system for IPC
• strengthen and increase availability of comprehensive Post-Exposure-Prophylaxis services and

improve the data management system for PEP occupational and non-occupational
• Improve infectious waste management system using appropriate approaches, including finalization and dissemination of policies and guidelines, standard operational procedures and monitoring tools
• ensure provision of commodities and supplies such us: gloves; boots; aprons; eye wear for compliance with IPC standards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	72,000	0

Narrative:

CDC will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on PITC. MOH will also be involved in the training, technical assistance and supervision of clinical staff to develop and implement a strategy to improve coverage and quality of PITC for inpatient and outpatient services.

Quality assurance is a priority and MOH will continue using on-going supportive supervision including direct observation approach to be sure that each clinical staff performs PICT service delivery correctly.

Whereas in previous years, counselors and clinical staff simply gave referral slips to HIV positive clients, with COP 12 funds, MOH will ensure that health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	46,301	0

Narrative:

Part of the objectives of the 'HIV/AIDS Prevention, Care, Treatment, and Support in the Republic of Mozambique under the Ministry of Heath are to improve the quality of health care services for most at risk populations (MARPs) by developing and disseminating health care guidelines on MARPS assistance. Activities for FY12 will focus on the design and dissemination of specific guidelines for the provision of

quality of services, care and treatment for HIV/STI among Marps and through capacity building to health workers to ensure knowledge and quality of services to MARPS. The Ministry of health, through the national directory of medical assistance (DNAM) will lead the development of these guidelines,

This activity is national, with extensive central-level coordination as well as implementation activities at provincial level. Health professionals are the target population. Activity focus on specific needs of female sex workers and their clients, minors and their wives, drug users and men who have sex with men, includes an embedded cross-cutting gender component including gender equity interventions as well as information and screening for GBV.

Expenditure analysis methodology has not been established for this activity.

This activity will increase capacity of the health sector particularly to deal with specific health care needs of most at risk populations, including STI, HIV/AIDS. The program also extends technical capacity building to service providers at community level as well as raise awareness on HIV and AIDS among this population groups and its impact in communities. It will also ensure coordination within health care institutions, referral services, in close coordination with clinical partners at community level and with the National Aids Council (CNCS).

M&E for this technical assistance project will be through successful completion of key deliverables.

Pipeline has not been considering in FY12 budget requests.

No vehicles are requested.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	92,000	0

Narrative:

During FY2011 the MoH was envolved in policy development and/or implementation that is re-shaping PMTCT program in the country: a) Since July 2011 the country started rolling out revised WHO guidelines that recommend provision of more effective prophylactic regimens for PMTCT and safer infant feeding options – Option A; b) Task shifting policy that authorizes MCH nurses to prescribe ART for HIV+ pregnant women, which will improve access to ART for eligible women and in need of treatment for their own health; c) Endorsement of the Global Plan for Elimination of mother-to-child transmission (E-MTCT) of HIV up to 2015, resulting in revision of country's PMTCT targets and development of an acceleration plan towards E-MTCT. Key priorities for the GoM are focused in synergetic interventions in all four

prongs of PMTCT namely: 1) Prevention of HIV in women; 2) Prevention of unintended pregnancies among HIV+ women; 3) Prevention of mother-to-child transmission of HIV; 4) Care and support for HIV+ women, infants and families; other interventions include community based approaches to increase demand creation for service utilization including male involvement, linkages between health facilities and communities to optimize retention and adherence to the program; strengthen laboratory capacity to improve access to CD4 and PCR testing; strengthen the supply chain management for drugs and commodities for PMTCT; improve human resources capacity to deliver quality and effective PMTCT and, strengthen the M&E system at all levels.

In FY2012, following are the Key activities the central level MoH will implement with direct USG technical and financial support:

1) General oversight of implementation of E-MTCT acceleration plan;

2) Develop operation strategies for the task shifting for MCH nurses provision of ART in MCH services;

3) Reproduction of revised training materials;

4) PMTCT supportive supervision, including team visits from central level to PMTCT sites, support for provincial supervisory teams. Central-to-provincial support for PMTCT will be coordinated through the MOH reproductive health department;

5) Community PMTCT activities will also be supported, including finalization of support group materials and policy at national level, with subsequent dissemination and rollout.

USG funding for these activities will complement funding for PMTCT acceleration plan support provided through USG implementing partners and by other agencies such as WHO, UNICEF, and the Global Fund.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	120,000	0

Narrative:

The National Directorate of Medical Assistance (DNAM) in the MOH continues to be responsible for monitoring implementation of the HIV treatment program.

Priority areas are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, and pre-ART services.

The MoH continues to seek programmatic efficiencies through conducting integrated supervisory visits with multi-disciplinary teams.

The MoH has approved the pilot of Community Adherence Support groups (GAAC) in all the provinces of the country. Monitoring and reporting tools which MoH has approved have been developed with support from partners.

New ART registers and forms that enable longitudinal tracking of patients both on ART and Pre-ART

have been developed and planned for dissemination throughout the country. These forms will provide information on retention, loss to follow up in both ART and pre-ART patients even without an electronic data system..
Currently this information is primarily only available from implementing partner supported electronic patient tracking systems.

Funding will support the MoH to undertake the following are systems strengthening and capacity building activities:
1) ART training of health care providers
2) Provincial supervision and lead process to task shift ART to nurses, and middle-level health providers
3) Participation in key HIV related meetings and conferences for MoH staff
4) English courses for MoH staff to improve ability to manage cooperative agreement requirements
5) Convene a national HIV meeting of provincial teams to review program data and identify strategies to improve where there are areas of weakness.
6) Strenghthen M&E section to better map HIV service provided in the country

The M&E department routinely tracks clinical outcomes that are reported monthly by provinces. These data are analyzed and posted on the MoH website.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	60,000	0

Narrative:

The National Directorate of Medical Assistance (DNAM) in the MOH continues to be responsible for monitoring implementation of the HIV treatment program.
Scale-up of pediatric HIV is a national priority including ensuring implementation of new guidelines nationwide. The MoH has revised upwards and approved new pediatric targets based on ART initiation for all children <24 months.
Activities to expand pediatric enrollments and access to diagnostic services include improving patient flow and specimen referrals to increase access to EID, CD4 testing; implementation of continuous quality improvement programs; early initiation of treatment.

The systems strengthening and capacity building activities that will be supported in Fy12 to enhance capacity of sites and health care providers include: Training on pediatric HIV care and treatment, supportive supervisions and mentoring; provision of job aids, implementation of new national Pediatric Treatment Guidelines; Routine supervision, monitoring and collection of data on pediatric treatment will be ensured through implementation of QI activities, Patient tracking systems and strengthening of district

and provincial ART management committees. Adherence and retention strategies are addressed through the MoH psychosocial TWG there are considerations being discussed to include pediatrics in the pilot of Community Adherence Support groups (GAAC). Strategies to ensure increased integration and linkages of HIV services with the existing child health and other programs to reduce loss to follow and improve retention include: prioritization of children in ART clinics, assuring same day consultations for mother and child in PMTCT services, developing formal referral systems between ART clinics with TB, PMTCT, Counseling services, CCR and EPI programs and with the community; ART initiation within CCR clinics. The M&E department routinely tracks clinical outcomes that are reported monthly by provinces. These data are analyzed and posted on the MoH website.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This program will support HIV prevention, care and treatment activities, and the training and capacity building of staff in the Ministry of Women and Social Welfare (MMAS).
The GOM has identified the lack of human resources as one of the weakest links in the health care system in the country. In line with the Partnership Framework, the USG will directly support MMAS to build the capacity of their current human resources through this Cooperative Agreement aiming to improve access to prevention, care, and treatment of adults and children. The USG's partnership with MMAS also serves as a mechanism for supporting pre- and in-service training of their staff to ensure that families affected or infected by HIV in communities are receiving care and support services.
Coverage is intended to be national in scope.

These and other activities will continue in years to come as way of guarantee the sustainability of the program. The USG will be supporting the revision of future plans and their linkages to the Mozambique PEN III strategic document and ensure the capacity building of this weak Ministry.

Additionally, the USG will continue to work with MMAS to develop an M&E system as this is a weak area within the Ministry.
Activiites will continue from their pipeline. No new funding identified for Fy2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection

Child Survival Activities

Budget Code Information

Mechanism ID:	**9858**
Mechanism Name:	**MMAS - Rapid Strengthening and Expansion of Integrated Social Services for People Infected and Affected by HIV/AIDS in the Republic of Mozambique**
Prime Partner Name:	**Ministry of Women and Social Action, Mozambique**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1	0

Narrative:

The mandate of MMAS in the new strategic plan designed for 2011-2015 is to strengthen its capacity to improve quality of services to the most vulnerable populations. This includes women, children, and the elderly and other vulnerable groups.
The strategic encompasses three areas: 1) women and gender; 2) social action and 3) cross cutting issues such as HIV and AIDS, gender based violence.
Based on the key areas of focus, and in line with two GHI principles which are: focus on women, girls and gender equality; encourage country ownership and invest in country led plans, in FY12 PEPFAR funds will be used to support MMAS in the delivery of the specific activities:
1. Disseminate the national HIV and AIDS strategy at all levels of MMAS jurisdiction;
a. Reproduce IEC materials to promote and improve awareness on HIV and AIDS in the work place;
b. Perform sessions (palestras) on HIV and AIDS in the work place;
c. Support the national AIDS committee of MMAS;
d. Train social worker technicians and implementing partners in HIV prevention, and stigma and discrimination reduction in all provinces;

2. Perform Capacity building activities
a. Support planning meetings, including joint meetings with the MOH and partners, at national, provincial, and district level
b. Support Harmonization of national programs to address HIV and AIDS in the work place
c. Support the development of an M&E system to collect HIV related data

3. Training of MMAS staff

a. Support Pre- and in-service training on HIV related topics and other subjects at ISCISA 4. Human Resources a. Recruit a financial manager and an M&E officer.

Implementing Mechanism Details

Mechanism ID: 9900	**Mechanism Name: Capable Partners Program (CAP) II**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,999,998	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,999,998

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the program is to strengthen the governance, human resources, financial and project management, and technical capacity of Mozambican CSOs. CAP provides grants and tailored capacity-building. CAP supports PF objectives 1, 2, 3, and 5 and supports the GHI, strengthening CSOs' capacity to advocate and participate in planning processes. Geographic coverage includes Maputo City, Maputo Province, Sofala, Zambezia, Nampula and Manica. Target populations include CSO staff and members, the general population, OVCs, and sex workers. CAP's cost-efficiency strategy includes donor coordination to ensure partners' costs are shared; smaller quarterly partner meetings; hiring staff based in provinces; cross fertilization between OVC and Prevention activities; careful analysis of grantee budgets; and strong financial monitoring systems to catch problems in grantee financial reports earlier. CAP activities support CSOs to become stronger organizationally and technically, to support the larger PEPFAR transition goals. CAP is a key part of the USG strategy to build local organizations to receive

direct USG funding. As a result of financial analysis during the COP12 process, activities under the IM were reduced due to $12 million pipeline as a result of the suspension of Academy of Educational Development. Vehicles: Total planned/purchased/leased vehicles for the life of this mechanisms = 9; New FY 2012 requests in COP FY 2012=6. Cost-analysis of public transportation options, sharing vehicles, rental or taxi use resulted in new requests.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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

Budget Code Information

Mechanism ID:	**9900**
Mechanism Name:	**Capable Partners Program (CAP) II**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

CAP has FY2011 HBC pipeline of $705,600, which has not yet been obligated, which is why no HBC funds are requested in this COP.

AED will continue sub-granting to the National Nursing Association, ANEMO, and building its organizational capacity. ANEMO will continue training of home based care (HBC) trainers mainly in the southern and central regions (the majority of PLHIV are in these regions) on the four priority services identified by the MOH (psychosocial support, nutrition counseling, positive living, treatment adherence) and on building referral systems between health facilities, families of PLHIV, care and support services, OVC, and HIV prevention activities.

ANEMO will provide accreditation for HBC trainers who have been trained but not accredited, and in-service training for accredited HBC trainers to include: care of skin conditions, pain management, HIV prevention, psychosocial support, nutrition counseling, positive living, treatment adherence and stigma. ANEMO will direct community based organizations (CBO) and nongovernmental organizations (NGO) to clinics in their catchment area to improve the continuum of care.

The activity targets staff of CBOs and NGOs who manage HBC programs. As the national association mandated by MOH to provide HBC training of trainers, ANEMO supports USG and non-USG-supported organizations wanting to train staff as HBC trainers.

To address client retention and referrals, ANEMO trains in the use of HBC evaluation/intake form to establish the level of care needed and received. This is used to develop personal care plans for each client and helps ensure consistent services and improve follow-up and adherence. ANEMO Master Trainers encourage trainers to review care plans with HBC workers every 4-6 months.

ANEMO facilitates linkages between the clinic and the NGO/CBO by mentoring trainers. ANEMO Master trainers promote functional bi-directional referrals between community and clinic but ANEMO does not provide HBC services directly. ANEMO coordinates with MOH to monitor and improve quality of care provided by local organizations.

Due to the start of another project, ComCHASS - also implemented by FHI 360, this will be the last year that CAP is supporting ANEMO. This is part of USG's effort to rationalize support to ANEMO to provide HBC training as well as to be a strong nursing association. CAP and ComCHASS are working together for a smooth transition.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HKID	1,999,998	0

Narrative:

This activity is being implemented by an International NGO that works with locally owned organizations working in the OVC sector in Mozambique.

CAP will increase the number of orphans and vulnerable children (OVC) receiving quality care. Activities include capacity-building and grants to two OVC umbrella NGOs, one OVC network and two OVC CBOs. These partners (HACI, Rede Came, CCM-Zambezia, AJN, Niwanane) will receive capacity-building in project design, financial management, work plans, grants management, M&E, and OVC technical areas. The OVC umbrellas/networks will be supported to manage sub-granting and capacity-building. CAP will launch a Request For Applications to select new OVC partners, conduct capacity assessments, and develop tailored capacity-building plans. Intensive coaching will be given, especially to CBOs.

A key strategy will be expanding a program for OVC economic empowerment and employability, Programa Para o Futuro (PPF). PPF helps older OVC gain a mix of skills, knowledge, attitudes and behaviors to adopt safe behaviors, improve their health and create quality livelihoods. PPF will provide capacity-building to a local NGO to implement the program. Activities include: identification of a second learning facility for the OVC, hiring staff, conducting Learning Facilitators preparation workshop, recruiting four cohorts of youth, conducting the learning program, facilitating and implementing structured internships for the youth. Target population will be local organizations serving OVC, and the OVC served. OVC reached will include children from ages of 0-17 of both sexes but with a focus on adolescent girls.

CAP supports partners to conduct community consultations, involving key stakeholders such as district representatives for social action, education, and health; OVCs, caregivers, community leaders and other service providers. CAP helps local NGOs link to other partners such as SCIP and with local authorities, to improve the continuum of care and learn what can be done to solve OVC care needs. CAP facilitates peer learning; sharing of information, tools and materials; and implementation of advocacy plans. CAP will support at least one OVC partner to attend a regional knowledge exchange on OVC.

CAP will provide on-going capacity-building on using the child status index tool to assess individual child priority needs, developing a care plan for each child, tracking services provided to OVC and analysis of data for reporting by sub-partners.

CAP will support HACI to link to the Health Policy Project (HPP)/CEDPA technical assistance to integrate an evidence-based GBV lens into the project.

The OVC partners continuing from the last COP period have shown progress in several organizational

areas, such as governance, financial management, and M&E. CAP will facilitate the organizations to carry out internal reviews comparing project progress to planned results and reassess capacity needs. CAP will support partners to develop annual workplans and M&E plans. Partners receive individualized support to assess, adapt, and create appropriate M&E tools to facilitate collection, processing and analysis of data to accurately track the number of OVC reached and each child's progress.

Geographic coverage is Maputo City, Zambezia, Sofala, and Nampula, and one network has national coverage. This may increase based on new partners selected. OVC are of all ages and both genders, and will be disaggregated by sex.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

CAP has FY2011 OHSS pipeline of $4,000,000, which has not yet been obligated, which is why no OHSS funds are requested in this COP.

CAP will provide institutional strengthening and grant support to local organizations to become leading organizations in civil society and to develop and manage effective HIV programs. CAP's systematic approach to working with these organizations has proven effective; as they mature in their project and basic financial management abilities, their attention is shifting to organizational issues such as fundraising, policy setting, advocacy, networking, external relations, and leadership and governance.

Activities will focus on identifying and assessing new partner organizations; conducting participatory organizational assessments with each partner; providing tailored, intensive institutional capacity-building for implementation of activities and long-term sustainability of the program; creating fora for leveraging new knowledge and expertise among partners; increasing capacity of local professionals to respond to organizational development needs of local organizations.

This activity addresses the system barrier of a weak civil society, which contributes to weak participation in the health system. Civil society organizations will be strengthened to play a leading role in the HIV response – as service providers and advocates – thus strengthening the health system. These community-based organizations are well-placed to design relevant HIV activities and ensure that the voices of people living with and affected by HIV are heard.

This activity links to the capacity-building that CAP will provide in the areas of prevention, care and

support Sub-partners will receive a mix of technical and organizational capacity-building to meet their identified needs. There is also an intentional spill-over effect since partners will not only have increased capacity to carry out HIV work but to be strong civil society actors in general, thus impacting other areas of health and policy-making.

The relevant human resources for health indicator is the number of community health and social workers who successfully completed a pre-service training program, as CAP partners will train various types of community workers, such as home-based care workers and peer educators.

CAP supports its partners to integrate gender, such as working with parents, youth and school boards to ensure a safer school environment. CAP is part of the Gender Based Violence Initiative; several of its partners will be supported to incorporate GBV work with technical assistance (TA) from CAP and Health Policy Project. Activities include training, on-site TA, development of gender and GBV tools, and building awareness in communities, and advocacy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

CAP has FY2011 HVAB pipeline of $3,000,000, which has not yet been obligated, which is why no HVAB funds are requested in this COP.

CAP provides grants and capacity building to local organizations to design, implement and adapt evidence-based and audience appropriate HIV prevention programs in Sofala, Maputo-City, Maputo, Nampula, Zambezia, and Manica Provinces. The sub-partners target youth aged 15-35, with communication and negotiation skills within couples, young men and women, girls at risk of sexual exploitation in schools, teachers and school management, to discurouage “grades for sex” and families. Interventions use evidence-based methodology (e.g. from Engender Health/Promundo, Africa Transformation) including facilitated small group discussions, peer education, theater, videos, etc. Interventions target gender norms, the institutions that influence social norms (schools, churches, community leaders), in reducing multiple concurrent partnerships, cross-generational and transactional sex. The target groups are equipped with the understanding, skills and motivation to recognize and avoid high risk behaviors that make them vulnerable to HIV infection. CAP mentors local organizations to ensure that community outreach and interpersonal communication interventions, such as drama discussion groups and counseling, are engaging and effective.

All interventions are designed based on a communications strategy informed by formative research with

target populations. All messages are monitored for appropriateness with periodic testing. CAP conducts monthly monitoring/coaching visits at the start of any new intervention for 3-6 months and quarterly thereafter. CAP will provide support to sub-partners in monitoring the effectiveness of the communications strategy and in improving their skills in interpersonal communications. CAP also conducts baseline, midterm and end of project surveys.

AED promotes linkages with and referrals to counseling and testing facilities. Faciltiators will be provided with training on stigma and discrimination. In many cases, partners are integrating HIV prevention with populations with whom they already have a relationship – farmer associations, churches, associations of professors and educators. Vulnerable children are also being educated about reducing sexual exploitation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

CAP has FY2011 HVOP pipeline of $800,772, which has not yet been obligated, which is why no HVOP funds are requested in this COP. There are also some COP10 OP funds obligated but not fully spent.

CAP supports local organizations to expand HIV prevention programs for MARP mostly in Maputo and Zambezia provinces. Sub-grants enable organizations to use innovative approaches to engage the harder to reach populations and strengthen links to other preventive activities. CAP strengthens the capacity of local organizations to develop and implement evidence-based, audience-appropriate packages of minimum services for MARPs, e.g. adult miners, sex workers, and drug addicts, all primarily over 15 years old. CAP partners also work with adults who engage in multiple concurrent partnerships or transactional sex, with interventions focused on small group discussions.

CAP will support local partners to ensure that community outreach and interpersonal communication interventions, e.g. discussion groups and peer education, are engaging and effective. Counseling for improved condom education and consistent use, especially by individuals and couples at increased risk of HIV, will be strengthened. Interventions for MARPs include peer education and small facilitated discussion groups with a minimum of 4 sessions. Discussion topics are locally adapted and tailored to the population. For drug addicts and sex workers, the organizations offer complementary activities (e.g. vocational training, therapeutic activities). For miners, interventions take place on the long bus trip from the border to home. The package of interventions also includes activities that reach those who influence the target group: families (in the case of miners and drug users), clients (sex workers) to educate them about risks and how to support positive behaviors. Interventions include linkages to other services, e.g.

CT, referral for STIs, condom use education, and social rehabilitation. All interventions are designed informed by formative research with the target populations. Messages are monitored for appropriateness with periodic testing. CAP conducts monthly monitoring/coaching visits at the start of any new intervention for 3-6 months, and quarterly thereafter. CAP will support monitoring the effectiveness of the communications strategy and improving skills in interpersonal communications.

Implementing Mechanism Details

Mechanism ID: 10135	**Mechanism Name: Clinical Services System Strenghtening in Sofala, Manica and Tete (CHSS SMT)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,675,434	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,675,434

Sub Partner Name(s)

FHI 360		

Overview Narrative

The five-year Clinical HIV/AIDS Services Strengthening Project in Sofala, Manica, and Tete provinces (CHASS-SMT) was awarded in January 2011 to a partnership led by Abt Associates Inc. with primary service delivery sub recipient, Family Health International (FHI).CHASS-SMT directly contributes to the goals of the PF by expanding on existing USAID-funded programs in the country to reduce HIV transmission and mitigate the impact of the epidemic. The project is also aligned with GHI priorities and it is driven by the principles of sustainability, country ownership and health systems strengthening. The foundation is HSS through quality improvement and sustainability planning. The main objectives are:

(1)To increase access, quality and use of HIV care and treatment services to rural communities by intervention in 7 areas: HVCT, laboratory services, scale-up of PMTCT, scale-up of adult care and treatment, scale –up pediatric care and treatment, palliative care, and prevention, diagnosis and treatment of HIV-TB co-infection; support the implementation of mobile units(2) To provide a continuum of accessible HIV and related primary health care services including MCH and RH services and to improve linkages and referrals within and between facilities and communities; (3)To support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to handover project activities to Mozambican authorities; including piloting of PBF in Manica and Sofala (4)To assist the MOH in the development of robust systems of monitoring and evaluation for HIV-related programs that can be adapted for use across the health field.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	350,000
Gender: Reducing Violence and Coercion	150,000
Human Resources for Health	570,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Malaria (PMI)
Child Survival Activities

Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**10135**
Mechanism Name:	**Clinical Services System Strenghtening in Sofala, Manica and Tete (CHSS SMT)**
Prime Partner Name:	**Abt Associates**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	327,260	0

Narrative:

The clinical service project implemented in Sofala, Manica and Tete Provinces will support the increase coverage of non-ART clinical and preventative services and commodity distribution to the target population, especially in rural areas. CHASS SMT will continue to support the roll out of MoH's GAAC (Grupo de Apoio a Adesão Comunitária) strategy, aimed at improving patient retention in treatment and care. CHASS-SMT will coordinate with CBOs through the community case manager network to promote adherence of PLHIV, increase demand for services, and mobilize communities. The project will be prepared as well to support APEs as needed under future DPS negotiations, activities include creation mother to mother groups, chá positive, etc

There are 5 main areas of intervention:

1) Mainstreaming of PwP activities including expansion of PwP programs within ART and non ART service sites and community based settings, through training of health providers and counselors; supportive supervision and monitoring; strengthening community linkages through organizing and empowerment of support groups and PLHIV organizations; and designation of a PwP focal person for each province;

2) Management of sexually transmitted infections at ART and non ART sites with a focus on MARPs;

3) Implementation of the national Health Care Worker / Workplace Program including access to: BCC, condoms, CT, PMTCT, reduction of stigma and discrimination; CT; care and treatment; psychosocial support; HBC; benefit schemes; and HR management;

4) Strengthening of HIV clinical services at ART and non-ART sites: support for improved access to and quality of services for family planning, STIs, palliative care, OIs, CT, CXTp, preventative treatment for

malaria, TB treatment and laboratory testing for CD4, hepatitis B and syphilis; improved linkages and referral pathways within and between facilities and communities, supported by a focal person for linkages and follow up in facilities and sub-agreements with DPS/DDS; support the roll out of the Pre-ART packag and to support NAC

5)Implementation of a full package of PP interventions as part of their routine care (risk assessment, partner testing, adherence, Sexually Transmitted Infections (STIs) screening and treating, Family planning, PMTCT, referral to support services and care and treatment (both facility- and community-based).

Partners will use existing resources to accommodate the increased supervision and monitoring needs of these activities, Training in all areas will utilize materials developed in collaboration with the MOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,356,000	0

Narrative:

All USG-supported treatment partners, including CHASS- SMT, will be funded to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MoH priorities and at a minimum will include: 1) Strengthening the implementation of the 3 “Is”-intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on TB/HIV, and MDR-TB including management of pediatric TB..

In addition CHASS- SMT will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed, and treated for TB.

As part of provincial team they will continue to participate in the provincial planning, provincial and district technical working groups and in monitoring the implementation of the activities with the DPS and other partners in respective geographic area.

Additionally project will collaborate with existing TB diagnostic and treatment facilities to ensure that:

1) Minor renovations in out-patients, wards with TB and/or MDR-TB patients, waiting areas, laboratory and X-ray departments to improve cross ventilation will be carried out in selected health facilities.

2) A good laboratory system for sample referral for GeneXpert and including in communication and

information system are in place.
3) Clinicians and nurses at provincial and district/rural hospitals are trained to perform sputum induction in children and strengthening evaluation and management of pediatric TB.
4) Assess the need to support or hire a TB/HIV focal person.
5) Motorcycles will be purchased to support supportive supervision to peripheral health facilities, community based DOTs volunteers/activists and to trace defaulters and contacts of TB.
6) Print and disseminate IEC materials, including stigma reduction materials.
7) Implementation of surveillance of TB among health workers
8) Continuing coordination and collaboration with key partners in the province to identify gaps, avoid duplication and make the rational use of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	350,000	0

Narrative:

The MOH is prioritizing the scale-up of pediatric HIV treatment services through decentralization of treatment to peripheral health centers and integration of HIV services into existing child health programs. The project will suport the MOH to build capactity to sustain high standards of HIV treatment services in Sofala Manica and Tete provinces, targeting 7,790 children. Currently, children represent 10% of the total number of patients on treatment at supported sites and the aim is that will increase to 15% in FY 2012. This will require enhanced capacity of sites and health care providers to identify, treat and care for HIV-infected children. For all HIV infected children receiving ART, cotrimoxazole prophylaxis will be prioritized. In FY 2012, all clinical partners will start to report on the percentage of children who are PCR positive and on treatment. In addition they will help MOH implement the new WHO guidelines.

The main activities will include:
1) Improving access to care and treatment services, through early identification of HIV exposure and infection status, strong linkages of HIV services within the existing child health programs (including TB, PMTCT, MCH) and increased community awareness of pediatric HIV. Enrollment of HIV exposed and infected children into care will be increased through a functional referral system of care and treatment services for HIV-infected children and their families within and between health facilities (including those providing non ART HIV services) and communities using PMTCT, MCH flow charts and referral forms;
2) Human capacity development through: in-service training on pediatric HIV care and treatment, supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines developed by MOH; training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications; training, supportive supervisions and reproduction of materials to support positive prevention activities;

3) Interventions to improve patient tracking systems to follow-up ART patients and to identify and address treatment failures and adherence issues;
4) Implementation of the HIVQUAL program;
5) Improvement of linkages to care, support and prevention services such as psychosocial support for children, adolescents and their families, support for retention, HIV status disclosure.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

SI will continue to support provincial M&E advisors for Manica and Tete provinces during the period. Sofala did not request for this staff as this staff is being funded through the Doris Duke Foundation Grant in Health Systems Strengthening. These provincial M&E advisors will provide technical assistance and capacity building support to the DPS in building institutionalized support for M&E. 150,000 (50,000 for each province)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

CHSS SMT will receive treatment funds to provide additional support to the supply chain system below provincial level, in collaboration with SCMS and SIAPS. Partners will provide general support to strengthening quality of pharmaceutical management services, including ARV dispensing services through improved monitoring of the MMIA system, monitoring pharmacies and adherence to standard operating procedures, and participating in joint supervision visits with the DPS/DDS. Partners will have additional funds to also support minor rehabilitation to facility and district pharmacies, including paint, ventilation or air conditioning systems, racking and other material/infrastructure requirements for improved storage conditions for medicines. Partners will support the expansion of the logistics management information system (SIMAM) to additional districts in line with the SIMAM implementation strategy. This support will also include technical assistance in use of data for decision-making. A major bottleneck in the provinces is lack of funds for fuel and lack of available transportation for medicine distribution. Due to significant distribution and transportation challenges, USG is looking for short and medium term solutions in a few focus provinces. Partners in the focus provinces, Zambezia, Sofala, and Gaza, as well as Niassa, Cabo Delgado will carry out multiple strategies to improve distribution from provinces down to the health facilities, including a identifying a fixed sum in the provincial and district agreements for medicine distribution and operations; procurement of vehicles if necessary; outsourcing

distribution through the DPS or in collaboration with World Food Program to a 3PL provider (third party logistics); or partnering with Village Reach in line with the Last Mile initiative incorporating rapid HIV test kits and ARVs. Partners will receive funds for all provinces to support distribution.
There is additional funding to support HR issues with scholarships for pre-service training at provincial level, funding for provincial advisor positions in lab and logistics, support to subagreement assistance needed in provincial planning managing and budgeting. There will be close collaboration with training and mentoring partners in the key areas of HIV/AIDs. (see ITECH, JHPIEGO, Health Systems 20/20 and TBD Leadership and Governance).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

CHASS SMT will continue to provide facility based counseling and testing services, following the national algorithm, through provider initiated CT (PITC) and facility based voluntary CT (ATS). CHASS SMT will also begin new community based counseling and testing (ATS-C) in partnership with locally based organizations. In line with PEPFAR Mozambique's strategy to prioritize PITC, CHASS SMT will continue to improve and mainstream PITC service delivery for patients and their partners in all health care settings. They will continue to operationalize recommendations from the JHPIEGO PITC evaluation, provide TA to facilities to ensure consistent service delivery and supervision, data management, quality and logistics related to PITC in all services. Most PITC is provided in ANC, followed by TB. Funding for PITC is $956,760. Voluntary Counseling and Testing in Health (ATS) will be a total of $254,000.
In 2011, MISAU made a unilateral decision to stop all expansion of new ATS-C programs and sites. CT TWG members, including CHASS, continue to discuss with DNAM about this decision and continue to work on improvement of the EQA tool and process. Due to limited funds and in line with the PEPFAR Mozambique COP 12 CT strategy to expand ATS-C only for MARPs and higher risk populations, limited COP 12 CT funds for ATS-C are available only for Sofala province. ATS-C program should have close communication with case managers and activistas and should target partners of people living with HIV. This activity will continue to strengthen and monitor linkages from all CT services to appropriate follow-up prevention, treatment, care and support services. Service- to-service and facility-to-community referral and support systems will be implemented through existing case managers and CBO activistas. QA/QI CHASS SMT will continue to ensure quality assurance and quality control for both HIV testing and counseling components in all approaches in all CT sites, support biannual EQA panels, continue efforts to develop standardized quality management tools for CT, utilize peer supervision, and implement routine supervisory visits. Supervision will consider implementation of client exit interviews and provider self-reflection tools for monitoring and improving counseling quality.
CHASS SMT is requested to support provincial level distribution of rapid test kits. This can be done

through support to CMAM or to an organization such as Village Reach, which has provided distribution support and TA to MOH. CHASS SMT provincial pharmacy, CT, M&E, lab and logistics officers should work closely with and provide TA to their DPS counterparts to ensure strong supply planning, logistics, distribution and data management. As the lead clinical partner in these three provinces, CHASS SMT is expected to play a strong role in supporting the DPS to strengthen CT and commodity logistics. CHASS SMT will receive funding for two linked pilot activities for Sofala province focused on partners of PLH: Pilot Treatment as Prevention (TasP) partner identification, tracking and incidence monitoring in one or two facilities plus catchment areas in Beira and design and implementation of innovative strategies (e.g. conditional cash transfers, public private partnership with cell phone company to communicate with partners of PLH) that successfully promotes partners of newly diagnosed PLH to seek CT services in one or two facilities plus catchment areas in Beira.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	348,750	0

Narrative:

CHASS SMT will receive $348,750 of COP 12 HVOP funds for HIV prevention activities for general population individuals age 15-49, specifically for partners of PLH, with special emphasis on discordant couples, and their families. In addition to promoting healthier behavior change and norms, this year's utilization of STP funds will have a stronger focus on promotion of HIV and health service uptake. CHASS SMT will continue to use a mix of interventions that include risk reduction message training for providers in facility settings, positive prevention, and in community settings, local radio, interactive drama, and small group interpersonal communication activities.
This activity will continue to promote HIV risk reduction messages, especially in a positive prevention approach and will promote services, such as CT, PMTCT and family planning. Equal amounts of funding per province are allocated for scale up of facility based positive prevention services ($93,000/province) and reinforcement of healthy behaviors among PLH and their partners, (e.g., condom use, risk of multiple partners, GBV prevention, knowing one's sero-status, disclosure, adherence $23,250/province).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	181,774	0

Narrative:

PMTCT services delivery targets were used for expenditure analysis and budget allocation. In FY 12, capacity building measures will be extended to MCH nurses and peer case managers and will include nutrition issues, NACS among pregnant and post-partum women and infants, promotion of exclusive breastfeeding, introduction of complementary feeding at 6 months of age and food support where

appropriate, improving 2-year HIV-free survival. PMTCT F&N plus-up funds will be used to scale-up postnatal care support in the context of the Mozambique roll-out of Option A. The MCH nurses are trained on HAART administration and management. MCH providers and peer case managers will play a key role in encouraging the participation of husbands in their wives' antenatal and postpartum care. The utilization of peer case managers for follow-up care.. Efforts will also be made with DPS on sensitizing them to a "One-Stop Shop" model for PMTCT services for implementation in sites. The district-based approach, collaboration at provincial level (including funding to provincial and district public health departments) and scale up to ANC facilities will increase responsiveness, including support for overall systems strengthening and positioning for transition. Community platforms will be strengthened to increase demand for PMTCT services and increase retention in services using outreach tools . Emphasis will be on intensified (active follow up) models, such as longitudinal tracking through ithe chronic care model in MCH and linking mother-infant pairs; improving integration of immunization and consultation for child at risk (CCR) programs; implementation of electronic systems (such as focusing on a system that identifies defaulters); and options for incentive programs, through education or otherwise (possibly linking to transport or conditional cash transfers). Key activities that support integration of MCH/RH, PMTCT scale up and cross cutting activities include: expanded support for sites without PMTCT services, and enhanced support for low-performing sites; activities to increase community demand for services; expanded PICT and couples counseling; ARV for PMTCT focusing on more effective regimens and ART initiation; CTX prophylaxis focusing on improved coverage for pregnant women and harmonization with IPTM, TB and STI and syphilis screening, GBV screening; linkages with pediatric care and treatment programs for EID Support the establishment of point-of-care diagnostics including CD4. Support Hemoglobin monitoring by provision of relevant commodities and training to streamline rapid initiation of ARV's for PMTCT among pregnant women. Support for prevention of unintended pregnancies among HIV-infected women; ensure the establishment of HTC within ANC, expand long acting permanent methods, support for PLHIV and community involvement; dissemination of nationally approved IEC materials; safe infant nutrition interventions integrated into routine services, including counseling and distribution of commodities in collaboration with a procurement partner; support for reproduction and roll out of revised registers; institutionalize data analysis and use. PMTCT clinical mentoring based on the national model; linkages to system strengthening, including infrastructure projects; mainstreaming infection prevention control in PMTCT settings; support for workplace programs including PEP. In FY12, an evaluation of MTCT transmission rates may be conducted

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

Narrative:

In FY 2012, USG partners continue to support designated pediatric and adult ART sites whereby

treatment and care are provided at the same health facilities and supported by the same implementing partners. Support will focus on increasing uptake and retention and linkages to selected non ART sites providing HIV services. In collaboration with DPS/DDS a pyramid approach is being developed which enables major urban sites to down refer stable patients to smaller peripheral units. Complicated patients can be referred up to larger centers, thus promoting a patient journey that ensures retention in comprehensive care and treatment. To achieve this support, capacity building will be done at ART sites to absorb the referred patients and initiate new patients on ART, improve service delivery and integration of non ARV sites, emphasize the referral pathways and linkages within and between facilities and communities and support infrastructure improvement.

Additionally with the eminant rollout of the recommended CD4 count threshold for ART initiation of <200 it is anticipated that not only will there be benefits in terms of improved retention and reduced mortality, morbidity, and hospitalization. This coupled with the roll out of the pre-ART care package will not only increase the number of patients accessing treatment early on but will also aid in freeing up health facilities to expand services and better care for those who are seriously ill. One stop TB/HIV model will also help streamline efficiencies allowing for increase in treatment coverage and retention.

To better support retention parts are focusing on strengthening facility and community relationships and linkages including through the establishment of committees comprised of various stakeholders and clients who act as a type of community advisory board providing support to each other and feedback to the facility. Other key activities for retention include the use of the GAAC, community drug distribution, and standardization of peer educators in all supported health facilities.

Many of the above strategies that are used to improve retention will also improve adherence such as the identification of facility and community counterparts working together to actively follow up ART patients including via the use of the GAAC model, community drug distribution; paper and computer based records; sub agreements with community partners and PLHIV to train peer educators and develop innovative community interventions to track patients and promote adherence; PP initiatives with PLHIV and DPS/DDS using existing nationally approved materials. Linkages with existing home based care support will also be strengthened to track defaulters, ensure their return to care and treatment, document transfers, deaths, or losses to follow up.

Specific training and support includes in-service training and mentoring of clinical, M&E, pharmacy and administrative staff, joint site visits with DPS/DDS staff and subagreements with DPS/DDS and CBOs to develop the capacity to transition activities to local partners.

Clinical outcomes and drug management are tracked by routine M&E which aligns with national reporting systems. Partners participate in the CLINIQUAL program and staff are trained in the utilization of supervision and mentoring visits to reinforce the use and adherence to national treatment guidelines and the use of routine data for service improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	2,011,650	0

Narrative:

The MOH is prioritizing the scale-up of pediatric HIV treatment services through rollout of universal treatment for children under 2 years of age, continued decentralization of treatment to peripheral health centers and integration of HIV services into existing child health programs. Currently, children represent 8% of the total number of patients on treatment at supported sites. The goal for FY 2012 is that 15% of new HIV treatment patients will be children. For all HIV infected children receiving ART, cotrimoxazole prophylaxis will be prioritized. In FY 2012, all clinical partners will start to report on the percentage of children who are PCR positive and on treatment. The primary focus continues to be on improving early infant diagnosis, treatment initiation and retention. The main activities will include: 1) Improving access to care and treatment services, improving early infant diagnosis and monitoring in collaboration with local partners early identification of HIV exposure and infection status and the introduction of point of care diagnostics in focus provinces, universal treatment for HIV infected children under 2 years of age, strong linkages of HIV services within the existing child health programs (including TB, PMTCT, MCH) and increased community awareness and skills building in provision of care for children with HIV. Enrollment of HIV exposed and infected children into care will be increased through a functional referral system of care and treatment services for HIV-infected children and their families within and between health facilities (including non ART HIV services) and communities using PMTCT, MCH flow charts and referral forms; 2) Human capacity development through: in-service training on pediatric HIV care and treatment, supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines developed by MOH; training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications; training, supportive supervisions and reproduction of materials to support positive prevention activities; 3) Interventions to improve patient tracking systems to follow-up ART patients and to identify and address treatment failures and adherence issues; 4) Implementation of the HIVQUAL program; 5) Improvement of linkages to care, support and prevention services such as psychosocial support for children, adolescents and their families, including specific support to parents and guardians to assist them to lay a strong foundation with their young children in all HIV related areas so as to improve the chances of better outcomes in adolescents. 6) Support for adherence and retention via various models including GAAC, commodity distribution systems, improved psychological and social support, and HIV status disclosure based on the beneficial disclosure model. 7) In COP 12 there will also be an increased focus on the often complex treatment care and other support needs of adolescents living with HIV, both those perinatally and horizontally infected with HIV. Areas to be addressed improved care and treatment, adherence, retention, sexual and reproductive health, psychological and social support, increasing self management and transitioning of care and other services.

Implementing Mechanism Details

Mechanism ID: 10962	Mechanism Name: Prevention with Positives
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The University of Connecticut (UConn) is providing evidence based one-on-one positive prevention (PP) sessions to HIV positive military personnel, their families and other civilians in two military health facilities and reaching out some military bases working closely with the Population Services International (PSI). The objectives of the program are to expand and address a broad spectrum of prevention-related issues including sexual risk reduction, ART adherence, HIV status disclosure, discuss issues related to GBV and sexual violence supporting victims through counseling and referral, male circumcision, nutrition, hygiene, reproductive decision making, alcohol use, and clinic attendance. This partner is also being funded through the GBV special initiative in order to scale up their GBV existing activities which aim to increase GBV awareness among the Forças Armadas de Defesa de Moçambique (FADM) HIV patients, family members and a portion of the general population. The activities implemented aim to reduce sexual violence and provide psychosocial support, medical and judicial assistance for victims, ensuring that proper procedures are followed and lead to punishment of perpetrators. This partner's activities are implemented in coordination with the FADM gender office, and other USG funded partners such as Men Can Stop Rape (MCSR) and Population Services International (PSI). The expected impact is HIV positive military personnel and their families to live positively, adhere to treatment and a reduction of GBV cases among the military community. The USG will continue funding this partner to maintain their services at military ART treatment sites and increase their targets by working with the peer educators to deliver the services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Military Population

Budget Code Information

Mechanism ID:	10962		
Mechanism Name:	Prevention with Positives		
Prime Partner Name:	University of Connecticut		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0
Narrative:			
The USG will fund the University of Connecticut (UConn) to expand the Positive Preventio (PP) program so that it addresses a broad spectrum of prevention-related issues including sexual risk reduction, ART adherence, HIV disclosure, GBV and sexual violence, male circumcision, nutrition, hygiene, reproductive decision making, alcohol use, and clinic attendance. The GBV portion of their program received			

extra-funding through the GBV special initiative to scale-up the activities and, in this particular effort, UConn is closelly working with Men Can Stop Rape (MCSR) and PSI. The PP program at Maputo Military Day Hospital will be expanded to reach 2000 PLWH with one-on-one counseling by trained peer educators, and 5000 PLWH with group sessions conducted by peer educators in the waiting area of the hospital. The content provided in the individual counseling sessions and in the group sessions will be consistent. The PP program at Nampula Military Hospital will be expanded to reach 500 PLWH with one-on-one counseling by trained peer educators, and 1000 PLWH with group sessions conducted by peer educators in the waiting area of the hospital. Booster training sessions will be conducted with peer educators and FADM healthcare providers, as needed. New materials will be created and existing materials updated, as needed. This will be done in close collaboration with the Ministry of Health, FADM and other PP USG funded partners. UConn will work closely with PSI to support and enhance each others' programs, and prevent duplication of services. This will include UConn providing ongoing technical assistance to PSI as well as training assistance to their peer educators who work with soldiers in the barracks. The evaluation of the PP program will continue with follow-up surveys being administered in both Maputo Military Day Hospital and Nampula Military Hospital. A group of FADM master trainers will be identified and trained in the PP and GBV program. This will allow the program to be widely disseminated to FADM healthcare facilities and barracks throughout Mozambique, and to eventually function independently of the U.S. team.

Implementing Mechanism Details

Mechanism ID: 10971	**Mechanism Name: DOD HIV Program**
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: U.S. Department of Defense (Defense)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Nampula is one of the provinces with a large number of troops due to various reasons (port of Nacala, Military Academy, etc.) and this fact turns the Nampula military hospital in a valuable resource to assist these troops and the civilians living close to this facility. Therefore, the USG will support the improvement of this health facility's quality of services through infection prevention. The renovation and equipment of the Maputo Military Hospital sterilization room is in good progress (company have been awarded and the completion of the project is to happen in 3 months). After completing this project, the focus is now to improve the sterilization room at the Nampula Military Hospital which is currently under rehabilitation. There is no sterilization capabilities for more than 20 years and USG wants to take advantage of the rehabilitation of the facility (funded by the GOM) to install a new sterilization equipment which will take in consideration a coherent flow of services in order to reduce and/or control infections. The improvement of the sterilization services will also support the MMC sterilization needs that may be required at this particular hospital where services are offered and USG will continue supporting these services. Beira Military Air Base and Chimoio health posts will continue to receive funds for fixed VMMC through Population Services International (PSI) and they have set a target of 10,000 men to be tested, counseled and then circumcised. Similar services will also be provided on a mobile approach to reach even more candidates as the mobile teams will offer the services at the military bases.The target set for the mobile VMMC is 25,000 and this number may include some members of communities surrounding the bases and family members of the troops.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Military Population

Budget Code Information

Mechanism ID:	10971		
Mechanism Name:	DOD HIV Program		
Prime Partner Name:	U.S. Department of Defense (Defense)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

Data from the 2009 military HIV prevalence study indicates an infection rate above the national infection rate among the general population. For several years USG is providing care and treatment services in 3 major military hospitals (Maputo, Nampula and Beira) and, at clinical level, UConn is implementing a Positive Prevention program with PLWHA. Due to the specificities of our target population (high mobility, concentration in specific locations – military bases, and presence in all provinces of Mozambique), the clinical model to assist PLWHA is not benefiting the majority of the military population in need. The funding that is being requested is to provide care and support through PP activities in all military bases, expand the services to civilian communities and reinforce the linkages to care and treatment through military HIV focal points and their respective peer educators which will work on one-on-one basis and will promote the creation of support groups and facilitate their discussions, provide condoms, printed materials and clarify questions of the group. The military peer educators will also follow up patients benefiting from the UConn PP program at clinical level and reinforce the same messages over and over again for an effective positive living and treatment adherence. They will also have the role to reach out military members with AIDS and living outside the base due to their poor health condition, and partners of military people LWHA in the base surrounding communities to provide paliative care, ensure treatment adherence as part of the prevention strategy or that they are voluntarily tested and counseled and also referred for care and treatment if found to be HIV positives or with TB symptoms. Part of their role will also be to work directly with the base health officer and the commander, for nutritional support, health or ART medication issues and concerns related to stigma and discrimination attitudes among the troops. During the first year we expect that it will take six months to finalize materials production, training and other equipment procurements. Therefore during the first year of implementation we expect to reach 50% of the annual target (6,000). During years two and three we expect to reach 24,000 and 36,000

respectively. There may, in fact, be more people who test HIV positive and will benefit from PP and HIV care and treatment due to testing during the MC campaign.
To ensure sustainability, this program will be designed to be run by the FADM. It will be integrated into their line command programs with accountability to the base commanders as well as FADM Health Directorate.
To effectively accomplish the proposed activities the funding will be spent on:
- Quarterly regional program review meetings including discussion of implementation successes and challenges including reporting of achievement of targets, areas for improvement and lessons learned, and technical updates
- Printed and digital materials for IEC on various prevention aspects
- Communication tools (cell phones and/or netbooks) and costs (air time, internet, software, training, TA, etc.)
- Travel costs (to visit patients and for TA support)
- Regular monitoring, reporting, and evaluation of the activities

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

This activity was first funded in 2011 and, an initial assessment of the Health Information System situation in Mozambique was conducted. Measure Evaluation (USAID) completed a full HIS assessment, including recommendations to FADM for integration with available MoH HIS products (ICAP, OpenMRS, etc.). FADM requested a partner with military experience, and a grant has been awarded to Vista Partners to provide the FADM Electronic Health Record and associated HIS integration work. A technical assessment of requirements for Maputo, Nampula and Beria military facilities will detail requirements for FY2012 continuance and scale up parameters. In addition, medical content for FADM medical personnel capacity building has been initiated.

DOD will support the Mozambican Military Health (FADM) with a mobile Health Information System (HIS) and supporting ICT infrastructure to be used by Mozambican military health staff (physicians, nurses, lab technicians and nurses) and prevention personnel. This mobile health (mHealth) platform will allow military health units in remote locations to communicate with health staff at central locations, initially the military Public Health Office in Maputo. Data related to malaria, STIs, HIV, diarrhea, TB and other health information will be accessible and disseminated in digital formats, in order to improve program monitoring and reporting requirements for FADM and PEPFAR management. Target locations for this activity are the military installations in Maputo, Nampula and Beira which, for being the central nerve system, will

have their internet connection capabilities improved through cable and wireless systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

The military health is understaffed and, over the years, it suffered a huge brain drain mainly due to the obsolete condition of the military health infrastructure, lack of equipment as well as poor investment in training of new health staff. The skilled staff were absorbed by private clinics and also by the civian health system run by the Mozambican Ministry Of Health. The reality, however, is that with all these difficulties, over 60% of patients served at the military health facilities are civilians. considering these facts, the USG is now proposing to support the Mozambican military health with 30 scholarships for the same number of health staff distributed in cadres such as basic and medium nurses, surgical and medical technicians which will be enrolled and trained at ISCISA. After completing their 3 year respective courses, these military staff will be regionally distributed according to the needs (number of troops, prevalence identified, remotely located, existance of understaffed health facility, ongoing mobile or fixed MC program, etc.) and to fill the gaps at military health institutions which are gradually being renovated. The student's education progress will be continuously monitored and gradually reported as they writte, pass or fail final exams so that we have a good estimate of the possible number of candidates that will successfuly complete the trainings and how much money will be needed to support the ones that stay behind for another year or two. This proposed activity is linked to goal 2 of the GHI strategy which is to improved retention and management of the Health Workforce and we believe that it will all be achieved with education and improvement of military health facilities through renovations and provision of medical and surgical equipment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0

Narrative:

USG will continue supporting the Mozambican Military to scale-up male circumcision interventions. Data from the two military SABERS conducted show that military people in general tend to be circumcised at older age and the majority of uncircumcised people are willing to accept the intervention if the services are available. However, considering the few military health facilities with conditions and staff to offer MMC, DOD will now take the services to the potencial candidates at their bases through MMC mobile campaigns expecting to reach the target of 30,000 men. The funding previously requested was spent with fixed costs (vehicles, tents, surgical beds and disposable MC kits, etc). e are now requesting yearly recurring costs tom implement the 3year MC campaign primerily targeting the military but also offering

the services to civilian populations that access the military units for health services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	0	0

Narrative:

In the process of improving the sterilization capabilities at military health facilities, USG supported the Maputo Military Hospital using FY11 plus previous years funds to improve the hospital's sterilization room. Now, the plan is to support the military hospital in Nampula improving their (non-existing) sterilization room. The timing is perfect considering that the hospital is under rehabilitation.

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

Narrative:

The USG through the Department of Defense (DOD) will continue funding HIV related international and national courses for military health care providers. This activity focuses on developing the capacity of health providers responsible for ARV roll-out for the military because an effective response to the HIV epidemic requires expertise, experience, and training in the positive prevention and treatment of people infected with HIV. This Implementing Mechanism is linked to the Goal 3 of the Partnership Framework which aims to strengthen the Mozambican health system, including human resources for health.
Therefore, some military health staff will attend the Military International HIV Training Program (MIHTP) which gives training in HIV related patient management, epidemiology, and public health for medical military personnel actively caring for HIV infected patients. MIHTP top priority is to train key medical personnel (clinicians in practice) both in San Diego and abroad with the goal of transferring appropriate knowledge and technology to each country. The training programs and projects are developed in collaboration with each military organization to meet specific needs. Emphasis is placed on training, consultation, and operational support for prevention and clinical management of HIV and its complications as well as courses in epidemiological surveillance and laboratory diagnosis from a clinical physician perspective. A large emphasis is placed on the experiential part of the program to understand the military's policies and procedures regarding service members with HIV.
Other medical staff will continue attending training courses at the Infectious Diseases Institute (IDI) on the campus of Makerere University, Kampala, Uganda.
The primary goals of the training program in Uganda are to:
1) Review the latest HIV diagnostic and treatment approaches;
2) Discuss major issues concerning comprehensive HIV care;
3) Discuss military-specific issues related to HIV care;
4) Enhance the clinical skills of practitioners dealing with patients who are infected with HIV and

associated illnesses.
5) Provide up to date laboratory techniques (diagnosis, quality control, monitoring and evaluation, etc)
These goals will be accomplished through featured expert speakers on a range of HIV topics, interactive assignments, and practical demonstrations. Lectures will be delivered in a classroom setting to the group as a whole, followed by inpatient and outpatient clinical sessions that will include bedside teaching rounds, an overview of systematic HIV patient care and management, and exposure to community-based HIV care and prevention programs.
These trainings provide a practical experience on how to deal with HIV cases within the armed forces, maintaining the confidentiality of one's HIV status and supporting the patient's willingness to disclose it to fellow soldiers and/or family members. It was found that after returning from these trainings, the people trained are motivated and in general they make critical changes on their programs improving it based on the knowledge acquired. The Maputo Military Hospital lab is one example of the success an impact of these trainings as this lab is considered one of the best since it reports less problems with equipment handling and malfunction and good record of reliable lab analysis results. This activity links to our GHI Strategy and Goal #2.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overall goal of this activity is to support the national PRN (Nutritional Rehabilitation Program). This

activity aims to focus its support on two main áreas of interventions: (1) Nutrition support for moderate acute malnutrition people enrolled in treatment programs (pre-ART, ART, TB); (2) • Nutrition support for moderate acute malnourished women and children under 2 enrolled in Prevention of Mother to Child Transmission (PMTCT) program. WFP will support the government's and partners'capacity to implement, monitor and evaluate the nutrition rehabilitation program. More specifically WFP will: 1. Provide a nutrition supplement (CSB+) for treatment of moderate acute malnourished people in ART and PMTCT programs through strong coordination with the Government and PEPFAR partners; 2. Improve the national nutrition rehabilitation program and integration with PEPFAR partners to guarantee a comprehensive nutrition support program aligned with national protocols; 3. Develop capacity among Government and PEPFAR partners in the implementation of programs following the national protocol for nutritional treatment and rehabilitation program. The geographic focus for WFP activities will be in Gaza, Sofala, and Nampula, Zambezia and Niassa for Care and Treatment and PMTCT. The reasons for these áreas are: a) Gaza, Sofala and Zambezia are the focus área under COP 12; b)Zambezia and Nampula are the focus área under FtF; c) those are province where the malnutrition rate are high. This program will contribute to Partnership Framework Goal 5 by supporting the community care and HBC guidelines of the MOH by providing assistance for a nutrition assessment, and coordinating food and nutrition support through civil society organizations working with PLHIV and OVC. No vehicles purchased.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10980**		
Mechanism Name:	**World Food Program**		
Prime Partner Name:	**World Food Program**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	0	0

Narrative:

For the COP 12, there is no need to request funds for the implementation of food and nutrition activities. The main reason for this is the current pipeline, a total of $3,500,000 composed by funds from FY10 and 11. These total amounts will enable implementation of food and nutrition activities during fiscal year 12. During the FY09, WFP was not able to complete the activities as proposed because PEPFAR changed its clinical partner and geographical focus just after the program began, necessitating a revised training and logistical plan for the food support program. The decision to change the clinical partner and geographical area was the result of lengthy discussions of the PEPFAR Technical Working Group, which did not realize that its actions would impact WFP's ability to implement the program within the proposed timeframe.

USAID will collect data on number of people reached to follow the procurement and distribution of supplementary food; for clinical partners, the number of people that receive supplementary or therapeutic food will collected through the APR/SAPR process. The total amount of goods procured will also be collected.

From the total amount available in the current pipeline, WFP will provide food support in conjunction with HIV treatment and care services in order to strengthen the effectiveness and participation in these services and to improve clinical outcomes among HIV+ pregnant women and newborns. Eligibility for supplementary food is based on nutrition status or nutritional vulnerability. Every month clients will receive 10 Kg of Fortified Blended Flour (FBF). The patient will be re-evaluated every three months to either exit ("graduate") or continue on food support until up to six months after giving birth.

In collaboration with clinical partners, all beneficiaries will be linked to community-based peer support programs promoting adherence. Women will receive nutritional counseling and support (including education on preparing nutrient rich foods with locally available products, exclusive breastfeeding) at the facility level. The nutrition education and counseling messages received at the facility will be reinforced through community-based activities.

WFP will train and monitor USG partners in storage, packaging and handling of products to ensure product quality and safety from the time of storage to the point of distribution to beneficiaries.

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

Narrative:

For COP 12, there is no need to request funds for the implementation of food and nutrition activities. The main reason for this is the current pipeline,a total of $ 750,000 funds from FY10. This total amount will enable implementation of food and nutrition activities during FY12. During the FY09, WFP was not able to complete the activities as proposed because PEPFAR changed its clinical partner and geographical focus just after the program began, necessitating a revised training and logistical plan for the food support program. The decision to change the clinical partner and geographical area was the result of lengthy discussions of the PEPFAR Technical Working Group, which did not realize that its actions would impact WFP's ability to implement the program within the proposed timeframe.

From the total amount available in this pipeline WFP will provide Corn Soy Blend (CSB+) to clinical partners to manage and correct clinical moderate malnourished among people living with HIV/AIDS. CSB+ is provided, typycally montlhy, as a take-home ration for the individual patients, not their household. The supplementary food consists of 10 Kg of CSB+ for a period of four to six months. CSB+ recipients are counseled that this is " Food as Medicine", and it is important that beneficiaries are adherent in consuming the CSB+, in addition to their medications, e.g. cotrimoxizole and ARVs.

In addition WFP will train and monitor local government and USG partner in storage, packaging and handling of products to ensure product quality and safety from the time of storage at the time of distribution to beneficiaries.

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	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 12,811,062	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	12,811,062

Sub Partner Name(s)

Anglican Church of Mozambique	Associação para o Desenvolvimento das Comunidades de Inhambane (ADECI)	Christian Council of Mozambique
Franciscan Sisters of the Immaculate Conception	Islamic Council of Mozambique	People-to-People Aid for Development (ADPP)

Overview Narrative

Jhpiego's overall goal is to support the HIV response in Mozambique with prevention (counseling and testing, infection prevention control, male circumcision and prevention of mother to child transmission and gender-based violence), care and treatment (HIV/TB integration, site enhancement and biosafety), and health systems strengthening (pre-service education, training and support, and information systems). Activities contribute to GOM objectives and USG priorities in the Partnership Framework and Global Health Initiative strategy. Alignment with USG priorities includes preventing new HIV infections, reducing TB and strengthening health system components. Activities are planned for national scale-up with implementation from central to local levels, including Gaza, Maputo, Maputo City, Sofala Manica and Inhambane Provinces. Target populations include persons at behavioral risk for HIV in the general population, healthcare workers, community health workers, and PLHIV. Jhpiego is using costing and expenditure data from 2011 to direct activities. Key efficiency strategies include reducing the investment in renovations of clinics for male circumcision and focusing community testing efforts in high prevalence areas to be more cost efficient. Jhpiego’s work in health system strengthening focuses on task-shifting, increased production, and ensuring competency, support and retention of healthcare workers. Capacity building is achieved with sub-contracts to local organizations for HIV testing. A monitoring and evaluation plan exists, capturing data on all PEPFAR and MOH indicators. These data are used to inform and modify program activities. Pipeline was not an issue for this partner. Jhpiego will purchase two vehicles to support male circumcision activities.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	760,000
Gender: Reducing Violence and Coercion	125,000
Human Resources for Health	3,200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Military Population
Safe Motherhood
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**11580**
Mechanism Name:	**Strengthening Safe Hospitals and Clinics in HIV/AIDS Prevention Activities**
Prime Partner Name:	**JHPIEGO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	615,562	0

Narrative:

In FY12, Jhpiego will continue to provide technical support to implement the National Plan for Infection Control for TB (IC/TB), including development of IC/TB plans in selected sites (after the assessment), training, supervision and follow-up to monitor and improve compliance with IC/TB standards in the different areas. To decrease TB transmission at selected facilities, including Machava General Hospital, Jhpiego will support minor renovations, and procure and distribute basic equipment and supplies to improve mechanical ventilation. For personal protection Jhpiego will also procure surgical masks and N95. Additionally in FY12, Jhpiego will develop, print and disseminate IEC materials and support the participation of two MOH staff members in international IC/TB trainings and conferences.
As part of the TB/HIV Technical Working Group, Jhpiego will continue to participate and collaborate with partners to define and develop policies and guidelines, and monitor progress in the implementation of IC/TB related activities. Finally Jhpiego will assist the MoH in the development of the protocol to implement a National Surveillance of TB disease among health workers or to determine household transmission of TB (particularly MDR-TB) after treatment is started.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	3,169,852	0

Narrative:

JHPIEGO supports Ministry of Health (MOH) priorities outlined in the Human Resources National Development Plan (2008-2015). In FY12 Jhpiego will continue to support the following activities:
1) Development of HRIS to allow for more efficient tracking and planning of human resources.
2) Finalization of the General Nursing and MCH curricula. The implementation of the revised Nursing curriculum (MCH and general nurses) will start in all health training institutions where MCH and general nursing courses are carried out. Supportive supervison and on-site technical assistance for all IdFs implementing the revised curicula will be provided with focus on the new ones, or ones implementing more critical semesters (eg: III and IV semester where there are nore clinical skills and decision making).
3) Implementation of the Standard-based Management (SBM-R) approach. Emphasis will be given to recognize improvements based on compliance with the pre-determined educational standards. All training institutes should be perfoning up to 70% of the standards or higher. Supportive supervison and on-site technical assistance will be provided as well as documentation the improment process and main results in case study/report.
4) Institutionalization of the training and monitoring system for in-service training (SIFo) at the national level, and support the implementation of the preservice information system at the 13 MOH training institutions. Jhpiego will provide technical support through training, supportive supervision, and acquisition of equipment and internet access (where needed).

5) SIFIn implementation and proper use in all training institutes, to include training, supervision, and monitoring activities in all IdFs. Provide support for a “help desk” system for SIFIn and provide additional HR as needed.
6) Implementation of the “Model In-Patient Ward” methodology at the current 42 sites, and expand to at least 20 new sites. This initiative is also based on the SBM-R approach and will also implement a package of incentives to recognize achievements. Provide technical support to the current and new sites including training, and supportive supervision as well as reprodution of materials, videos, posters, manuals, and checklists to facilitate on-site training and supervision.
7) Short-term technical assistance (TA) to the HR Directorate to look at financial and non-financial incentives for health care workers including a performance-based financing model. Provide support to finalize the retention/atraction national strategy asa needed and provide technical assistance for the development of insentives packages based on incentives studies using the Discreet Choice Experiment Methodology.
8) Performance-based Continuous Education linked with standards and training packages.
Additionally, this IM receives Central GBVI funds.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	5,476,000	0

Narrative:

Ongoing HIV transmission in sub Saharan Africa necessitates vigorous prevention efforts, which is why the compelling evidence of the effectiveness of medical male circumcision (MC) as an HIV prevention intervention has been met with increasing support from in Mozmabique. Following Jhpiego’s successful completion of a demonstration project in 2009-2010, the MOH has accepted MC as an effective HIV prevention strategy and is one component of a comprehensive prevention package in communities with high rates of HIV infection and low rates of circumcision of men. Thus, this intervention is being implemented and scaled-up in communities with high rates of HIV infection and low rates of circumcision of men.
Jhpiego currently provides MC services in seven sites, including one military facility, in Maputo City, Maputo, Gaza, Manica and Sofala Provinces. An additional three sites are being prepared with the goal of initiating service delivery in the spring of 2012. Jhpiego is working in coordination with the MOH, NAC, USG and other key partners to support a gradual implementation of safe MC/minor surgery services. Activities include providing surgical equipment/supplies, training, development of educational materials, and ensuring that appropriate quality assurance mechanisms are in place. MC services are not a stand-alone intervention, but part of a comprehensive prevention strategy, which includes: the provision of HIV testing and counseling services; treatment for STIs; the promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use; and linkages

and referrals to prevention interventions and other social support services.
In FY12, Jhpiego will continue its support to the implementation and expansion of safe and integrated MC/minor surgery services in existing military and public facilities (10 in total). With these funds, Jhpiego will fund an additional three sites in the five provinces). Funding will also support mobile services (the actual mobile units are being procured by SCMS). In addition Jhpiego will provide technical assistance to implement operations research to assess and analyze specific elements of the provision of MC services in Mozambique, and advocacy with MOH and community leaders.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	1,294,852	0

Narrative:

The goal of the injection safety program is to reduce the risk of transmission of HIV and other blood borne pathogens through biomedical procedures, at health facilities. Since 2004, Jhpiego has provided technical assistance to MOH to improve compliance with standards and implementation infection prevention and control (IPC) practices in hospitals using Standards-Based Management and Recognition approach, periodic measurement and rewarding of good performance, to promote implementation of informative infection prevention and control practices
In FY12 in alignment with PEPFAR goals, JHPIEGO will continue to provide technical support to the MOH, in particular DNAM and the nursing department, in the expansion and monitoring and evaluation of the IPC efforts, including adequate sharps and other infectious waste disposal, PEP scale-up and M&E. Jhpiego will continue to support MOH on improvement of waste management systems: dissemination and monitoring implementation of the National waste management plan. In FY12 Jhpiego will support PEPFAR clinical partners in piloting a model waste management using autoclaves in 6 selected facilities in Zambezia, Sofala and Gaza, which are the PEPFAR focus provinces, and Maputo Province. Jhpiego will be responsible for the procurement and purchase of equipment and supplies, supervision of program implementation, in close coordination with CDC Mozambique and with the support of CDC HQ – the International Medical Waste Program Manager.
Key activities include 1) training for health workers and ancillary staff, reproduction and dissemination of materials, including job aids and IPC pocket manuals; 2) Support to clinical partners in the implementation of program activities through, training, supportive supervision, development and use of monitoring and evaluation tools; 3) procurement and distribution of selected personal protective equipment (PPE) (e.g., respirators, non-sterile exam gloves, face shields, surgical masks, aprons, etc.); 4) improvement of infectious waste systems disposal including dissemination of policies and strategies; 5)support for the implementation of PEP (including PEP in instances of sexual assault) with training, creation of job aids, and monitoring and evaluation; 6) organization of national coordination meeting on IPC.

Jhpiego will provide USG clinical partners with technical assistance and guidance in FY12 to mainstream IPC activities while providing technical assistance to DPS/DDS to improve management of stock levels and resupply of necessary items through existing MOH channels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,759,944	0

Narrative:

JHPIEGO will continue its support to MOH through an alignment of FY12 activities with overall PEPFAR counseling and testing (CT) goals and strategies, with a focus on strengthened linkages to other services by the provision of CT services in the community (CCT) and in health care facilities (provider initiated testing and counseling or PITC). Through mobile and outreach as well as home-based CCT JHPIEGO's local partners will target populations less likely to access facility based health services with a special focus on men, adolescent girls, partners of PLHIV and couples in communities with high populations density and high prevalence as well as low numbers of people previously tested. Emphasis will be given to referral systems especially for CT clients with TB symptoms to contribute to early TB case finding in the community. JHPIEGO will also be instrumental in the regional CT campaigns planned for FY12 as through their partners' mobile as well as home-based CCT demand creation activities will be carried out in the two of the three focus provinces (Gaza, and Sofala). The target population for the regional campaigns will be mainly partners of PLHIV, couples and men, as these particular groups have had low coverage in years past. In the PITC component, Jhpiego will provide technical assistance to the MOH and clinical partners to develop and implement a strategy to improve coverage and quality of PITC for inpatient and outpatient services including blood banks, based on the results from the PITC assessment (AVALIATIP).

Quality assurance is a priority and JHPIEGO will continue implementing the SBMR approach to ensure that each counselor performs at or above the quality standards. The standards evaluation is implemented through peer supervision among counselors. Additionally, all of JHPIEGO's partner's counselors will participate in a training designed by the National Health Institute to improve the quality of HIV rapid diagnostic testing.

Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with FY12 funds, JHPIEGO's counselors will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit

already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

JHPIEGO will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV. Additionally, this IM receives Central GBVI funds.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	494,852	0

Narrative:

In FY12, Jhpiego's MTCT priority is to support the MoH to address the gaps in training materials for MNCH service providers as a result recent policy developments, including revised WHO guidelines for PMTCT were adopted and the authorization of task shifting for MCH nurses to prescribe ART. The main activities will include the revision of the curricula and teaching methodology, development of didactic materials, and tutoring of faculty and clinical preceptors.
In FY12, JHPIEGO will: 1) support pre-service training through the revision of MNCH training curricula to include new guidelines on ARV prophylaxis and infant feeding nutrition (Option A); 2) support the roll out of in-service training of Option A through curriculum and training material development; 3) Develop a curriculum for provision of ART by MNCH nurses; and 4) Reproduce training materials related to provision of ART by MNCH nurses.

Implementing Mechanism Details

Mechanism ID: 12144	**Mechanism Name: Extending Service Delivery for Reproductive Health and Service Delivery**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 460,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	460,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Extending Service Delivery for Reproductive Health and Family Planning Project (ESD), administered by Pathfinder International through an integrated agreement with majority wrap-around funding from health, is focused on a results-oriented approach to enhance the use of HIV and RH/FP services in four provinces- Cabo Delgado, Gaza, Inhambane, and Maputo. These geographic locations reflect priorities for PEPFAR and family planning expansion. These regions have high HIV prevalence rates, under-served populations for HIV/FP/RH services and low contraceptive prevalence rates. This project strengthens the capacity of nurses and other health care providers from PEPFAR clinical sites to deliver combined HIV/RH/FP services, to include improved capacity for appropriate referrals; improved client awareness of and demand for contraceptive methods, including youth; improved understanding of HIV risks and prevention; promotion of dual protection, and strengthened community outreach and access to quality HIV/RH/FP services.

Due to the pipeline analysis, FY 12 requests were reduced to ESD. This partner also received $2,841,000 in family planning reproductive health funding.

Three vehicles were purchased/leased under this mechanism from the start of the mechanism through COP FY11. In FY12, five are being requested for a total of eight planned/purchased/leased vehicles for the life of this mechanism to support the implementation of project activities in four provinces and 16 districts. The total cost of all eight vehicles is $351,655 (five vehicles for $213.65 and three vehicles for $138.000). No more vehicles are planned to be procured at this stage.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	75,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	**12144**
Mechanism Name:	**Extending Service Delivery for Reproductive Health and Service Delivery**
Prime Partner Name:	**Pathfinder International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	0

Narrative:

The ESD program aims to integrate family planning and reproductive health with HIV prevention, care and treatment at existing PEPFAR sites. ESD will receive abstinence and behavior change program funding to complement family planning funding and improve understanding among young adults and within the general adult population that certain accepted norms and practices increase the risk of HIV transmission and acquisition. ESD has developed approaches that address male norms in particular as they are related to the practice of multiple concurrent sexual partners, in addition to implications these norms may have for access to and use of family planning and reproductive health services. ESD has adapted the successful Geração Biz program approaches and materials to address HIV prevention and gender among young people. Communities' capacity to increase quality of and access to integrated HIV/RH/FP have been strengthened and programs emphasize changing harmful gender norms, attitudes and behaviors, particularly those related to gender-based violence and the acceptability of intergenerational and transactional sex. Male participation in HIV/AIDS, reproductive health and family

planning services is encouraged. ESD promotes youth-friendly clinics which provide increased and improved services to individuals 15-24 years old, and also promote gender-sensitive behavioral interventions such as those to delay sexual activity or reduce multiple partnerships. Youth-centered services also target at-risk, out-of-school youth with innovative approaches, including linkages with local organizations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	160,000	0

Narrative:

The ESD program aims to integrate family planning and reproductive health with HIV prevention, care and treatment at existing PEPFAR sites. These funds will be used to higher two individuals that will provide technical assistance to provinces to ensure best practices and implementation of family planning is taking place at ART sites.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,295,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,295,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

MCHIP is the lead national policy advisor for the MOH an integrated comprehensive MNCH/RH package

of services. MCHIP will support the MOH to address policies, guidelines and training health care workers in all aspects of an integrated MNCH/PMTCT, which ensures continuity with pediatric and adult HIV care and treatment packages. In addition, they will provide technical assistance to the MOH to print MNCH and PMTCT data recording tools, data reporting forms, and IEC materials. MCHIP project was awarded in April 2011 and not a part of expenditure analysis. MCHIP will participate in the next phase of the expenditure analysis. MCHIP will be concentrating its technical capacity support at the central level but to provincial level capacity to support district level implementation of best practices across the continuum of care. Due to the initial start date of April 2011, only $1,005,000 is being requested for FY 2012 to initiate new activities that were not previously covered in FY 2011. These additional funds in FY 2012 will be used to provide a dedicated short-term personnel support to the MOH to ensure the planning, coordination and timely execution of task-shifting of ART initiation by nurses and support the procurement of cervical cancer commodities. Purchased/leased under this mechanism from the start of the mechanism through COP11-9New requests in COP12-2 Total planned/purchased/leased vehicles for the life of this mechanisms-11 This is one per province. They are used for supervisory visits to health facilities and communities, as well as for transport of materials. Sub-contractor-10 motorcycles in 2012 for use for supervision of community work.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	525,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities

Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12147**
Mechanism Name:	**Maternal Child Health Integrated Program (MCHIP)**
Prime Partner Name:	**JHPIEGO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	815,000	0

Narrative:

Priorities in FY 2012 focus on USG coordination with the MOH at all levels for scale up of PMTCT services within an integrated MNCH system using existing pipeline. National level TA to the MOH for policy development and dissemination will be critical for increasing access to PMTCT services. JHPIEGO/MCHIP's supports the MOH through district and provincial level PMTCT collaboration, technical assistance, training, quality improvement, and support to M&E systems. Expanding capacity to deliver PMTCT interventions in MNCH settings, with high levels of service utilization by women, children, and families, will be critical for scaling up PMTCT. Funding in FY 2012 will specifically be use to provide a dedicated short-term personnel support to the MOH to ensure the planning, coordination and timely execution of task-shifting of ART initiation by nurses.
JHPIEGO/MCHIP will support policy and strategy development; health information system strengthening; human resources development through training, especially with the new Integrated Package of Services, and strengthening the quality improvement regime. This activity will print National level MCH and PMTCT data recording tools, data reporting forms and systems, and support data analysis and use at the central. These national level efforts will be complemented by additional resources at the provincial level, including the placement of technical MCH nurses at the provincial level to strengthen HIV-related M&E systems including PMTCT using MCH funding. JHPIEGO/MCHIP will support the MoH to develop and use quality measures to improve routine, periodic, and accurate feedback to health care providers to identify challenges and acknowledge successes on data flow.
In FY12 PEPFAR will revitalize secondment of a MCH/PMTCT M&E technical specialist for improving national PMTCT data flow and quality which was established based on a joint USG and MOH Terms of Reference for M&E support. Additional discussions in FY 2012 will take place to explore further MCH M&E support by leveraging MCH resources to hire an additional MCH/Reproductive M&E specialist to be

seconded to the MOH Public Health Department, with focus on reproductive health section activities. Electronic patient tracking systems with mother-child pairs will be explored in higher level facilities, with attention to tracing exposed children at community level. For more peripheral facilities, simpler, paper based system will be put into place and linkages with organizations working at community level will be established to ensure active follow up of defaulter children.
JHPIEGO/MCHIP, in partnership with clinical partners, will work to improve linkages and referral between HIV longitudinal care and routine MCH/PMTCT and family planning services. This activity will ensure training for the implementation of positive prevention and support the establishment of HTC within family planning services, to prevent unintended pregnancies and future children from becoming HIV-infected or orphaned and improve counseling in family planning to assist HIV infected women who want to be pregnant in receiving accurate information about their family planning options and how to prevent vertical transmission. Through in-service training, this activity will reinforce the practice of retesting among pregnant women to assist with identification of incident cases during pregnancy and delivery of PMTCT services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	480,000	0

Narrative:

JHPIEGO/MCHIP will support the expansio of cervical cancer activities in the implementaion of the MOH's Action Plan to Strengthen and Scale-up Cevical Cancer Prevention and Control Services". On behalf of the MoH, JHPIEGO/MCHIP will train health facilities in the use of the single visit approach (SVA); providing technical assistance using a reasonably and accurate test to identify those in need to provide safe and effective treatment. The expansion of this training will include the purchasing of equipment and materials.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,889,712	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	1,889,712

Sub Partner Name(s)

Care International	Population Services International	

Overview Narrative

The SCIP Project optimizes PEPFAR funding by wrapping around funds from other sectors such as health, water and sanitation and Food for Peace, to impact on income growth, increased use of child survival and reproductive health services, community based safe-motherhood programs, improving uptake of HTC, reducing the transmission of HIV and distributing a package of home based services for People Living with HIV (PLHAs) and OVCs. The SCIP program aims to strengthen capacity of the public health system, NGOs, and CBOs to improve access to basic and life-saving health and social services, and to support a continuum of response that maximizes health outcomes for individuals, families and communities and minimizes loss to follow up (LTFU) of chronically ill patients. To improve the continuum of care for PLHAs, SCIP works with the provincial health office, district health directorate in 14 districts, and the community based ART committees.

The SCIP program is actively supporting a continuum of response by strengthening both the clinical and community-based capacity of health care workers; strengthening linkages between services for comprehensive health care; and strengthening decentralized health systems. Community based health workers and volunteers are trained to provide home based care, improve follow up of chronically ill people, and link with the facility and clinical partners to minimize LTFU

Twenty vehicles were procured in FY 2010 and 2011. No more vehicles are planned to be procured at this stage. Fourteen vehicles are based in each of the 14 districts to support implementation of activities. 6 vehicles are based in Nampula central office to conduct monitoring and supervision of activities by all 5 partners of the SCIP consortium.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	348,971
Food and Nutrition: Policy, Tools, and Service	348,971

Delivery	
Gender: Reducing Violence and Coercion	174,485
Water	174,485

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
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	0	0

Narrative:

To promote collaboration with other USG and GOM supported activities, the SCIP Program will aim to strengthen community-facility linkages and increase referrals and follow-up of patients by community workers for improved continuum of care, specifically through training on linkages with community services, home based care (HBC), antenatal care (ANC), antiretroviral therapy (ART), and child-at-risk testing and consultations. Community based health workers and volunteers are trained to provide home based care, improve follow up of chronically ill people, and link with the facility and clinical partners to minimize loss to follow up (LTFU). Pathfinder will work in close collaboration with organizations providing HBC services for PLHAs. Program beneficiaries who are sick will be referred to ART services and if needed, referred to a HBC program to ensure continuum of care. SCIP will complement the clinical partners efforts to reach the defaulters and lost to follow up (LTFU) to re connect them into the services through home based visits conducted by animadoras based on the list of defaulters with incomplete or incorrect address provided by the HF. SCIP will collaborate with the MOH HBC focal person, as well as with both focal PEPFAR supported clinical service partners in Nampula Province, to facilitate referrals and improve health outcomes of patients. SCIP will facilitate increased access to CT and provide counseling and referrals to facilities and HBC services for those who test positive. Pathfinder will help disseminate the GAAC (Grupo de Apoio a Adesão Comunitária, a community support group for positives) support group strategy at community level. This is a MOH strategy which aims to mobilize stable HIV patients on ART to organize themselves in groups, whose members take turns to collect their ARVs at the health facility. Pathfinder will support the distribution of the 'Basic Care Kit' (condoms, water purification tablets, soap, IEC materials) promoted through community settings.

As an integrated health initiative, the SCIP Program will work with community/home-based interventions to improve nutrition; vaccinations; healthy spacing & timing of pregnancy; exclusive breastfeeding; complementary feeding/breastfeeding counseling; micronutrient supplementation; long lasting insecticide treated nets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,500,000	0

Narrative:

The lead partner and sub-partners implementing SCIP in Nampula are all International NGOs.

The goal of this project is to implement new methodologies for collaboration with existing programs, avoiding duplication of efforts and ensuring maximum impact. The SCIP program aims to strengthen capacity of the public health system, NGOs, and CBOs to support facility-based services through improved service delivery and management and supervision systems.

The SCIP project will establish linkages to OVC programming. Market driven economic strengthening will be addressed through support to the development of youth farmers clubs linked to schools and Community Youth Centers from Geração Biz, Community Leader Councils, OVC volunteers and other youth programs. The SCIP agricultural staff will learn from Multi Year Assistance Program (MYAP) agricultural extension agents and OVC will operate and make use of MYAP demonstration conservation farming plots. SCIP partners will identify OVC and their caregivers to participate in the MYAP farmer associations.

The YFC – Youth Farmer Clubs will improve the livelihoods of the OVCs. YFCs are assisted by an agricultural extension worker that provides training in life skills, building on knowledge gained in school but presented in a way to make the activities both fun and educational. The products of the farming activity are primarily for consumption and the surplus for selling. The profits will be used to buy school materials and/or other priortity needs of the OVC participating in the Club. The Club is also a venue to learn other activities such as nutritional education for the OVC, sessions on Child Protection Laws, Children's rights, address community gender norms and behaviors, and Prevention messaging.

Activities continue to include the identification of OVC and foster families and linking them with junior farmer's associations, advocating on behalf of OVC during property right issues, and assisting them to obtain school and health documentation. They will also organize activities targeting project related health and livelihood support. Meanwhile care group animators when visiting households will initiate the identification of OVC and foster families, linking them with junior farmer's associations, advocating on behalf of the OVC during property right issues, and assisting to get OVC school and health documentation, as well as the early diagnosis of adolescents living with HIV/AIDS and linkages to appropriate testing and complementary support services. The partner should continuously provide capacity building of care group animators in psychosocial support with special focus on adolescent living with HIV for issues such as disclosure to family and friends, addressing feelings associated with sexuality and others.

During the last year, the partner initiated a PPP with Coke, to support thirty OVCs and families in the pilot phase. The aim of this PPP is to boost the income of the families and ensure that older OVC learn business skills in balance with their education. The YFC are seen by communities and children as safe spaces where positive behavior an agricultural techniques are acquired. The challenge has been the implementation of OVC minimum standards of care, and this is will be followed up with the partner to ensure that OVC capacity building is planned for all care group animators based on the needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	OHSS	0	0

Systems			

Narrative:

These funds will be used to strengthen local leadership councils at community and district level. These councils are composed of community leaders and civil society members, and in theory (though not always in practice) they are the civil society counterpart to local government as part of Mozambique's decentralization strategy. SCIP has been helping these councils assess local problems and solutions, although more work is needed to make these councils representative of their communities and to link them to government. There are other possible civil society-local government coordination fora that may also be relevant to support, such as Provincial Development Observatories and local health steering committees.

SCIP will assess the best way to provide support to local councils (or other civil society-government fora) and the most relevant districts to focus on. SCIP will assess priority capacity-building needs (such as advocacy, planning, access to information, and community organizing) and facilitate training and mentoring to address them.

This activity contributes directly to the Global Health Initiative Governance area, by improving planning and budgeting at local levels, and by strengthening the capacity of civil society to advocate for its concerns and hold government to account.

Amount reduced to cover ARV drug cost scale-up

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	0

Narrative:

The SCIP Program in Nampula combines funding from the AB and the OP budget codes to continue implementing a comprehensive HIV prevention program, aiming to reach adults and young people in selected districts of Nampula and Zambezia. SCIP has recently opted to focus on "depth of interventions" over "breadth of coverage" for behavior change. After a rigorous review of its behavior change approaches, the SCIP program has opted to use a more systematic strategy , and is currently implementing a "Pathways for Change" model to behavior change, and relying on a set of reinforcing tools, including home visits, theater, and community debates to reach its targeted population across the 14 districts. Key populations that are the focus in the HIV prevention activities include adults, and young people, with a particular effort made to reach young men, for example through the establishment of young farmers clubs. SCIP is targeting delayed sexual debut as a key prevention behavior among the adolescent population, and has a specific focus on improving male involvement, starting with

youth. HIV prevalence in Nampula is higher among young women (6.5%) and older men (3.3%) , compared to young men (1.6%) and multiple partnerships are reported more often by men (25%) than by women (3%) , SCIP is working to reach young women and older men with messages to increase risk perception of multiple partnerships, particulalry as Nampula is home to a large port and transport corridor with increased potential for transactional sex between young women and older men. SCIP has a sound performance monitoring plan, which includes outcome and impact indicators, and is the basis for their data collection efforts, their targeting, and the design of and adjustments to approaches and strategies. USG will work with the partner (Pathfinder) to ensure routine monitoring and assessment of data quality including monthly data analysis at the district level,and quarterly and annual review meetings. An external mid-term evaluation of the overall SCIP program is currently being planned by USAID and will yield results for refining program interventions in FY12.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	103,712	0

Narrative:

SCIP Nampula will continue to provide community-based counseling and testing for the general population, and will have a stronger focus on reaching men in the workplace by targeting men participating in USAID Agriculture, Trade and Business projects. Other target populations include pre- and in-service teachers linked to the USAID Education portfolio; partners of PLH and adolescent girls. Nampula's HIV prevalence is 4.4%; . In 2009, 10% of women and only 4% of men age 15-49 in Nampula reported having had a test in the last 12 months. SCIP Nampula will continue its door to door home-based CT for general populations and using the national testing algorithm.

All CT partners will benefit from QA support to the central public health institute. The lead clinical partner in Nampula will receive funds to support EQA logistics for all CT partners, including SCIP Nampula. The SCIP Program will mobilize communities and District Health Associations (DHAs) to increase the demand and use of CT services and coordinate with care, support and treatment providers to establish a two-way referral system of clients. Clients who test positive (including pregnant women) will be counseled to seek PMTCT services, pre-ART, ART and FP counseling, care, and support, referred to existing community volunteers, and made aware of existing support groups for PLH. Planned HVCT trainings include quality assurance and control, supply planning and forecasting, gender and gender-based violence (especially due to disclosure), linkages/continuum of care, and data management. The COP 12 community CT target of 11,550 individuals reached with counseling, testing and results is much lower than last year's target of 45,000. This is due to limited service delivery HVCT funds and low-prioritization of community CT and Nampula province in the PEPFAR Mozambique CT and GHI strategy. SCIP Nampula's past year results (SAPR 11 + Q3) is 47,131 individuals counseled,

tested and received results (104% achievement). SCIP Nampula will continue to ensure quality assurance through monitoring and supervisory visits, use the national referral documentation system to track and monitor HIV+ clients. SCIP Nampula will continue to participate and support the NIH biannual EQA panels and utilize standardized quality management tools for CT. They may opt to utilize the JHPIEGO model of peer supervision or consider implementation of client exit interviews and provider self-reflection tools for monitoring and improving counseling quality.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	186,000	0

Narrative:

The SCIP Program in Nampula combines funding from the AB and the OP budget codes to continue implementing a comprehensive HIV prevention program, aiming to reach adults and young people in selected districts. After a rigorous review its behavior change approaches, the SCIP program has opted to use more systematic strategy , and is currently implementing a "Pathways for Change" model to behavior change, and relying on a set of reinforcing tools, including home visits, theater, and community debates to reach targeted population across the 14 districts. SCIP has recenlty opted to focus on "depth of interventions" over "breadth of coverage" . Key populations that are the focus in the HIV prevention activities include adults, with a particular effort made to reach men, for example through the establishment of young farmers clubs, and by partnering with a USAID Agriculture activity to reach men working in cashew factories. The SCIP Program will also coordinate with USAID's Education program to reach pre and in-service teachers in training institutes, pedagogical zone networks (ZIPs) and school councils. Mainly relying on interactive theatre, messages will focus on importance of knowing the dynamics of HIV transmission, finding out one’s HIV status, the importance of condom use for HIV prevention, risks associated with multiple partnerships, and gender dimensions of the HIV epidemic. The overall goal of this coordination with the Education sector is to address knowledge and attitudes of the trainees to prepare them to be good teachers and role models .

USG will work with the partner (Pathfinder) to ensure routine monitoring and assessment of data quality including monthly data analysis at the district level,and quarterly and annual review meetings. An external mid-term evaluation of the SCIP program is currently being planned by USAID and will yield results for refining program interventions in FY12.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Under this activity, the SCIP project will address PMTCT activities aiming to promote demand creation,

and those that support the integration of exposed children to access OVC basic services. The activities will be standardized across the project target districts in Nampula province using pipeline from FY 2011.

SCIP will strengthen communities for effective linkages needed with ANC where PMTCT services are being provided to improve the continuum of care for HIV-exposed and infected children, their mothers and/or fathers, including infant-feeding counseling or risk assessments.

In addition to strengthening facility-community linkages and focusing on the role of civil society, psychosocial support will be provided in all PMTCT settings. There is a recently developed national framework for psychosocial support groups that is currently being rolled out. The community mobilization for demand creation will be in close collaboration with community leaders. Work with traditional birth attendants will be continued to support uptake of and adherence to facility-based services, and linkages to community-based services (including home-based care and community testing and counseling for HIV) will be strengthened. Activities will also include prevention and reduction of gender-based violence.

Mozambique is currently piloting AIDS treatment support groups at community level , and a similar model will be explored for PMTCT. Known as "Grupos de Apoio a Adesão Comunitaria (GAAC), this approach will be part of the PMTCT strategy, and SCIP will be expected to improve referral and service linkages through coordination with implementing clinical partners, and other community organizations who are being directed to scale up existing approaches (fast tracking, escorted referrals) and implement innovative approaches.

Infant follow up has been identified as a particular weakness in Mozambique. Implementing daily NVP during breastfeeding will create additional need for an effective follow up system, to promote adherence and prevent loss to follow up. Addressing the challenge of providing services for infants is linked to overall efforts to reduce loss to follow up

Two mechanisms for encountering pre or post-partum women to refer to PMTCT services through the ANC clinics will be used. One is through the HBC activistas coming across them among their HBC client base, the other is through community mobilization activities intended to publicize the MNCH clinics/PMTCT services and encourage uptake of those services through referrals. In communities where Mother to Mother (M2M) groups already exist, the sub-partner CSOs will help to strengthen them; where there is no M2M group, the CSOs will help to create them.

Nutritional support will be emphasized through referrals to clinical Nutrition Rehabilitation Units where they exist. Training on balanced meals and utilization of local nutritional foods will be provided through various opportunities – the mother-to-mother groups, the community committees for child protection,

household visits, and community mobilization activities.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,409,430	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,409,430

Sub Partner Name(s)

International Relief and Development		

Overview Narrative

SCIP World Vision’s overall goal is to improve health & livelihood of children,women & families, targeting 658,125 beneficiaries in FY12 in 16 districts of Zambézia Province.SCIP will strengthen & increase access to health,nutrition & HIV&AIDS care systems for its target groups that will forge stronger linkages with government entities,local NGO & INGOs;Promote and finance demand-driven community investments for health improvement, potable water, & sanitation;Build & reinforce existing institutional capacity of government at provincial/district levels & community groups/councils in decisions directly related to improving the living conditions of rural population.SCIP will support achievement of goals outlined in the PF & GHI strategies by strengthening clinical and community-based capacity of health care workers to deliver services;strengthen linkages between services to working towards comprehensive health care for PLHIV & OVC;strengthen organizational and technical capacity of CSOs. SCIP & FGH will formally collaborate in active case finding of ART patients;Bi-directional referral system for HIV+;Harmonize training schedules with DPS;Coordinate HIV&AIDS prevention messages;Harmonize placement of waiting huts with PMTCT expansion sites;Accreditation plan of counselors in HIV Rapid

Test;Nutrition Rehabilitation Program. USG costing exercise of community interventions is under way & will influence budget allocations & ensure cost efficiencies overtime.FY12 funds request was lower due to pipeline. Data collection tools & systems will be redesigned as needed to accommodate needs for data integration with local government. Vehicles : COP11=23; COP12=1;Total=24(15 for community outreach;4 for WASH;3 to supervise;1 truck to transport equip/supplies;1 for admin.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

Economic Strengthening	614,612
Food and Nutrition: Policy, Tools, and Service Delivery	614,612
Gender: Reducing Violence and Coercion	122,922
Water	307,306

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**12149**
Mechanism Name:	**SCIP Zambezia**
Prime Partner Name:	**World Vision International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,039,306	0

Narrative:

World Vision will receive $ 2,176,000 HBHC funds for its activities. Zambézia is a GHI focus province which will receive increased funds for counseling and testing and also benefit from an increase in the numbers of people on ARV. This will mean that there imply an increase of people in need of care and support. In FY12, there will be a need to strengthen World vision's HBC activities. HBC activists provide services to PLHIV that include: 1) palliative care, 2) referrals to treatment and care services, 3) promoting adherence to treatment for HIV/TB and OIs such as CTX, and 4) follow-up care. They also provide psychosocial and spiritual support, appropriate nutritional advice, emotional counseling, and referral for food assistance. The MoH has requested partners implementing HBC to place greater emphasis in the areas of adherence to treatment, nutrition (Food Support and Nutritional education) and palliative care. Advocacy for CT, PMTCT, and referrals to TB/HIV treatment, and FP services are integral messages for all Community Health Councils (CHCs)/CHVs visits.

World Vision networks with community based organizations, non-governmental organizations, and other USG partners to leverage access to prevention and treatment services and facilitate treatment adherence through groups, follow-up by Home Visitors (HVs), and other community members. World Vision will collaborate with PEPFAR clinical partners in Zambézia Province to strengthen referral services for PLHIV. World Vision will support the dissemination of the GAAC (Grupo de Apoio a Adesão Comunitária) strategy at community level. This is a recently launched MoH retention strategy which aims to mobilize stable HIV patients on ART to organize themselves in groups, whose members take turns to collect their ARVs at the health facility. World Vision will also support the distribution of the 'Basic Care Kit' (condoms, 'certeza', soap, IEC materials) promoted through community settings.

In addition, the project is strengthening the community-based and complementary health service support

structure to improve access and quality of maternal, newborn, and child health (MNCH) and family planning services for PLHIV, while improving behavior and care seeking practices. Household level support utilizes an integrated approach, occurring in the context of multiple activities:
1) Timed and Targeted Counseling using the life cycle approach and registration;
2) Using Mother/Father Groups to reach groups of people in familiar circumstances, with peer support;
3) BCC activities to enhance uptake of services, prevent spread of diseases such as malaria, diarrhea, STI, HIV and increase use of long lasting insecticide treated nets (LLIN);
4) Home visits for HBC, OVC care, and combination HIV prevention activities;
5) Community mobilized adolescent support groups to improve knowledge and practice on reproductive health (RH), family planning (FP), and prevention of STIs and HIV.
During household interactions, Community Health Volunteers (CHVs) foster antenatal care (ANC) visits, including PMTCT, for HIV+ pregnant women, encourage skilled delivery, support CT participation, and educate families in the recognition of signs of illness and complications including when and how to access skilled health care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,200,000	0

Narrative:

The lead partner and sub-partners are all International NGOs.

The goal of this project is to improve the health and livelihoods of children, women, and families in the Province of Zambézia through Community Strengthening approach.

The main model for OVC support is through Community Health Committees (CHC) in 16 districts of Zambézia Province. The CHC network is a model for mobilizing and strengthening community-led care for OVC. It is a multi-sectorial approach that incorporates health, social welfare, education and justice. The CHC network is embedded in the community and actively involves beneficiaries (PLHIV, OVC, and women). CHCs are the primary mechanism for providing care and support to OVC, PLHIV, and vulnerable households, as well as for referring people to reproductive health/family planning (FP), CT, PMTCT, ART, and malaria and TB testing and treatment, where available. The project provides a comprehensive, and quality essential services for OVC and their families based on the initial family needs assessment. CHC-led interventions focus on HIV care and support but are not exclusively addressing only HIV issues in the community.

The Youth Farmer Clubs (YFC) component improve the livelihoods of the OVCs. OVCs are identified by Home Visitors, who are members of the Community Health Councils, and refer them to the YFC. These

YFC are linked to the Farmer Associations supported through the P.L. 480, Title II Multi-year Assistance Programs (MYAPS). YFCs are assisted by an agricultural extension worker that provides training in life skills, building on knowledge gained in school but presented in a way to make the activities both fun and educational. The products of the farming activity are primarily for consumption and the surplus for selling. The profits may be used to buy school materials and/or other priority needs of the OVC participating in the Club. The Club is also a venue to learn other activities such as nutritional education, sessions on Child Protection Laws, Children's rights, issues around Gender-based violence (GBV) and Prevention messaging.

The project will establish loan guarantee mechanisms generating income to support health related activities. Projects may target specific groups of OVC who will be assisted to register as formal, legally binding associations with the intention of beginning income-generating activities (IGAs). Training and assistance in business planning, management, market linkage, and technical knowledge will transform these initiatives into successful business activities. IGAs will be tailored to the context of each target community and include agriculture production or processing within the framework of the value chain analysis to be performed by the project. The income and some of the produce will be used to support the educational, financial, and nutritional needs of OVCs. This project will build on previous successful experiences of the seven implementing partners in the consortium.

SCIp World Vision is one of the projects chosen by the Ministry of Women and Social Action (MMAS) to pilot the recently approved OVC Standards of Care, to gather evidence for sharing at the national vetting meeting prior to approval by the Council of Ministers.
This amount was reduced due to OVC pipeline and allocations of fund to ARV drugs in FY11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

These funds will be used to strengthen local leadership councils at community and district level. These councils are composed of community leaders and civil society members, and in theory (though not always in practice) they are the civil society counterpart to local government as part of Mozambique's decentralization strategy. SCIP has been helping these councils assess local problems and solutions, although more work is needed to make these councils representative of their communities and to link them to government. There are other possible civil society-local government coordination fora that may also be relevant to support, such as Provincial Development Observatories and local health steering committees.

SCIP will assess the best way to provide support to local councils (or other civil society-government fora) and the most relevant districts to focus on. SCIP will assess priority capacity-building needs (such as advocacy, planning, access to information, and community organizing) and facilitate training and mentoring to address them.

This activity contributes directly to the Global Health Initiative Governance area, by improving planning and budgeting at local levels, and by strengthening the capacity of civil society to advocate for its concerns and hold government to account.
This amount was 0 due to pipeline and allocations of fund to ARV drugs in FY11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	0

Narrative:

SCIP World Vision will receive $300,000 of COP 12 HVAB funds for its youth-focused HIV prevention activities for individuals age 10-14. In addition to promoting healthier behavior change and norms, this year's utilization of STP funds will have a stronger focus on promotion of HIV and health service uptake. This funding will primarily support all youth-focused activities, including those aimed at students, out-of-school-youth, OVC head of households, and adolescents, especially adolescent girls. Specifically, $200,000 will support community and clinic level communications to increase service utilization by creating more enabling environments and $100,000 will support community enforcement and awareness of existing legislation or creation of new legislation to focus on linkages between alcohol consumption, GBV and safe behavior.

This activity will continue to utilize the Go Girls (Avante Raparigas) curriculum, developed from research by JHU in Zambezia province, in small group interpersonal communications with girls, boys, teachers, families and communities. There are 15 sessions that around themes that include the following: puberty, reproductive health, pregnancy, family planning, HIV and STIs, trans-generational sex, self-assessment of risk, multiple partnerships, reasons for girls' vulnerability to HIV, etc.
SCIP will continue to ensure quality assurance through monitoring and supervisory visits, will continue to emphasize cross-fertilization of youth programs with its activities in HIV CT, family planning, care and condom programming activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	441,100	0

Narrative:

SCIP World vision will continue to provide community-based counseling and testing for general population ($161,000) and for MARPs ($20,000). General population CT will have a stronger focus on reaching men in the workplace by targeting men participating in USAID Agriculture, Trade and Business projects in Zambézia province; pre-service teachers linked to the USAID Education portfolio; partners of PLHIV; and adolescent girls. MARP CT will continue its focus on commercial sex workers and truckers. Zambézia's HIV prevalence is 12.6%; 15.3% prevalence among women . It is the province with the highest estimated number of HIV positive adults age 15-49 years who do not know their sero-status (162,000). SCIP will continue its door to door home-based CT for general populations and outreach CT for MARPs using the national testing algorithm. As the lead community-based CT partner for Zambézia, this activity will also receive $100,000 to help NPCS and DPS coordinate non-communication aspects of future provincial CT campaigns.
As Zambézia is a COP 12 GHI focus Province, this activity will receive new additional funding to promote CT service uptake, especially among partners of PLHIV. This includes:
$50,000 for identification, tracking and case management of partners of PLHIV; $26,600 for strengthened linkages via peer navigators that will escort HIV+ individuals from service to service in the facility setting and to maintain facility to community linkages;$83,500 for innovative ideas, such as conditional cash transfers, to encourage partners of PLHIV to seek CT.

All CT partners will benefit from QA/QI support to INS at the central level. The lead clinical partner in Zambézia will receive funds to support EQA logistics for all CT partners, including SCIP World Vision. All of SCIP World Vision's HVCT funds are used to carry out community-based counseling and testing with the majority targeting the general population and 4.5% ($20,000) targeting MARPs. Other activities targeting PLHIV and their partners are stated above and represent approximately 36% of this activity's total HVCT budget. No HVCT funds are directly allocated to MC. The project will mobilize communities and District Health Associations (DHAs) to increase the demand and use of CT services and coordinate with care, support and treatment providers to establish a two-way referral system of clients. Clients who test positive (including pregnant women) will be counseled to seek PMTCT services, pre-ART, ART and family planning (FP) counseling, care, and support, referred to existing community volunteers, and made aware of existing support groups for PLHIV. Planned HVCT trainings include quality assurance and control, supply planning and forecasting, campaign coordination, linkages/continuum of care, treatment as prevention.

The COP 12 ATS-C target of 23,579 individuals reached with counseling, testing and results is lower than last year's. An additional 2,500 individuals will be reached through SCIP World Vision's ATS-C MARPs activities. SCIP World Vision's past year results (SAPR 11 + Q3) is 23,400 individuals counseled, tested and received results (41.2% achievement).
SCIP World Vision will continue to ensure quality assurance through monitoring and supervisory visits,

will continue to emphasize cross-fertilization of gen pop and MARP programs with its activities in HIV CT, family planning, care and condom programming activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	429,024	0

Narrative:

SCIP Ogumaniha will receive $429,025 of COP 12 HVOP funds for HIV prevention activities for general population individuals age 15-49, MARPs (CSWs and Truckers), men in the work place, and PLH and their partners. In addition to promoting healthier behavior change and norms, this year's utilization of STP funds will have a stronger focus on promotion of HIV and health service uptake. Ogumaniha will continue to use a mix of interventions that include community radio, interactive drama, small group interpersonal communication activities, and 'street outreach'.
$139,500 will support continued implementation of male and female condom programming for key populations, including MARPs, men, discordant couples and PLH; $150,025 will support continued and intensified delivery of HIV prevention and risk reduction messages and condoms to MARPs and another $139,500 will strategically scale up community based positive prevention activities.
Ogumaniha's MARP outreach activists have grown to include 'peer' activists to reach CSWs and truckers along the transport corridors and Zambezia/Malawi border. Activists seek beneficiaries during evening hours along the highway and focus on promotion and distribution of condoms, promotion of CT and STI services, and risk reduction messages. There are no firm size estimation data for MARPs in Zambezia province.

This year, Ogumaniha will partner with a USAID Agriculture activity to reach men working in cashew factories with HIV prevention messages and CT services on a quarterly basis. Mainly relying on interactive theatre, messages will focus on importance of knowing one's HIV status, risks associated with multiple partnerships which include age-disparate relations, and gender.
This activity will continue to promote CT services, including community based CT offered by Ogumaniha. Individuals identified to be HIV positive will be referred to Ogumaniha's care and support program, but will also benefit from the positive prevention messaging and community based positive prevention funded under HVOP. There will be intensified focus on supporting PLH and their partners, with special emphasis on discordant couples, and their families.
Ogumaniha will continue to ensure quality assurance through monitoring and supervisory visits, will continue to emphasize cross-fertilization of gen pop and MARP programs with its activities in HIV CT, family planning, care and condom programming activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	0	0

Narrative:

Under this activity and using pipeline from 2011, the partner will address PMTCT activities aiming to promote the demand creation, and those that support the integration of exposed children to access OVC basic services. SCIP will strengthen communities for effective linkages needed with ANC where PMTCT services are being provided to improve the continuum of care for HIV-exposed and infected children, their mothers and/or fathers, including infant-feeding counseling or risk assessments.

Two mechanisms for encountering pre or post-partum women to refer to PMTCT services through the ANC clinics will be used. One is through the HBC activistas coming across them among their HBC client base, the other is through community mobilization activities intended to publicize the MNCH clinics/PMTCT services and encourage uptake of those services through referrals. In communities where Mother to Mother (M2M) groups already exist, SCIP will help to strengthen them.

Key interventions include community activities designed to increase demand for maternity services, including development of psychosocial support groups and collaborative work with traditional birth attendants (TBAS), advocacy with Health authorities to introduce special services for couples (i.e evening or weekend hours, incentives). In addition, due to transport constraints partners will support maternity “waiting houses”.

To increase retention, specific support will be provided to intensify busca activa (active follow up) with demonstration of innovative models. Community involvement will be directly linked to retention. Community platforms will be strengthened to increase demand for utilization of PMTCT and maternal and newborn services.

Community engagement and mobilization will be critical for utilization and retention in PMTCT services, as discussed above. In addition to strengthening facility-community linkages and focusing on the role of civil society, psychosocial support will be provided in all PMTCT settings. Male involvement will be supported through community-based interventions. The program will implement a strategy of community mobilization for demand creation in close collaboration with community leaders. Work with traditional birth attendants will be continued to support uptake of and adherence to facility-based services, and linkages to community-based services (including home-based care and community testing and counseling for HIV) will be strengthened. Community partners are expected to strengthen prevention efforts including partner/couples HTC, bringing couples together for mutual disclosure, in order to reduce transmission risk during pregnancy and prevent seroconversion. Activities will be implemented for prevention and reduction of gender-based violence. Opportunities to coordinate with non-PEPFAR USG activities (e.g. Food for Peace breast feeding support groups) will also be explored.

Implementing Mechanism Details

Mechanism ID: 12150	**Mechanism Name: Systems for Improved Access to Pharmaceuticals and Servicies (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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project is a new project which will continue the activities initiated with Strengthening Pharmaceuticals Systems (SPS). The SIAPS's goal is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes, by promoting and utilizing a systems strengthening approach consistent with the Global Health Initiative (GHI) that will result in improved and sustainable health impact. The SIAPS project works at the central level to support the National Drug Regulatory Authority (NDRA) and Direcção Nacional de Assistência Médica/Departamento Farmácia Hospitalar (DNAM/DFH) on drug registration, pharmaceutical policy, formularies of Medicines, Standard Treatment Guidelines (STG), pharmacovigilance, HR strategies and pre-service curriculum, medicine selection, and support to the Technical Committee of Therapeutics and Pharmacy (CTTF). The project will support treatment scale up by strengthening ART and PMTCT pharmaceutical dispensing services. The primary focus of the SIAPS project will be on establishing sustainable systems for government and it is expected that the partner will work closely with the Ministry of Health to build ownership in strengthening the NDRA and DNAM/DFH to strengthen pharmacy services.

The SIAPS Program Performance Monitoring Plan (PMP) will include a clearly defined Results Framework with indicators, baselines, and targets for output and impact level monitoring. This is a newly awarded central level mechanism and there no costing data available at the moment. USG plan to include central level mechanisms in the next expenditure analysis and costing exercises. No purchased/leased vehicles under this mechanism.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12150**
Mechanism Name:	**Systems for Improved Access to Pharmaceuticals and Servicies (SIAPS)**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	500,000	0

Narrative:

Systems for Improved Access to Pharmaceuticals and Services (SIAPS) will assist Pharmaceutical Department in developing and updating national medicines policies, standard treatment guidelines and

essential medicines lists, coordinate and collaborate with WHO, International Society of Pharmacovigilance (ISoP), GFATM and other global initiatives to advance the pharmacovigilance and patient safety agenda. Assist national drug regulatory authorities; strengthen drug registration systems, including developing expedited review procedures. Provide global technical leadership on good governance in medicines. Work with DNAM to support the new Department on Pharmaceutical Services (Departamento de Farmácia Hospitalar - DFH) to implement rational drug use, management of dispensing pharmacies in the hospitals and health centers, including implementation of prescriptions protocols and guarantee that prescription levels are adhered to or modified as necessary for programs objectives, work with DFH to implement and expand use of Information, Education and Communication/Behavior Change Communication (IEC/BCC) messages and strategies in the public sector for providers and patients on responsible self-medication and adherence to recommended treatment regimens. Previously funded for pharmacy curriculum, COP 12 would be to support overall HR strategy for Pharmacy Sector. SIAPS will work with relevant stockholders, HR, Pharmaceutical Department(PD), Central de Medicamentos e Artigos Médicos (CMAM) and Institutos de Ciências de Saúde (ICS) to develop pre-service and in-service pharmaceutical management training materials for health workers at all levels of the health system and help facilitate training; Support training of faculties of medicine, nursing and pharmacy in Antimicrobial Resistance (AMR) containment, appropriate medicines use, and therapeutic outcomes monitoring; Promote the professionalization of supply chain managers and service providers. Work with professional associations, educational institutions, and medical and pharmacy faculty and schools to develop and implement continuing education programs on pharmaceutical management.

SIAPS will support the Ministry for planning, coordination, and financing commodities procurement and monitoring needs, institutionalization of quantification processes, and development of framework, roles and responsibilities. Support MoH to strengthening financing mechanisms to improve access to medicines. Work with MoH (CMAM and PD) to identify viable cost-sharing and cost-recovery mechanisms for medicines. SIAPS will work with DNAM, MoH and partners to assess requirements and develop Pharmaceutical Management Information System for Service Deliver Points - dispensing pharmacies - for collecting and sharing data on supply chain management, prescribing, dispensing, and adherence and patient outcomes. SIAPS will work with MoH to explore sustainable financing strategies for health commodities. SIAPS will also work with MoH/CMAM to conduct financial analyses to project future budgetary requirements for medicines needs resulting from on-going and expanding treatment programs; assess the impact of the introduction of new health technologies; conduct options analysis to enhance system performance and efficiencies, including contracting out pharmaceutical management operations; identify opportunities to leverage disease-specific funding sources to support pharmaceutical system strengthening.

Implementing Mechanism Details

Mechanism ID: 12152	**Mechanism Name: Regional Outreach Addressing AIDS Through Development Strategies (ROADS II)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ROADS aims to increase access to HIV services and reduce transmission among bridge and most-at-risk populations (MARPs), along transport corridors and “hot spot” venues, by promoting a package of interventions and preventive services tailored to their lifestyle and risk situation, and promoting appropriate linkages to care and treatment. Transient lifestyles often encourage a preponderance of multiple partnerships, heavy alcohol consumption, widespread sexual and gender-based violence, all of which create an environment of elevated risk for HIV acquisition and transmission. Target groups include mobile populations, eg truckers and other migrant workers; female sex workers (FSWs) and their partners, girls and young women who engage in risky sex primarily for economic purposes. Communities at elevated risk, eg in mining towns or transit points along transport corridors and other hotspots are key foci for this project. ROADS will continue to expand and increase the uptake of non-traditional HIV CT targeted to hard-to-reach populations, and strengthen the linkages of CT to other HIV and health services. In line with priorities of the Partnership Framework, the project aims to strengthen government coordination and multisectoral programming for MARPs. ROADS has specific quantifiable performance measures, indicators and targets to help document, monitor and evaluate the program’s performance and achievements. One car in 2011 for Maputo activities, 2 cars are being purchased in 2012 for Maputo and Beira; 2 more cars will be purchased in years 3 and 4 for new sites.Based on rigorous financial analysis of

pipeline, burn rates, and implementation the FY 12 request for ROADS was decreased by $3.0 million.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**12152**
Mechanism Name:	**Regional Outreach Addressing AIDS Through Development Strategies (ROADS II)**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

ROADS will continue to provide voluntary CT services as part of a comprehensive package for MARPs and individuals residing in high-risk communities along the Maputo-South Africa and Beira-Zimbabwe transport corridors in the high prevalence provinces of Maputo City, Maputo and Sofala. HIV female/male prevalence rates are: is 29.9% / 16.8% Gaza; 20.5%/12.3% Maputo city and 20%/19.5% Maputo province. Reported HIV testing in the last 12 months for female/males was: 26%/10% in Gaza; 33%/23% in Maputo city and 24%/17% in Maputo province. Specific target populations include commercial sex workers, truckers, port and customs workers and their partners and families. Following the national testing algorithm, ROADS will increase uptake at non-traditional CT sites and continue to strengthen linkages to other HIV and health services (e.g. male circumcision for HIV- men) using the national referral documentation system to track and monitor HIV+ clients to ensure they are received at appropriate services. ROADS counselors will ensure successful referrals by introducing newly diagnosed HIV+ clients to ROADS peer educators who will escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. ROADS will contribute to MOH/CNCS capacity to plan, expand and sustain CT for MARPs and bridge populations by developing, testing and scaling-up innovative models for creating demand and increased uptake of CT. They will continue to engage with opinion leaders, public and private health providers and policy makers to publicly endorse CT as an essential service; to encourage risk reducing behaviors; and to address stigma, denial and discrimination (a key barrier to CT uptake). ROADS will continue to emphasize improved quality of testing by participating in the biannual EQA panels; use of standardized QA tools; and utilizing peer supervision, client exit interviews or provider self-reflection tools for monitoring and improving counseling quality. Planned trainings may include QA/QI, MARP-friendly counseling, supply planning, linkages/continuum of care, gender and gender-based violence and treatment as prevention. As capacity building is crucial for scale-up, ROADS plans to fully transfer CT service provision to GRM or local NGOs/CBOs by the end of project and will continue to seek more PPPs with the private sector. They will continue to advocate with government for an enabling policy environment to effectively reach these populations and ensure appropriate government leadership and coordination of programming for MARPs. The target for ROADS COP 12 HVCT funds ($210,000) is 16,000 individuals. CT activities began in FY12; so they did not report results in the SAPR 11.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

ROADS will build on progress achieved to date to further demonstrate outputs and results in reaching high risk mobile and community populations along transport corridors with HIV, health and related services through various entry points – community clusters, SafeTStop Resource Centers,

community-based counseling and testing services, night clinic services – and addressing determinants and barriers to HIV prevention, treatment, and care, including risk factors such as alcohol, gender-based violence and economic vulnerability. Target populations include mobile populations, such as truckers and other migrant workers who engage in risky behavior, commercial, transactional or casual sex, and place their regular partners at increased risk as well; female sex workers (FSWs) and their partners, and girls and young women who engage in risky sex primarily for economic purposes. This will entail further accelerating project implementation in existing sites to achieve comprehensive HIV prevention programming that creates Paragem Segura (Safe T Stop) communities, and using lessons, tools and resources developed to facilitate an efficient expansion to new project sites. Program priorities for FY12 inlcude

• Strategically expand the geographic footprint of the project to three additional sites, for a total of seven Paragem Seguras ,SafeTStop, sites;

• Extend the reach of community clusters to at-risk individuals through expansion of the immediate social network to “connectors”, individuals who have frequent contact with truckers, sex workers and other high risk groups;

• Develop innovative approaches for reaching and engaging truck drivers as they move from one point to another along the corridors;

• Strengthen outreach to sex workers through a combined set of interventions that includes involvement in the women clusters, targeted peer education, night clinics, and other services;

• Introduce various options for providing support at the community level to address alcohol abuse and gender-based violence, inter-linked risk factors that contribute to HIV transmission;

• Introduce economic strengthening activities within the community such as Group Savings and Loans Associations in order to promote economic empowerment as a means to strengthen HIV and AIDS interventions;

• Continue to explore opportunities to leverage support from the private sector for the delivery of HIV and health information and services to target populations;

• Establish and define the project baseline through the Behavioral Monitoring Survey (BMS), mapping and population size estimations to prepare for future evaluations and special studies to measure the impact of the project and support evidence-based programming.

Implementing Mechanism Details

Mechanism ID: 12156	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12157	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12159	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12165	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 12166	Mechanism Name: CMAM AGREEMENT
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: Central de Medicamentos e Artigos Medicos (CMAM)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-USAID	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ministry of Health (MOH) Central Medical Stores (CMAM) is responsible for managing logistics for all

medicines and medical supplies, including commodities for all priority programs such as HIV, TB, and Malaria. CMAM is responsible for leading the forecasting of needs, conducting procurement, coordinating importation, warehousing, and the distribution of all public health commodities to the provincial warehouses and hospitals. Providing direct funding to CMAM will allow for increased control over implementation of its operations. Engaging in a direct agreement with CMAM is an initial step in the transfer of capacity and ownership to the GOM and local institutions, a key principle within the PFIP and Global Health Initiative. This agreement with CMAM coupled with external TA through SCMS, enables the USG to reduce the need for significant external assistance, including for procurement of commodities. To support CMAM to manage the Agreement, USG is broadening its systems strengthening portfolio to include training in financial and administrative management of CMAM through an existing public private partnership (PPP) with Standard Bank. Results-based financing will be implemented as well by linking fixed amount reimbursements to results, as well as tying an initial 250,000USD as specific performance based financing. The direct agreement, planned for award and implementation in FY 2012. This plan will be managed by the USAID technical advisors, and will be monitored through expenditure justifications and quarterly reporting. CMAM Direct has FY2011 OHSS pipeline, which has not yet been obligated, which is why no funds are requested in this COP. Purchased/leased vehicles from the start will be determined once an award has been made.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
OHSS	CMAM	1250000	All activities described in the narrative will assist global fund governance and commodity purchases

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Governance and Systems	OHSS	0	0

Narrative:

CMAM had previously been semi-autonomous, and all procurement, warehouse management, and distribution had been outsourced to Medimoc, a parastatal institution. In 2007, CMAM assumed direct responsibility for conducting procurement, distribution and central warehouse management and in 2008 all financial and administrative autonomy was removed. As a fully public institution, CMAM has had significant challenges managing its operations due to significant infrastructure, human and financial resource constraints, as well as its dependence on the MOH and MOH/Department of Administration of Finance for resources and approvals.

CMAM receives funding for its various activities through the health donor supported common fund budget (PROSAUDE), which includes funds for procurement of medicines as well as for costs of operations. This funding, in addition to the MOH State funds, is budgeted into an annual plan for the Health Sector for carrying out activities, and allocated across various MOH institutions, including CMAM. As resources are limited, CMAM priorities and operations budgets, are not always adequately funded. In addition, CMAM's limited access to the management of financial resources hampers its effectiveness and efficiency as a

central medicines stores, responsible for ensuring a reliable supply of essential medicines to the Mozambican population.
This cooperative agreement will complement the existing State and PROSAUDE funds that CMAM receives to carry out key functions to manage the supply chain of medicines, laboratory reagents and other supplies. These funds will be used to support supervision visits to 11 provinces; training for provincial warehouse and laboratory staff, districts and sites in line with a national training plan developed by CMAM; hiring additional staff and monitoring staff performance using the KPIs; and implementation of the audit unit. In addition, these funds will also be used to support operations costs, such as clearance fees, fuel for transport, medicine distribution and other operational costs. These funds will be used to support additional components of the strategic plan finalized in early 2012, including contracting technical assistance or training as needed to support development of policies outlined in the strategy, and to carry out assessments identified by CMAM and the GTM. Finally, to strengthen the use of the supervision and supply planning update information in program monitoring and to improve coordination, CMAM will hold bi-annual or quarterly seminars with partners, USG and MOH programs to present findings from supervision visits as well as updates of supply plans to address programmatic challenges and estimated forecasting. This Direct agreement will also include a results-based financing element, where a fixed sum will be tied directly to performance and results agreed upon jointly between USAID and CMAM.

This project has not yet been awarded. Funds from COP11 have been reprogrammed making $1,250,000 available. No new funds are required.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 400,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Continuing Activity COP 11 funding = $400,000 - The Clinical and Laboratory Standards Institute's (CLSI) mandate is to develop best practices in clinical and laboratory testing and promote their use internationally. In Mozambique, the goal of the CLSI technical assistance program is to assist the Ministry of Health to implement internationally accepted laboratory standards towards quality improvement and WHO accreditation.

CLSI works strategically to provide accreditation preparedness and capacity building assistance aligned with USG goals as outlined in the Partnership Framework to strengthen laboratory support services for HIV diagnosis and management through improved quality diagnostics. In addition, CLSI supports broader country goals by developing mechanisms to strengthen individual laboratories and the national laboratory system as a whole. In FY12 training and mentorship support will also be given to the National Blood Service for the implementation of Quality Management Systems in the blood banks. CLSI's program strengthens the national system by developing master trainers amongst laboratory staff working in the clinical laboratories and cascading expertise through all laboratory tiers. Building capacity of local laboratory personnel ensures the continuation of accreditation preparedness activities. With local experts, coverage of programs can be expanded and sustainability ensured in the long run. Internal and external assessments to monitor and evaluate progress are built into the quality implementation and accreditation preparedness process to ensure continual improvement and adherence to best practices and set standards. In FY11 CLSI's funding was reduced due to a significant pipeline. The new MOASIS project is requesting 1 vehicle ($5,000) with FY12 funds,

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	HLAB	250,000	0

Narrative:

Continuing Activity COP 12 funds = $250,000) The Clinical Laboratory Standards Institute (CLSI) will continue to support the strengthening of laboratory support services for HIV diagnosis and management, through the implementation of a standards based Quality Management System (QMS).
Mozambique has adopted the SLMTA program to set foundations for laboratory management and quality improvement. Whilst the program addresses the management tasks and process's critical to a quality laboratory it does not address some aspects that are pivotal to a fully established quality management system (QMS). With FY12 funding CLSI will provide support to labs enrolled in the SLMTA program to provide a comprehensive understanding of the fundamental aspects of a laboratory quality management system key to achieving accreditation. Achieving a level of laboratory accreditation will demonstrate: existence of processes, systems and procedures that ensure consistent, sustainable and quality lab performance; utilization of appropriate quality monitoring indicators and the essential engagement of the laboratory administration/management;
With FY12 funding CLSI will implement the following activities:
1) Develop master trainers, assessors, and laboratory operational and quality management personnel to ensure: the sustainability of the QMS and the achieved laboratory accreditation status; as well as expansion of the QMS and accreditation to all laboratory tiers. CLSI will support the development of Master Trainers and Quality/Management at the selected laboratories to ensure skills transfer to all levels of lab services throughout the country with minimal outside support in the long run.
2) With FY12 funding, CLSI will support training of laboratory quality managers. Pivotal to the success of

the implementation of a QMS in any laboratory is an adequately equipped quality manager. Training quality managers will build key skills of a quality manager and will ensure that the responsibilities are clarified and skills provided on how to organize an effective quality program. CLSI will provide in-house mentorship post training workshop to guide and support the development of skills necessary to provide oversight of a quality Assurance program and Quality Management Systems.
3) CLSI will also provide training on how to conduct internal audits. This training will build personnel skills on how to plan for and conduct an internal audit as well as how utilize the findings from the audit, apply corrective action and improve process's.
In collaboration with the other laboratory coalition partners and the Federal University of Rio de Janeiro (FURJ) support will be provided to the eight laboratories currently enrolled in SLMTA as well as to three additional labs to be enrolled in FY12. In the implementation of these activities, CLSI will structure a scalable program to meet the needs of each specific lab, regardless of technical discipline or tier within the national lab structure. This will give each laboratory the ability to achieve the goal of laboratory accreditation regardless of its circumstances or unique challenges. Assessments will be carried out at baseline, after six months and post SLMTA implementation to assess improvements. Supervision will be conducted throughout the process and laboratories will receive feedback on corrective actions required.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	150,000	0

Narrative:

This implementing mechanism seeks to support the National Blood Service in the implementation of Quality Management Systems in the blood banks. The activities will include training blood banks staff on QMS and provide direct mentorship to the National reference Blood Center. By supporting the establishement of QMS in the National Reference Blood Center this IM is expecting to reduce the risk of HIV transmission via blood transfusion in Mozambique.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 607,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	607,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HIV presents a significant public health concern for prison and public health authorities as preventive measures, health promotion and risk reduction activities are rarely provided in these settings. The risk of contracting infections in prison settings is augmented due to risky sexual behaviors, high level of alcohol and drug abuse, frequency of consensual sexual intercourse among males, sexual coercion, lack of information and HIV testing services. Key activities include adaptation and implementation of an individual risk reduction package, counseling, training of peer educators and health providers as CT counselors, and linking to other HIV services. Gender based violence will be incorporating in program activities as a cross-cutting issue in all 10 prisons, through inclusion of GBV modules in training sessions for PE, in “Change Fairs” and in the prevention activities developed by PE. Because of the nature of this project, men will be preferentially involved and the opportunity to share gender and GBV-related interventions will be maximized, nevertheless there is smaller female population that can also benefit from interventions, both as inmate PE or as prison staff. In FY 2012, Pathfinder International will implement a comprehensive HIV/STI intervention package in 10 prisons in 5 provinces in Mozambique. Expenditure analysis methodology has not yet been established on a unit basis for this technical area. Pathfinder has developed a data collecting system that will allow for estimates on prevalence of HIV and STI and identification of risk behaviors among FSW and other MARP groups. M&E will be through routine S/APR and quarterly reports. Key activities related to system strengthening will include implementation of patient files in designated health facilities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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

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
Prevention	HVOP	607,000	0

Narrative:

FY 2012, PI will implement a comprehensive HIV/STI intervention package in 10 prisons in 5 provinces in Mozambique which will include: adaptation and implementation of an individual risk reduction package and train PEs on 'Pathways to Change' methodologies and delivery of behavior change activities, training of health providers as CT counselors at selected sites and scale up access to HIV CT ensuring linkages to care and treatment including STI and TB treatment, hold 10 sessions of "Change, hold fairs promote campaigns and disseminate messages on harm reduction and methodologies on alcohol and drug abuse in prison settings. In addition, PI will also train health providers to manage a STI syndrome approach in prison facilities where there is a health unit and prison personnel and PEs to early detection of TB and

other OIs. Implementation of the data collection/surveillance system will include the training of health providers on new instruments, data collecting, monitoring, surveillance systems and planning of health programs. This activity will be conducted in selected health facilities within ethical and confidential protocol as approved by the ministry of health. A major activity will also involve advocacy for introduction of specific guidelines to ensure effective health provision for MARPS within the health sector.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 150,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Families Matter! Program (FMP) is an evidence-based intervention designed to promote positive parenting and effective communication for parents of 9-12 year olds. This program is linked to PF goal 1. The program aims to reduce sexual risk among adolescents and promote parent-child communication about sexuality and sexual risk reduction. Samaritan's Purse (SP) will continue implementation in FY12. In addition SP will implement community counseling and testing activities with a focus on strengthened linkages to other HIV services. FMP is being implemented in Bilene and Xai-Xai in Gaza. 3000 parents are targeted and 10000 children. CT activities will take place in Inhambane. SP underwent an expenditure analysis exercise and will use their results to program more effectively under their recurrent costs. Investments costs will decrease and the partner will continue to use their pipeline funds to partially fund

activities in FY12. Transition considerations will be based on pilot approaches currently being developed through PEPFAR Mozambique. SP has hired, trained, and implemented the program primarily through host country national staff who will be well-positioned to continue implementation support upon formal transition. A monitoring plan is in place to capture the SBRP 1 and SBRP 2 data. SP will work closely with the USG and partner Strategic information teams to develop instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV. Cross-cutting gender issues are embedded in SP work; FMP includes focus on adolescent girls, and CT services include community-based approaches that encourage male involvement. No vehicles are requested.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

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

Prevention	HVAB	127,500	0

Narrative:

The Families Matter! Program (FMP) is an evidence-based intervention designed to promote positive parenting and effective communication for parents of 9-12 year olds. This family prevention program strives to foster enhanced protective parenting practices that support the reduction of sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children. A preliminary analysis of an assessment conducted in Kenya 15 months post-intervention, found sustained positive effect in terms of parenting and communication skills reported by participants and their children separately.

FY 2012 funds will be used to implement FMP in Gaza Province, along high density, high HIV prevalence transport corridor. Samaritan's Purse traine FMP facilitators to deliver the five consecutive, three-hour sessions for parents and caregivers. The intervention curriculum, adapted specifically for Mozambique, focuses on: raising awareness about the sexual risks many teens face; encouraging parenting practices that decrease the likelihood that children will engage in risky sexual behaviors; and improving parents' ability to effectively communicate about abstinence, sexuality and sexual risk reduction. An additional emphasis will be placed on training parents to address the role of gender-based norms in adolescent sexual decision-making and risks associated with transgenerational sex for girls. FMP activities will be linked with other youth-focused interventions implemented in and out of schools by Samaritan's Purse and others. In addition, Samaritan's Purse uses the opportunity to reach adults during the FMP training and will include messages about fidelity, multiple concurrent partnerships and substance use. Community-based activities with provincial leaders will be initiated to foster changes in social norms that support protective behaviors for adolescents

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	22,500	0

Narrative:

Samaritan's Purse will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.
Through mobile and outreach as well as home-based HTC Samaritan's Purse will target populations less likely to access facility based health services with a special focus on men, adolescent girls, partners of PLHIV and couples in communities with high populations density and high prevalence as well as low numbers of people previously tested. Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, Samaritans Purse's counselors will have a stronger role

supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services. Additionally, through parents and facilitators, access to health services will be enhanced as at-risk youth are identified and accompanied to district SAAJs. In particular, young pregnant women and sexually active youth will be encouraged to receive HIV counseling and testing, pre-natal care services and screening for STIs. This activity will provide support and follow up to youth, while at the same time considering and respecting their need for confidentiality

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 950,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This implementing mechanism seeks to reduce medical transmission of HIV and other

transfusion-transmissible by increasing the number of health care facilities in Mozambique that have and adequate supply of safe blood. This goal is pursued through technical support to the Mozambican Ministry of Health (MOH) and the National Blood Transfusion Program (NBTP) for the rapid improvement of the safety and adequacy of the national blood supply, and has four strategic objectives: 1. Strengthen infrastructure of the Mozambique's National Blood Service; 2. Improve Blood Bank operations through implementation of quality standards; 3. Increase collections from voluntary, non-remunerated blood donors; 4. Improve Transfusion Practice. This project is in line with objective 1.5 of the partnership framework and supports the achievement of the goal number 1 of the PF which is to reduce new HIV infections in Mozambique. Through building capacity in the National Blood Service, this IM will help to ensure access to safe blood products for women suffering from complication before and during deliver and children suffering from severe anemia due malaria and thus contribute to the expansion and uptake of quality MNCH services. Access to safe blood will contribute for the following GHI global targets: a) reduce maternal mortality by 30%, b) reduce under five mortality rates by 35% and c) prevention of more than 12 million new HIV infections across assisted countries. In F12 the TA will go beyond central level assistance; TA assistance will be provided directly to the provincial blood banks mainly in the area of blood donor mobilization. Monitoring and Evaluation will occur by AABB defined process of submitting Terms of Reference prior to the initiation of an activity to both CDC and NBTP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	950,000	0

Narrative:

The AABB technical assistance to the Ministry of Health's National Blood Transfusion Program is for the Rapid Improvement of the Safety and Adequacy of the National Blood Supply. The AABB TA will take a multi-pronged approach to improve all aspects of the NBTP. These areas include the recruitment of voluntary non-remunerated blood donors, collection, processing, distribution and testing of blood.

The AABB will continue with four approaches to achieve these goals: (1) short-term, in-country training; (2) long term trainings and exchanges abroad; (3) mentorship programs involving 3-6 month stays of visiting transfusion medicine and/or blood bank professionals working in NBTP sites providing oversight, insight and repeated mentoring and tutelage of the NBTP staff; (4) long-term management and technical coaching of NBTP management by AABB Country Coordinators and fund directly centrals and provincial blood banks to support donor mobilization activities. The goal of these trainings is to strengthen the capacity of the NBTP and its staff in the aforementioned areas to fulfill the goal of the NBTP, which is to collect and supply adequate and safe blood to Mozambique.

Plans for this performance period include: data collection from national and provincial blood centers to inform national level indicators; Quality Management Systems implementation through a focused long-term mentorship program in implementing quality systems; in anticipation of implementation of the Blood Establishment Computer System (BECS), NBTP staff will be sensitized to data management and computerization and receive training in basic computer skills, an Information Technology (IT) individual will be identified for further training in IT for NBTP, and infrastructure modifications and computer hardware and software will be procured.

AABB TA training methods will promote long term change by increasing the knowledge and skills of the NBTP and its staff. Simultaneously providing knowledge/skills and creating an internal NBTP infrastructure to advance best practices and knowledge transfer through Training of Trainer programs; sustainability of this knowledge and the transfer of knowledge is the ultimate goal. NBTP is a critical element of the Mozambican health system. The technical capability of the NBTP to identify HIV positive donors and refer them to appropriate counseling and care is an essential element of prevention and treatment that adds to other USG funded efforts.

COP 12 money will also be used to support a program evaluation to identify the key clinical drivers of blood use in Mozambique and the extent to which malaria contributes to the demand for blood

transfusions as well as procurements of equipment and small furnishings to support the operationalization of the newly constructed Reference Blood Bank.

Implementing Mechanism Details

Mechanism ID: 12624	**Mechanism Name: FURJ**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Federal University of Rio De Janeiro	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,450,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Federal University of Rio de Janeiro (FURJ) will utilize South to South (S to S) collaboration to provide laboratory expertise and assistance to the MOH to improve national laboratory service capacity in accordance with the National Lab Strategic Plan and the Partnership Framework goals “To strengthen the Mozambican health system, including human resources for health through increasing the number of health care and social workers in Mozambique and improving the capacity and quality of pre-service, in-service training, faculty development and post-graduate training” and “To strengthen laboratory support for HIV diagnosis and management”. FURJ will build local capacity within the MOH and the National Institute of Health (INS) to lead and manage the programs that have relied significantly on direct support. A key strategy is to institutionalize programs that have historically been implemented by FURJ staff and provide the assistance needed for INS to use direct funding from CDC to implement lab quality programs. FURJ is strengthening the laboratory system by strengthening the technical capacity of the National Reference Labs, improving pre-service education, supporting lab quality improvement, and developing local mentors to sustain mentorship and support of lab staff working towards accreditation.

FURJ currently uses the WHO Afro Laboratory Quality Checklist to monitor progress towards accreditation, but will also implement one or more of the Laboratory Network Performance Assessment Indicators addressing domain areas of Policy, Access, Quality, and Communication. FURJ did not have a significant pipeline and will continue to work to improve efficiency of operating costs.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	HLAB	1,450,000	0
Narrative:			
FURJ will use COP 12 funds to continue laboratory systems strengthening activities and laboratory quality improvement by working at central level to provide TA as well as working at specific laboratory sites which are pursuing laboratory accreditation. FURJ will provide expatriate advisors for this work,			

but will continue building local capacity and transitioning these activities to local institutions and MOH personnel. FURJ works specifically in 3 areas of systems strengthening.
• Quality Improvement– FURJ will continue to support SLMTA by providing expatriate mentors and by capacitating local mentors to support laboratory improvement and implementation of standards. FURJ will work with MOH to design an in country mentorship program that can be sustained beyond PEPFAR. FURJ will continue to support the EQA program for biochemistry and work with the MOH to expand the number of labs enrolled to include all central, provincial, general and large rural hospital labs. Improvement in laboratory quality also includes a component of strong collaboration and communication between the laboratory and the clinicians. FURJ will support an annual meeting in clinical and laboratory medicine with an agenda that is developed jointly between lab and clinical staff to provide a forum to discuss cross-cutting issues and build mutual respect and collaboration.
• Capacity Building- FURJ will continue providing in service technical training for Mozambican lab staff in Brazil. Starting in 2012, FURJ will work with MOH to establish capacity in the Central Hsp Laboratory to provide this kind of in service training in an atmosphere of good laboratory practice with sufficient supervision and oversight of trainees. FURJ will work to establish a process to follow up this technical training in the labs where trainees will ultimately be placed to ensure the maximal impact of the training. FURJ will support technical working groups where technical staff who have benefited from specialized training will gather together and provide technical guidance for policy and strategy development and then take the lead in implementing new guidelines and strategies in their laboratory and province of employment.
• Pre-service training – FURJ will provide faculty development by placing professors from Brazil in training institutes to build capacity of local faculty. In addition, FURJ will provide training in Brazil for faculty of lab pre-service course. Through strengthening and supporting pre-service training of laboratory personnel, this IM supports the cross-cutting area of human resources for health. USG funds will support both directly and indirectly the capacitation of 50 new laboratorians in COP year 2012. FURJ will collaborate with other USG Partners to make use of available resources thus leveraging resources and preventing duplication of activities.

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	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 400,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) project is a new project which will continue the activities initiated with Strengthening Pharmaceuticals Systems (SPS). The SIAPS's goal is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes, by promoting and utilizing a systems strengthening approach consistent with the Global Health Initiative (GHI). The SIAPS project works at the central level to support the National Drug Regulatory Authority (NDRA) and Direcção Nacional de Assistência Médica/Departamento Farmácia Hospitalar (DNAM/DFH) on drug registration, pharmaceutical policy, formularies of Medicines, Standard Treatment Guidelines (STG), pharmacovigilance, HR strategies and pre-service curriculum, medicine selection, and support to the Technical Committee of Therapeutics and Pharmacy (CTTF). The project will support treatment scale up by strengthening ART and PMTCT pharmaceutical dispensing services. The primary focus of the SIAPS project will be on establishing sustainable systems for government and it is expected that the partner will work closely with the Ministry of Health to build ownership in strengthening the NDRA and DNAM/DFH to strengthen pharmacy services. The SIAPS Program Performance Monitoring Plan (PMP) will include a clearly defined Results Framework with indicators, baselines, and targets for output and impact level monitoring.USG plan to include central level mechanisms in the next expenditure analysis and costing exercises. There will no purchased/leased vehicles under this mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	OHSS	400,000	0

Narrative:

The Promoting the Quality of Medicines (PQM) project will train LNCQM staff for quality control of medicines, strengthen the National Laboratory for Quality Control of Medicines in all aspects to establish post market surveillance of medicines, and address quality-assurance related aspects of drug registration and licensing. PQM will technically support the development for executive project for the planned new National Laboratory for Quality Control of Medicines, to be funded under the Health Systems Strengthening program

PQM will also collaborate with the World Bank, the Global Fund to fight HIV/AIDS, Tuberculosis and Malaria, the Global Drug Facility, the Green Light Committee, and the DfID-funded Medicines Transparency Alliance (MeTA), among others, to expand the availability of high quality medicines and support system strengthening efforts directed toward improving the quality of medicines at the country level.

The PQM project will increase the capacity of Quality Control (QC) in Mozambique. The program of Medicines Quality Monitoring (MQM) using Minilab's basic tests, will be initiated in three regions of the

country (Northern, Central, and Southern). This program will be done in collaboration with the Schools of Pharmacy, Instituto Superior de Ciências e Tecnologias de Moçambique (ISCTEM), UNILÚRIO and UNIZAMBEZE, through a Memorandum of Understanding (MoU). The PQM project will provide all technical assistance, Minilabs equipment, training, monitoring and evaluation, to ensure that the MQM program is working. This will allow the sampling and testing of at least 600 samples per year. The data from this program will be used for decision making to strengthen the QC capacities in the country. There are no direct targets for this activity, although support to quality control and quality assurance will support overall care and treatment efforts to ensure availability of medicines with quality, effectiveness, and security for HIV, TB, Malaria and essential medicines.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 238,212	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	238,212

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Cabo Delgado Provincial Health Directorate is to initiate the handover of specific HIV care and treatment activities from international USG partner organizations to provincial governments in Mozambique. This transition needs to occur while sustaining and continuing to scale up care and treatment services for PLHIV without life-threatening disruptions of services. Activities towards achieving this goal will focus on the areas of (1) HIV care, support, and treatment; and (2) human resource capacity

and infrastructure development, especially for disease surveillance and training.The key issue that will be adressed by these activities include; Strenghthened DPS capacity to plan, oversee implementation and monitor HIV programs. As a result of increased DPS capacity to supervise and monitor programs, improved performance in TB, Malaria, PMTCT, Counselling and testing, pediatric Care and Treatment, Nutrition services will improve over time. The activities of this implementing mechanism are linked to Partnership Framework (PF) goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV care, prevention and treatment goals, and goal 4: improve access to quality HIV treatment services for adults and children. Geographic coverage is Cabo Delgado province and target groups are HIV infected children, women and men, and local government and non government organizations implementing HIV prevention care and treatment programs. The long term gains in cost efficiencies result from the transfer of program funding and implementation from international NGO partner organizations to local organizations which eliminates overhead costs.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	20,000
Human Resources for Health	60,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
TB

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**
Governance and Systems	HVSI	24,000	0

Narrative:

This is a continuing activity to support provincial level monitoring and evaluation (M&E) and health information systems at the provincial level through direct financing mechanisms between USG and the Provincial Level Health Directorate; this is considered a complementary activity to other provincial level support (M&E technical assistance funded through clinical partners in all 11 provinces) and Central level support (through the Cooperative Agreement with MOH and other technical assistance at the Central level.)

As USG direct support to the provinces is a relatively new approach, in this initial phase, SI funds have been allocated for four provinces ($25,000 per province). Two of these are provinces where CDC has existing funding agreements with the Provincial Level Health Directorate; funding for an additional two provinces is also planned for two provinces where USAID plans to initiate direct funding agreements with the Provincial Level Health Directorates.

This narrative refers to direct support in the province of Cabo Delgado.

These funds are 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. Key measurable outcomes include :

• 80% of supported districts have data verified in at least one HIV-related service each year by a team from the provincial health directorate and/or supporting technical assistance partners

• 80% of supported districts in which data verification has occurred

• 80% of districts in which there was a DPS supervision visit focusing on HMIS/M&E (NEP to NED) at least two times/year

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	104,962	0

Narrative:

This mechanism will make key contributions to health systems strengthening that include development of sustainable locally maintained health services through: training, supervision and mentoring of health workers in provision of quality HIV care and treatment services; and procurement and logistics management of health related commodities needed for operations of health facilities. Cross cutting programs within this new mechanism include logistics management of commodities that include lab, OI and antiretroviral drugs and medical equipment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	19,000	0

Narrative:

DPS Cabo Delgado will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on provider-initiated HTC.

This activity will be two-fold:

1. Support to MOH and implementing partners in implementation of provider initiatied HTC ante-natal clinics, outpatient departments, TB clinics, STI services, VMMC settings, medical and surgical wards in hospitals and health centers though supervisory visits and support to interchange of experiences.

2. Support for MoH and implementing partners to expand CT component in clinical setting, through TOT and TOW in CT and M&E

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	22,250	0

Narrative:

The USG portfolio on MARPs has been growing in the last year with interventions focused on different population groups, particularly female sex workers and their clients, men who have sex with men, incarcerated populations and injection drug users (IDUs). These population groups (with the exception of IDUs) have been reached through a comprehensive package of information and services that include behavior change, risk reduction activities and bio-medical interventions. In the coming year, more attention will be given to exploring innovative ways to increase the number of MARPs using care and

treatment services in order to ensure linkages between prevention and clinical partners including humanization of care and treatment services for MARPs through dissemination of national guidelines for care, treatment and follow-up with the goals of reducing and removing barriers to the access of services and information and decreasing stigma and discrimination of MARPs. In coordination with the prevention partners in the province of Inhambane, the activities will include the strengthening of linkages between community and care and treatment facilities through the establishment of effective referral mechanisms with functioning tracking systems in place (referral charts, monitoring instruments).
Activities might also include support the implementation of surveillance system at designated night clinics (to be determined by Ministry of Health after approval of protocol and data collection forms) for FSW and other MARP groups in order to provide much needed qualitative and quantitative information around specific MARPs needs in the clinical setting. In addition, collaborate in the training of clinical partners and health center staff on appropriate STI diagnosis, treatment and MARP friendly services and provide support to the clinical interventions for HIV/STI prevention and care, based on local protocols

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	49,000	0

Narrative:

In FY 2012 DPS Cabo Delgado will work closely and in coordination with clinical service partners to accelerate scale up of effective PMTCT interventions within an integrated maternal, neonatal and child health (MNCH) system towards the goal of virtual elimination of mother-to-child transmission of HIV by 2015. The roll out of more effective ARV prophylaxis and infant feeding (Option A) started in FY2011 will be intensified. Overall strategies include expanding the capacity to deliver PMTCT interventions in MNCH settings; support infrastructure projects to create appropriate working environments; work with communities and address structural issues to ensure uptake of services by the community and retention in health care services; and support ongoing activities to ensure quality services (e.g. supportive supervision and quality assurance). Community platforms will be strengthened to increase demand for PMTCT services and innovative outreach interventions such peer navigators, mobile brigades, APEs among others, will be used to increase service coverage, utilization and adherence.
For FY 2012 the specific Key activities that DPS Cabo Delgado will implement with direct USG technical and financial support are:
1) General oversight of implementation of provincial E-MTCT acceleration plan;
2) In coordination with clinical service partner, support a dedicated focal person with M&E expertise to directly work with health facilities for ensuring quality M&E system at provincial, district and health facility level; support roll out of new M&E tools and their utilization; support implementation of supervision, QA/AI cycles, strengthening data flow and data entry at facility level;
3) PMTCT supportive supervision, including team visits from provincial level to PMTCT sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	19,000	0

Narrative:

The Provincial Directorate of Health Services (DPS) in Cabo Delgado DPS is responsible for all health services in Cabo Delgado province including leading and monitoring the implementation of the HIV treatment program.
Priority areas in HIV are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, and pre-ART services.

The DPS continues to seek programmatic efficiencies through conducting integrated supervisory visits with multi-disciplinary teams.
Cabo Delgado DPS is currently conducting a pilot of Community Adherence Support groups (GAAC) in 6 districts. This adherence and retention strategy will be expanded to cover additional districts or the entire province in FY12.

New ART registers and forms that enable longitudinal tracking of patients both on ART and Pre-ART have been developed and planned for dissemination throughout the country. These forms will provide information on retention, loss to follow up in both ART and pre-ART patients even in sites that do not have electronic data systems.
Currently this information is primarily only available from implementing partner supported electronic patient tracking systems.

Funding will support the DPS to undertake the following systems strengthening and capacity building activities:
1) ART training of health care providers in the districts and health facilities
2) Supervision of districts and health facilities and oversee process to task shift ART to nurses, and middle-level health providers in the province
3) Convene provincial HIV meetings to review program data and identify strategies to improve performance where areas of weakness are identified.
4) Strengthen laboratory and drug logistics and commodities systems in Maputo province

The M&E department routinely tracks clinical outcomes that are reported monthly by all the health facilities and districts in the province. These data are reported to the MoH which aggregates all of the national data and posts it on the MoH website.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,235,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	1,235,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Jembi Health Systems, a South African non-governmental organization, provides technical and financial support to the Mozambique Open Architecture Standards and Information Systems (MOASIS) Project at the University of Eduardo Mondlane (UEM). The MOASIS team has a memorandum of understanding with the Department of Information Systems (DIS) at the Ministry of Health (MOH) and in collaboration with MOH develops and implements innovative technologies to enhance the quality and utility of programmatic and planning data collected in HIV care and treatment programs and other programs within the health sector. The objective of this mechanism is to strengthen local capacity and country ownership. The primary activities include support for mortality surveillance, standardized tracking systems for monitoring patients in HIV care and treatment, development of e-Health architecture, training of Mozambican staff in informatics, application of data quality standards and best practices, and expansion of central Information Systems (HIS) into provincial and regional facilities. Most activities are implemented at the Central level but in COP12, activities will expand to provide provincial level informatics support at all Provincial Health Directorates (DPS). No specific costing or expenditure analysis is done with SI partners. However over time, these activities should increase local ownership and capacity (and reduce overall costs and dependence). This mechanism will increase country ownership and build local capacity enabling sustainable progress and continued maintenance of HIS, thus reducing reliance on USG TA

over the long term. Progress would be measured by the status and completion of tasks in the workplan as agreed upon between USG, MOH, and the partner.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	HVSI	1,235,000	0
Narrative:			
Jembi has been allotted $1,300,000 for their strategic information related activities. The activities can be broken out into six key pieces as follows: 1) The development and implementation of software for collection, analysis, and presentation of aggregate statistical data (SIS-MA); the successor to Mozambique's "Modulo Basico" (MB). (continuing			

activity, $300,000)

MB is the current aggregate reporting tool used throughout the country to collect health data. There are many serious shortcomings to this tool which limit its effectiveness and ability to be maintained. This activity will facilitate the complete replacement of MB by SIS-MA, including its historical data. Part of this project is to determine if it is most beneficial to use available existing systems and adapt it to Mozambique or if it is best to develop a system from scratch through the use of and outside developer.

2) Providing Technical Assistance (TA) to the MOH in information technology. (new activity, $100,000)

TA will be given to MOH to facilitate and develop the Information Technology (IT) infrastructure within MOH. This will consist of providing technical assistance to improve the coordination and management of MOH's IT Unit to improve system security, internet access and management of software and hardware. This activity includes providing technical assistance to MOH counterparts in the development of a maintenance plan, management of software and licenses, computer server and network infrastructure, policies/processes and back-ups of data.

3) Supplementary support activities provided to the MOH's Department of Information Systems (DIS) (continuing activity, $300,000)

The ambitious work plan that has been agreed upon between USG, MOH, and the partner includes continued support for the development and implementation of vital registration, roll out and TA for Mortality Surveillance System (SIS-ROH), standards for Patient Information Systems (SESP), e-Health architecture, continuing MB support, TA to Human Resource Information Systems activities.

4) Partial salary support for the technical adviser from Jembi. (continuing activity, $100,000)

An international technical advisor has been seconded to JEMBI to provide technical and institutional support to M-OASIS and supported projects. The remainder of his salary and other contractual costs are covered by non USG funds.

5) Providing support to the Central Medical Stores (CMAM) for managing & maintaining the Pharmaceutical Distribution Management System (SIMAM). (new activity, $200,000)

SIMAM is a Logistics Management Information System (LMIS) that was developed in Mozambique to facilitate the distribution of pharmaceuticals. MOASIS will provide the support to CMAM for the management and further development of SIMAM.

6) Posting an informatics officer in each Provincial Health Directorate (DPS) to provide IT support to all MOH systems. One for each of the 11 provinces and 1 coordinator located at the central office. (new activity, $300,000) This activity will focus on IT support related to the use, repair and maintenance of computer equipment including the implementation, distributions and training of select software programs. MOASIS will facilitate fielding and managing the informatics support positions at each of Mozambique's 11 provincial health directorates including a coordinator/support position to facilitate and provide oversight to the activity.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 995,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	995,000

Sub Partner Name(s)

JEMBI	University of Washington	Vanderbilt University

Overview Narrative

The objective of this IM is to strengthen local capacity in strategic information (SI) of USG Implementing partners (IPs), including MOH. Key activities: 1) Support integrated behavioral and biological surveillance systems (IBBS) in most at risk populations; 2) Provide logistical support to the trilateral agreement

(USG/Brazil/Mozambique) to strengthen the HIV response (inc. M&E); 3) Provide technical assistance (TA) to IPs including MOH to develop and support HIS; 4) Provide TA to IPs including MOH to strengthen national disease surveillance systems to improve the quality of services and data. These activities will build SI capacity within Mozambican institutions to ensure data are available to monitor the Partnership Framework (PF) and Global Health Initiative (GHI). Specifically, activities support the PF's Goals 2 and 3; these activities also directly contribute to the M&E of Mozambique's GHI Strategy by strengthening Mozambican SI systems to provide quality information for monitoring and decision-making. All activities are designed to strengthen national systems; however some activities (e.g. IBBS) will be implemented in specific geographic locations. No specific costing or expenditure analysis was done with SI partners. Over time, activities should increase local ownership and capacity (and reduce overall costs). Also, USG works closely with other donors to coordinate and reduce duplication. This mechanism will build capacity within local partners to create and modify M&E and HIS and conduct disease surveillance, thus reducing reliance on USG TA over the long term. 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 IP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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**
Governance and Systems	HVSI	995,000	0

Narrative:

There are four main activities funded with HVSI funds:
1) Support for planning of a follow-up round of integrated behavioral and biological surveillance systems (IBBS) in one key most at risk population (continuing activity, $100,000)

Mozambique is currently implementing its first round of IBBS in three most at risk groups (miners, sex workers, truck drivers). Data collection, analysis, and production of final reports are anticipated in FY12 using previously-planned COP funds. COP 12 funds will be used for planning and protocol development for a second round (follow-up) of IBBS, with a focus on one specific group (TBD). Funding for actual implementation of this second round of IBBS in one group will be planned in COP 13; in the future the MOH intends to institutionalize the IBBS system by implementing surveillance activities in one key group per year for a more continuous system of surveillance in key populations.

2) Provide logistical support to the trilateral agreement (USG/Brazil/Mozambique) to strengthen the HIV response (including M&E) (continuing activity, $100,000 new monies to be added to existing PF monies and pipeline).
A trilateral agreement was signed in 2010 between the US Government and the governments of Mozambique and Brazil to strengthen the response to HIV and AIDS in Mozambique. The trilateral agreement has three main objectives: to strengthen procurement, logistics, distribution and warehousing of drugs and medical supplies of the national health service, to strengthen monitoring and evaluation in the health sector, and to increase effective participation of people living with HIV in the response and strengthen social communication in HIV and AIDS.

3) Provide technical assistance (TA) to MOH and other USG IP's to develop and support HIS (continuing activity, $375,000)
This continuing activity will provide technical assistance to USG implementing partners, including the MOH to develop, modify, deploy, and/or support new or existing health information systems to improve the integration, stability, and functionality of systems. This may include activities related to informatics assessments, database design, development of system documentation, development of training

materials and resources, and coordination of these activities at various levels of the MOH (e.g. district, provincial) 4) Provide technical assistance to MOH and other USG IP's to strengthen national disease surveillance systems to improve the quality of services and data (new activity, $500,000) This new activity is designed to provide technical assistance to USG implementing partners, including the MOH in strengthening national disease surveillance systems to improve the quality of services and quality of data. This may include design of forms, databases and systems, development of national surveillance related standards, policies, and systems and roll out of these components to all levels of the Mozambican health sector.

Implementing Mechanism Details

Mechanism ID: 12949	**TBD: Yes**
REDACTED	

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: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 100,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-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 FY2012 CDC will continue collaboration with UNICEF to support implementation of the following activities: (1) 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); and (2) Support to MoH supply chain management system to ensure provision of quality PMTCT services, including feasibility assessment of the introduction of Mother-Baby pack.

This activity will focus on central-level technical assistance.

Expenditure analysis has not been conducted for this technical assistance activity.

System strengthening will be achieved through information generation and dissemination to inform programmatic decisions; and better information sharing and tracking of national program performance.

M&E for this activity will be through completion of key deliverables.

Pipeline has been considered in FY12 budget request.

No vehicles are requested.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Safe Motherhood

Budget Code Information

Mechanism ID:	**12986**
Mechanism Name:	**UNICEF**
Prime Partner Name:	**United Nations Children's Fund**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	0

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 FY2012 CDC will continue collaboration with UNICEF to support implementation of the following activities: (1) 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); and (2) Support to MoH supply chain management system to ensure provision of quality PMTCT services, including feasibility assessment of the introduction of Mother-Baby pack.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 270,750	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	270,750

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Maputo Provincial Health Directorate is to initiate the handover of specific HIV care and treatment activities from international USG partner organizations to provincial governments in Mozambique. This transition needs to occur while sustaining and continuing to scale up care and treatment services for PLHIV without life-threatening disruptions of services. Activities towards achieving this goal will focus on the areas of (1) HIV care, support, and treatment; and (2) human resource capacity and infrastructure development, especially for disease surveillance and training. The key issue that will be adressed by these activities include; Strenghthened DPS capacity to plan, oversee implementation and monitor HIV programs. As a result of increased DPS capacity to supervise and monitor programs, improved performance in TB, Malaria, PMTCT, Counselling and testing, pediatric Care and Treatment, Nutrition services will improve over time. The activities of this implementing mechanism are linked to Partnership Framework (PF) goal 3: Strengthen the Mozambican health system, including human resources for health and social welfare in key areas to support HIV care, prevention and treatment goals, and goal 4: improve access to quality HIV treatment services for adults and children. Geographic coverage is Maputo province and target groups are HIV infected children, women and men, and local government and non government organizations implementing HIV prevention care and treatment programs. The long term gains in cost efficiencies result from the transfer of program funding and implementation from international NGO partner organizations to local organizations which eliminates overhead costs. This shift will also strengthen the local capacity of the GRM to implement.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	50,000
Human Resources for Health	28,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Malaria (PMI)
Child Survival Activities
TB

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**
Governance and Systems	HVSI	23,500	0

Narrative:

This is a continuing activity to support provincial level monitoring and evaluation (M&E) and health information systems at the provincial level through direct financing mechanisms between USG and the Provincial Level Health Directorate; this is considered a complementary activity to other provincial level support (M&E technical assistance funded through clinical partners in all 11 provinces) and Central level support (through the Cooperative Agreement with MOH and other technical assistance at the Central

level.)
As USG direct support to the provinces is a relatively new approach, in this initial phase, SI funds have been allocated for four provinces ($25,000 per province). Two of these are provinces where CDC has existing funding agreements with the Provincial Level Health Directorate; funding for an additional two provinces is also planned for two provinces where USAID plans to initiate direct funding agreements with the Provincial Level Health Directorates.
This narrative refers to direct support in the province of Maputo.
These funds are 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. Key measurable outcomes include :
• 80% of supported districts have data verified in at least one HIV-related service each year by a team from the provincial health directorate and/or supporting technical assistance partners
• 80% of supported districts in which data verification has occurred
• 80% of districts in which there was a DPS supervision visit focusing on HMIS/M&E (NEP to NED) at least two times/year

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	140,250	0

Narrative:

This mechanism will make key contributions to health systems strengthening that include development of sustainable locally maintained health services through: training, supervision and mentoring of health workers in provision of quality HIV care and treatment services; and procurement and logistics management of health related commodities needed for operations of health facilities. Cross cutting programs within this new mechanism include logistics management of commodities that include lab, OI and antiretroviral drugs and medical equipment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	28,500	0

Narrative:

DPS Maputo will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on provider-initiated HTC.

This activity will be two-fold:

1. Support to MOH and implementing partners in implementation of provider initiatied HTC in ante-natal clinics, outpatient departments, TB clinics, STI services, VMMC settings, medical and surgical wards in hospitals and health centers though supervisory visits and support to interchange of experiences.

2. Support for MoH and implementing partners to expand CT component in clinical setting, through TOT and TOW in CT and M&E

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	78,500	0

Narrative:

The Provincial Directorate of Health Services (DPS), Maputo province is responsible for all health services in Maputo province including leading and monitoring the implementation of the HIV treatment program.
Priority areas in HIV are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, and pre-ART services.

The DPS continues to seek programmatic efficiencies through conducting integrated supervisory visits with multi-disciplinary teams.
Maputo DPS is currently conducting a pilot of Community Adherence Support groups (GAAC) in 6 districts. This adherence and retention strategy will be expanded to cover additional districts or the entire province in FY12.

New ART registers and forms that enable longitudinal tracking of patients both on ART and Pre-ART have been developed and planned for dissemination throughout the country. These forms will provide information on retention, loss to follow up in both ART and pre-ART patients even in sites that do not have electronic data systems.
Currently this information is primarily only available from implementing partner supported electronic patient tracking systems.

Funding will support the DPS to undertake the following systems strengthening and capacity building activities:
1) ART training of health care providers in the districts and health facilities
2) Supervision of districts and health facilities and oversee a) process to task shift ART to nurses, and

middle-level health providers in the province; b) oversight to the implementation of revised ART guidelines (ART initiation at CD4 threshold of 350 and universal ART for TB coingfected patients) c) quality of ART services including Pre-ART services, nutrition and community facilty linkages for improved retention d) Pediatric treatment scale up through better linkages with PMTCT programs, follow up, diagnosis and managment of HIV exposed infants
3) Participation in key HIV related meetings and conferences for DPS staff
4) English courses for DPS staff to improve ability to manage cooperative agreement requirements
5) Convene provincial HIV meetings to review program data and identify strategies to improve performance where areas of weakness are identified.
6) Strengthen laboratory and drug logistics and commodities systems in Maputo province

The M&E department routinely tracks clinical outcomes that are reported monthly by all the health facilities and districts in the province. These data are reported to the MoH which aggregates all of the national data and posts it on the MoH website.

Implementing Mechanism Details

Mechanism ID: 13022	**Mechanism Name: Clinical Services System Strenghening in Niassa (CHASS Niassa)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,092,817	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,092,817

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The overarching goal is consistent with the Partnership Framework priorities, aligned with GHI priorities

and it is driven by the principles of sustainability, country ownership and the GRM Mozambique's National HIV Strategic Plan. Its aim is to strengthen the province's health system by maximizing access, quality and sustainability in the delivery of comprehensive HIV/AIDS and related primary health services by reducing HIV transmission, mitigating the impact of HIV, and improving health through : Improve the accessibility of high-quality HIV services by strengthening clinical service delivery and their utilization through increased retention and demand by clients, create an integrated system of HIV/AIDS and primary health care with strong linkages to community services, strengthen MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements. The project collaborates and leverages resources from TB CARE, ComCHASS and receives GBV Initiative funds in year 1 so they can implement the MOH GBV's minimum package. Community case managers including PLHV will play a role in demand creation by identifying, referring client to health or community services. Key focus is placed on developing and implementing a performance-based graduation plan to ensure a transition from project support to sustainable MOH service delivery, build the DPS ownership and strengthen the capacity for developing plans and retaining health care workers.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	110,000
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	340,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	13022		
Mechanism Name:	Clinical Services System Strenghening in Niassa (CHASS Niassa)		
Prime Partner Name:	FHI 360		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	470,000	0

Narrative:

CHASS/Niassa will facilitate the tracking of patients to minimize loss-to-follow-up and promote treatment adherence. CHASS/Niassa will leverage the breadth and depth of community-based care and support services outlined in ComCHASS to facilitate patient tracking and retention system. Patient tracking and tracing systems will include both pre-ART and ART patients. CHASS/Niassa will support MoH's retention strategy by rolling out the GAAC (Grupo de Apoio a Adesão Comunitária) strategy.

There are 5 main areas of intervention:
1) Mainstreaming of PwP activities including expansion of PwP programs within ART and non ART service sites and community based settings, through training of health providers and counselors; supportive supervision and monitoring; strengthening community linkages through organizing and empowerment of support groups and PLHIV organizations;
2) Management of sexually transmitted infections at ART and non ART sites with a focus on MARPs;
3) Implementation of the national Health Care Worker / Workplace Program including access to: BCC, condoms, CT, PMTCT, reduction of stigma and discrimination; CT; care and treatment; psychosocial support; HBC; benefit schemes; and HR management;
4) Strengthening of HIV clinical services at ART and non ART sites: support for improved access to and quality of services for family planning, STIs, palliative care, OIs, CT, CXTp, preventative treatment for malaria, TB treatment and laboratory testing for CD4, hepatitis B and syphilis; improved linkages and referral pathways within and between facilities and communities, supported by a focal person for linkages and follow up in facilities and sub-agreements with DPS/DDS; support the roll out of the Pre-ART

package and to support NAC.
5)Implementation of a full package of PP interventions as part of their routine care (risk assessment, partner testing, adherence, Sexually Transmitted Infections (STIs) screening and treating, Family planning, PMTCT, referral to support services and care and treatment (both facility- and community-based).
CHASS/Niassa will use existing resources to accommodate the increased supervision and monitoring needs of these activities. Training in all areas will utilize materials developed in collaboration with the MOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	119,000	0

Narrative:

CHASS- Niassa, will be funded in the amount of $ 119,000 US to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MoH priorities and at a minimum will include: 1) Strengthening the implementation of the 3 “Is”- intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on TB/HIV, and MDR-TB including management of pediatric TB..

In addition CHASS- Niassa will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed, and treated for TB.
As part of provincial team CHASS- Niassa will continue to participate in the provincial planning, provincial and district technical working groups and in monitoring the implementation of the activities with the DPS and other partners in respective geographic area.
Additionally CHASS- Niassa will collaborate with existing TB diagnostic and treatment facilities to ensure that:
1) Minor renovations in out-patients, wards with TB and/or MDR-TB patients, waiting areas, laboratory and X-ray departments to improve cross ventilation will be carried out in selected health facilities.
2) A good laboratory system for sample referral for GeneXpert and including in communication and

information system are in place.
3) Clinicians and nurses at provincial and district/rural hospitals are trained to perform sputum induction in children and strengthening evaluation and management of pediatric TB.
4) CHASS- Niassa in Niassa province will assess the need to support or hire a TB/HIV focal person.
5) Print and disseminate IEC materials, including stigma reduction materials.
6) Implementation of surveillance of TB among health workers
7) Continuing coordination and collaboration with key partners in the province to identify gaps, avoid duplication and make the rational use of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	117,500	0

Narrative:

The MOH is prioritizing the scale-up of pediatric HIV treatment services through decentralization of treatment to peripheral health centers and integration of HIV services into existing child health programs. The project will suport the MOH to build capactity to sustain high standards of HIV treatment services in Niassa province, targeting 1,094 children. Currently, children represent 11% of the total number of patients on treatment at supported sites and the aim is that the number will increase to 15% in FY 2012. This will require enhanced capacity of sites and health care providers to identify, treat and care for HIV-infected children. For all HIV infected children receiving ART, cotrimoxazole prophylaxis will be prioritized. In FY 2012, all clinical partners will start to report on the percentage of children who are PCR positive and on treatment. In addition they will help MOH implement the new WHO guidelines.

The main activities will include:
1) Improving access to care and treatment services, through early identification of HIV exposure and infection status, strong linkages of HIV services within the existing child health programs (including TB, PMTCT, MCH) and increased community awareness of pediatric HIV. Enrollment of HIV exposed and infected children into care will be increased through a functional referral system of care and treatment services for HIV-infected children and their families within and between health facilities (including those providing non ART HIV services) and communities using PMTCT, MCH flow charts and referral forms;
2) Human capacity development through: in-service training on pediatric HIV care and treatment, supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines developed by MOH; training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications; training, supportive supervisions and reproduction of materials to support positive prevention activities;
3) Interventions to improve patient tracking systems to follow-up ART patients and to identify and address treatment failures and adherence issues;

4) Implementation of the HIVQUAL program;
5) Improvement of linkages to care, support and prevention services such as psychosocial support for children, adolescents and their families, support for retention, HIV status disclosure.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	50,000	0

Narrative:

SI will continue to support provincial M&E advisors for Niassa provinces during the period. This provincial M&E advisor will provide technical assistance and capacity building support to the DPS in building institutionalized support for M&E. (50,000 for province)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

Implementing partners will receive Treatment funds to provide additional support to the supply chain system below provincial level, in collaboration with SCMS and SIAPS. Partners will provide general support to strengthening quality of pharmaceutical management services, including ARV dispensing services through improved monitoring of the MMIA system, monitoring pharmacies and adherence to standard operating procedures, and participating in joint supervision visits with the DPS/DDS. Partners will have additional funds to also support minor rehabilitation to facility and district pharmacies, including paint, ventilation or air conditioning systems, racking and other material/infrastructure requirements for improved storage conditions for medicines. Partners will support the expansion of the logistics management information system (SIMAM) to additional districts in line with the SIMAM implementation strategy. This support will also include technical assistance in use of data for decision-making. A major bottleneck in the provinces is lack of funds for fuel and lack of available transportation for medicine distribution. Due to significant distribution and transportation challenges, USG is looking for short and medium term solutions in a few focus provinces. Partners in the focus provinces, Zambezia, Sofala, and Gaza, as well as Niassa, Cabo Delgado will carry out multiple strategies to improve distribution from provinces down to the health facilities, including a identifying a fixed sum in the provincial and district agreements for medicine distribution and operations; procurement of vehicles if necessary; outsourcing distribution through the DPS or in collaboration with World Food Program to a 3PL provider (third party logistics); or partnering with Village Reach in line with the Last Mile initiative incorporating rapid HIV test kits and ARVs. Partners will receive funds for all provinces to support distribution.
There is additional funding to support HR issues with scholarships for pre-service training at provincial

level, funding for provincial advisor positions in lab and logistics, support to subagreement assistance needed in provincial planning managing and budgeting in Niassa. There will be close collaboration with training and mentoring partners in the key areas of HIV/AIDs. (see ITECH, JHPIEGO, Health Systems 20/20 and TBD Leadership and Governance).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	277,432	0

Narrative:

CHASS Niassa will receive $277,432 in HVCT to continue facility based counseling and testing (CT)services, following the national algorithm, through provider initiated CT (PITC =$152,760) and facility based voluntary CT (VCT=$42,672). In line with PEPFAR Mozambique's strategy to prioritize PITC, CHASS Niassa will continue to improve and mainstream PITC service delivery for patients and their partners in all services; continue to operationalize recommendations from the PITC evaluation; and provide TA to ensure consistent service delivery and supervision, data management, quality and logistics related to PITC in all services. Service- to-service and facility-to-community referral ,support systems and monitoring of these linkages will be implemented through existing case managers. $82,000 will ensure quality assurance and quality control for CT in all approaches in all sites, support biannual EQA panels, continue efforts to develop standardized quality management tools, utilize peer supervision, and implement routine supervisory visits. Supervision will consider implementation of client exit interviews and provider self-reflection tools for monitoring and improving counseling quality. Pharmacy, CT, M&E, lab and logistics officers should work closely with and provide TA to their DPS counterparts to support RTK supply planning, logistics and distribution. Services are aimed at general population individuals, including adolescents, and men and partners of PLH. HIV prevalence for 15-49 year olds in Niassa is 8.0% for women and 5.7% for men) . 12% of Niassa women reported having received a test and results in the last 12 months compared with 10% of men. Coverage of HIV testing among TB cases is 95%. SAPR 11 + Q3 results is 30,552, almost doubling the previous year's target of 16,131. Their COP 12 target is 17,500 individuals reached, much lower than their capacity and due to limited service delivery HVCT funds and low-prioritization of Niassa in the PEPFAR Mozambique strategy. Targets per modality are PITC 11,250 and VCT 6,250. Supervision in coordination with the provincial directorates of health, women and social action will continue. They will ensure that all sites report on the latest MOH-approved register which captures information on number of individuals testing in a couples setting and number of indeterminate results. Planned trainings for DPS staff include: supply planning and distribution, waste management, QA/QI, proficiency panel methodology and process, GBV prevention and screening, and use of new MOH data collection tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	93,000	0

Narrative:

CHASS Niassa will receive $93,000 of COP 12 HVOP funds to scale up facility based positive prevention services with special emphasis on discordant couples and families with HIV positive members. In addition to promoting healthier behavior change and norms, this year's utilization of STP funds will have a stronger focus on promotion of HIV and health service uptake. This activity will continue to promote HIV risk reduction messages, address GBV, condom use and distribution, and promotion of uptake of CT , pre-ART and ART services. An estimated 22,000 people in Niassa are believed to be HIV+, representing 2% of Mozambicans living with HIV. Program will build on existing activities related with prevention for people living with HIV to scale up facility – based services for PLWHA. Package of services will include both behavioral and biomedical interventions with strong linkages to other services and community interventions (prevention, care, and support programs in the community) for PLWHA with strong foundations on the principle of continuum of response. Package of services includes: 1) HIV Counseling and Testing; 2) interventions for HIV Sero-discordant couples; 3) Sexual risk reduction counseling; 4) Assessment and treatment of other STI's; 5) Family planning and safer pregnancy counseling; 6) Condom distribution and promotion; 7) Alcohol use assessment and counseling; and, 8) Support of safe disclosure to sex partner and family members.
Integration of interventions for PLWHA into existing HIV program activities, including facility-based (antenatal care, care and treatment facilities, home based care, TB treatment settings, etc.) will also be emphasized.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	63	0

Narrative:

Capacity building measures will be extended to MCH nurses, peer case managers and a range of issues, including nutrition issues, NACS among pregnant and post-partum women and infants, promotion of exclusive breastfeeding, introduction of complementary feeding at 6 months of age and food support, to improving 2-year HIV-free survival. PMTCT F&N plus-up funds will be used to scale-up postnatal care support in the context of the Mozambique roll-out of Option A. The MCH nurses trained on HAART and peer case managers will encourage the participation of husbands in their wives' antenatal and postpartum care. Job aids and tools will be used in collaboration with partners such as Food for Hungry, focusing in strengthening referral mechanisms for tracking pregnant women and ensuring mother-baby follow-up by using peer case managers. Efforts on the implementation of "One-Stop Shop" will be made. TA, training, quality improvement, and M&E and scale up to ANC facilities will increase responsiveness, support for overall systems strengthening, communities to increase demand and services' increase retention, including resources such as motorcycles. Innovative models as longitudinal tracking through

implementation of the chronic care model in MCH and linking mother-infant pairs will be encourage; improving integration of immunization and consultation for child at risk (CCR) programs; implementation of electronic systems, and incentive programs, through education, transportation or conditional cash transfers to encourage follow up.

Other activities include: expanded support for sites without PMTCT, and enhanced support for low-performing sites; activities to increase community demand for services; expanded PICT and couples counseling; ARV on more effective regimens and ART initiation; CTX prophylaxis focusing on improved coverage for pregnant women and harmonization with IPTM, TB and STI and syphilis screening, GBV screening; linkages with pediatric care and treatment programs for EID Support the establishment of point-of-care diagnostics including CD4. Support Hemoglobin monitoring by provision of relevant commodities and training to streamline rapid initiation of ARV's for PMTCT among pregnant women. Support for prevention of unintended pregnancies among HIV-infected women; ensure the establishment of HTC within ANC, expand long acting permanent methods, support for PLHIV and community involvement; dissemination of nationally approved IEC materials; safe infant nutrition interventions integrated into routine services, counseling and distribution of commodities in collaboration with a procurement partner; support for reproduction and roll out of revised registers; institutionalize data analysis and use. Clinical mentoring on the national model, system strengthening, infrastructure, prevention control, workplace programs, delivery and evaluation of MTCT transmission rates will be conducted. IP are encouraged to implement innovative approach where national sampling at immunization visits is conducted periodically.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,620,537	0

Narrative:

In the FY011 the project will support 10 ART sites in Niassa and increase linkages to selected non ART sites providing HIV services. In collaboration with DPS/DDS a pyramid approach is being developed which enables major urban sites to down refer stable patients to smaller peripheral units. Complicated patients can be referred up to larger centers, thus promoting a patient journey that ensures retention in comprehensive care and treatment. To achieve this support, capacity building will be done at ART sites to absorb the referred patients and initiate new patients on ART, improve service delivery and integration of non ARV sites, emphasize the referral pathways and linkages within and between facilities and communities and support infrastructure improvement.
Specific training and support includes in-service training and mentoring of clinical, M&E, pharmacy and administrative staff, joint site visits with DPS/DDS staff and subagreements with DPS/DDS and CBOs to develop the capacity to transition activities to local partners.

Clinical outcomes and drug management are tracked by routine M&E which aligns with national reporting systems. Partners participate in the CLINIQUAL program and staff are trained in the utilization of supervision and mentoring visits to reinforce the use and adherence to national treatment guidelines and the use of routine data for service improvement.
Adherence activities include: identification of facility and community counterparts working together to actively follow up ART patients; paper and computer based records; sub agreements with community partners and PLHIV to train peer educators and develop innovative community interventions to track patients and promote adherence; PP initiatives with PLHIV and DPS/DDS using existing nationally approved materials. Linkages with existing home based care support will also be strengthened to track defaulters, ensure their return to care and treatment, document transfers, deaths, or losses to follow up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	345,285	0

Narrative:

The MOH is prioritizing the scale-up of pediatric HIV treatment services through decentralization of treatment to peripheral health centers and integration of HIV services into existing child health programs. The project will suport the MOH to build capactity to sustain high standards of HIV treatment services in Niassa province. Currently, 322 children are on treatment in CHASS supported sites and the aim is that will increase to 670 children on treatment in FY 2012. This will require enhanced capacity of sites and health care providers to identify, treat and care for HIV-infected children. For all HIV infected children receiving ART, cotrimoxazole prophylaxis will be prioritized. In FY 2012, all clinical partners will start to report on the percentage of children who are PCR positive and on treatment. In addition they will help MOH implement the new WHO guidelines.

The main activities will include:
1) Improving access to care and treatment services, through early identification of HIV exposure and infection status, strong linkages of HIV services within the existing child health programs (including TB, PMTCT, MCH) and increased community awareness of pediatric HIV. Enrollment of HIV exposed and infected children into care will be increased through a functional referral system of care and treatment services for HIV-infected children and their families within and between health facilities (including those providing non ART HIV services) and communities using PMTCT, MCH flow charts and referral forms;
2) Human capacity development through: in-service training on pediatric HIV care and treatment, supportive supervision, provision of job aids and the printing and dissemination of the new Pediatric Treatment Guidelines developed by MOH; training on the management and logistics of laboratory commodities such as CD4 reagents, ARV pediatric drugs and other HIV related medications; training, supportive supervisions and reproduction of materials to support positive prevention activities;

3) Interventions to improve patient tracking systems to follow-up ART patients and to identify and address treatment failures and adherence issues; 4) Implementation of the HIVQUAL program; 5) Improvement of linkages to care, support and prevention services such as psychosocial support for children, adolescents and their families, support for retention, HIV status disclosure.

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 Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 465,500	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	465,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objective of these activities is to strengthen local capacity in strategic information (SI) of USG Implementing partners (IPs), including MOH. There are three main activities:
1) Provide technical assistance (TA) to MOH to strengthen monitoring and evaluation (M&E) systems to improve the quality of services and of data; 2) Contracting TA to provide focused TA and capacity building in M&E and informatics
3) Supporting provincial M&E Advisors in 2 provinces. These activities will build SI capacity in Mozambican institutions to ensure data are available to monitor the Partnership Framework (PF) and Global Health Initiative (GHI). Specifically, activities support the PF's Goals 2 and 3 (strengthening the multi-sectoral response to HIV and human resource capacity in SI, respectively). These activities also directly contribute to the M&E of Mozambique's GHI Strategy by strengthening Mozambican SI systems

to provide accessible, quality information for monitoring and decision-making by Mozambique and USG. All activities are designed to strengthen national systems; however some activities (e.g. provincial TA) will be implemented in specific provinces. No specific costing or expenditure analysis has been done with SI partners. However over time, these activities should increase local ownership and capacity (and reduce overall costs). Additionally, USG works closely with other donors to coordinate and reduce potential duplication. This mechanism will build capacity within local partners to create and modify M&E and HIS, thus reducing reliance on USG TA over the long term.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13065**		
Mechanism Name:	**ICAP SI Technical Assistance**		
Prime Partner Name:	**Columbia University Mailman School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	465,500	0
Narrative:			

There are three main activities funded with HVSI funds

1) Providing technical assistance (TA) to MOH in strengthening national monitoring and evaluation (M&E) systems to improve the quality of services and quality of data (continuing activity, $240,000)

This is a continuing activity to support area 2 under the National Strategic Plan for Health Information Systems (2009-2014), focusing on the management of the HIS including quality of data. Supported activities will be developed in collaboration with the MOH to ensure alignment of proposed activities but may include assistance to enhance design of forms, databases and systems, development of national M&E related standards, policies, and systems and roll out of these components and/or training in information systems, M&E, data use and translation, and other areas in SI to build the capacity of MOH staff and counterparts in Mozambique

2) Contracting TA requested by MOH Department of Information Systems (DIS) to provide focused assistance and capacity building (continuing activity, $150,000)

This is a continuing activity to support area 2 under the National Strategic Plan for Health Information Systems (2009-2014), focusing on the management of the HIS including quality of data and is complementary to activity 1 described above. Funds for this activity have been used to support the salary and related expenses for a seconded international technical advisor sitting within MOH's DIS, to support activities outlined in Activity 1. MOH is currently reevaluating models of TA to ensure that mechanisms result in tangible capacity building of MOH staff and systems. Depending on the outcomes of this MOH review of TA, funds may be used to continue to support a model of seconded technical advisor or may be used for other types of TA in this area.

3) Supporting provincial M&E Advisors requested by the Ministry of health in 2 provinces (continuing activity, $100,000)

MOH has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY 2008, MOH developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation (M&E). USG was asked to assist with the funding and recruitment of these positions at the provincial level.

Since 2008, funding for this TA has been provided via the primary clinical partner supporting that province. In COP 12, $50,000 is budgeted (HVSI) for each of the 11 provinces for TA in monitoring evaluation and health information systems and will continue to be funded through the lead clinical partner. This TA should be coordinated within the Provincial Department of Planning and Cooperation at the Provincial Directorate of Health. This funding will support M&E TA in Inhambane Province and Maputo City.

While strengthening systems for M&E and Health Information Systems (HIS) remains a priority, the model of providing assistance is currently under review in a joint process by USG and MOH. During FY12, these discussions should provide updated guidance on the most effective model for providing TA that results in greater MOH ownership and capacity (e.g. via seconded technical advisor or another

model of technical assistance.)

Implementing Mechanism Details

Mechanism ID: 13160	**TBD: Yes**
REDACTED	

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,000,433	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,000,433

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This activity will scale up provision of positive prevention (PP) services to reduce onward transmission of HIV and improve well-being of people living with HIV (PLHIV). These activities are linked to Partnership Framework goal 1. Each province will have a focal person / technical counterpart for PP activities to coordinate and ensure successful implementation and monitoring of PP activities. Cross-cutting gender focus, including status disclosure and GBC concerns, are embedded in this project.

Geographic focus is national in scope. Target population is PLHIV. UCSF will ensure that 95% of PEPFAR-supported care and treatment facility staff receive PP training.

Expenditure analysis methodology has not yet been developed for PP.

This project contributes to system strengthening through development and capacity-building of a cross-cutting national technical working group. Training activities contribute to front-line staff capacity. The PP program will improve the quality of care to the HIV patients in Pre-ART and ART. The Provincial and District Ministry of Health capacity will increase through PP training, supportive supervision, technical and managerial support; and improving HIV services integration.

National M&E systems are being developed for PP through this project, further contributing to system strengthening. The M&E plan for this area is still under development. The national PP technical working group headed by MOH has been tasked to develop this M&E plan and a national PP strategy which will include clear guidance on how to roll-out PP intervention at facility and community levels. In FY12 the first round of complete data for PP activities is expected.

Pipeline analysis results showed normal pipeline within established parameters.

No vehicles are requested.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Mobile Population
Safe Motherhood
Family Planning

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	HBHC	142,800	0

Narrative:

Positive Prevention (PP) intervention will target PLHIV in ART and Pre-ART at health facility level and therefore will need to train healthcare providers at health facility level to deliver the PP interventions in a systematic and harmonized way. The activity is “The Pre ART/PP integration”.
Main activities for PP/Pre-ART are: (i) Three Regional TOTs for healthcare workers (clinicians, técnicos de medicina, counselors, nurses) to deliver PP interventions and messages: South, Center and Northern Provinces, including the PP/Pre-ART package ($60,000); (ii) Printing training materials, job aides, posters and PP tools ($80,000) (iii) Dissemination meetings of integration of Pre-ART package in PP ($30,000)-in process of integration in the development of the National PP strategy

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	144,480	0

Narrative:

Positive Prevention (PP) intervention will target PLHIV in ART and Pre-ART at health facility level and therefore will need to train healthcare providers at health facility level to deliver the PP interventions in a systematic and harmonized way. The activity is “Train more healthcare professionals to deliver PP interventions and messages”. The emphasis for the training is will be given to the national level, by organizing one training of 3 days per province with 25 health providers each either men or women.
The facilitators will have training materials, job aids, posters.
After the training, it will be organized a follow-up supportive supervision by the TA partner to ensure quality of care to patients HIV infected as well as the delivery of PP full package of PP interventions.
The PP interventions is a cross cutting activity and will be integrated in all HIV services at facility level

(Antenatal care, Pre-Art and Art services, Counseling and Testing, Psychosocial support services, HBC and others).
The M&A plan for PP activities is not yet in place

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	386,833	0

Narrative:

Official approved PP strategy and roll-out plan: Support Ministry of Health to develop and disseminate the official approved national PP strategy and roll-out Main activities are: #1: Support Ministry of Health to develop and implement a national PP strategy / guidance on positive prevention in Mozambique; #2: Train more healthcare professionals to deliver PP interventions and messages; #3: National scale up of PP interventions in existing PEPFAR platforms: Facility-based services for PLHIV and community-based services for PLHIV; and #4: Strengthen engagement of PLH in prevention programming. Coverage of activities is aligned with clinical service partners scope of work.
PEPFAR Mozambique partners are currently focused on scaling up PP in clinical service settings in a fully integrated manner and will implement the PP activities in all provinces and will target PLHIV in Pre-ART and ART. Six percent of the target population enrolled in care will be reached with minimum package of PP interventions, both for clinical and community level FY 2012. The provinces with high and medium prevalence areas will be prioritized.
The main activities are: (i)Official approved PP strategy and roll-out plan: Support Ministry of Health to develop and disseminate the official approved national PP strategy and roll-out plan in Mozambique; (ii) National scale up of PP intervention in existing PEPFAR platforms: Facility-based services for PLHIV; (iii) Reinforcing behavioral interventions for TasP. TA partner will support Ministry of Health to develop and disseminate the official approved national PP strategy and roll-out plan in Mozambique. Three regional seminar will be organized to disseminate the official approved PP strategy and roll-out plan, with 25 participants each.
Besides, the emphasis also will be given for the training of healthcare workers at the national level, by organizing at least two trainings of 3 days per province with 30 health providers each either men or women.
The facilitators will have training materials, job aids, posters.
After the training, it will be organized a follow-up supportive supervision by the TA partner to ensure quality of care to patients HIV infected as well as the delivery of PP full package of PP interventions..
The PP interventions is a cross cutting activity and will be integrated in all HIV services at facility level (Antenatal care, Pre-Art and Art services, Counseling and Testing, Psychosocial support services, HBC and others).
The M&A plan for PP activities is not yet in place.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	183,520	0

Narrative:

The budget from this program area will give emphasis on Positive Prevention and Family Planning TA: training healthcare workers in PP, follow-up of training, reproduction of training materials, TA for M&E of PP. Main activities for PP/Pre-ART and ART will cover: (i)Three Regional PP TOTs for healthcare workers (clinicians, técnicos de medicina, counselors, nurses) to deliver PP interventions and messages: South, Center and Northern Provinces, including the PP/Pre-ART package; (ii) Printing training materials, job aides, posters and PP tools; (iii) Dissemination meetings of integration of Pre-ART package in PP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	142,800	0

Narrative:

Positive Prevention (PP) intervention will target PLHIV in ART and Pre-ART at health facility level and therefore will need to train healthcare providers at health facility level to deliver the PP interventions in a systematic and harmonized way. The activity is the “Training of health professionals in PP, follow-up and reproduction of training material, job aides, poster, PP tools and TA”. This means to recruit a dedicated person to ensure the implementation of PP intervention at provincial level, through organizing training of health providers, supervision and monitoring of PP intervention at all facility level. Ensure one training with 25 participants by province, providing training materials, job aids and posters.

Implementing Mechanism Details

Mechanism ID: 13212	**Mechanism Name: HIVQUAL**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 475,000	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	475,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY12, CLINIQUAL will provide TA and capacity building to GOM to implement an HIV QA/QI program. Activities align with the partnership framework goal of strengthening the Mozambican health system. The approach involves MOH staff from all levels of the system according to their specific responsibilities in the process of improvement.

Currently,140 health facilities across Mozambique's 11 provinces are implementing the CLINIQUAL program. Building on past success with adult care and treatment, there has been an expansion to PMTCT and pediatric services.

Key activities for FY12 are:

1) Training of 300 health care workers in 11 provinces, in data collection methodology to implement the CLINIQUAL program

2) Conduct fifth round of data collection for adults and third round of data collection for pediatric care and treatment services

3) Supervision visits to the health facilities implementing CLINIQUAL

4) Training 88 health care workers in 11 provinces, in data collection methodology to implement the PMTCT-related CLINIQUAL program

5) Conduct the second round of data collection for PMTCT and design QI projects based on findings;

6) Supervision visits to the QI/QA activities for PMTCT services at HF in 11 provinces

7) Share best practice

CLINIQUAL has a M&E system in place. They record all collected data and report results regularly to CDC

Expenditure analysis for CLINIQUAL was not done, but expenditures were considered and greater efficiencies were requested from the partner.

Partner Pipeline analysis showed this IM does not have a significant pipeline. Therefore we are requesting the full FY 2012 allocations to implement activities.

CLINIQUAL does not plan to purchase new vehicles in FY12

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

TB

Budget Code Information

Mechanism ID:	13212		
Mechanism Name:	HIVQUAL		
Prime Partner Name:	New York AIDS Institute		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	475,000	0

Narrative:

In FY 2012, the USG will continue to support the delivery of a robust adult care and treatment QA/QI program in Mozambique. The main objective is to improve the quality of HIV care and treatment services for HIV positive persons using evidence base data for programming and planning.
To attain this, USG will focus on building local capacity to support clinical data collection and analysis at the clinical level through:
1. Development of a harmonized National QI strategy to be implemented across the various implementing partners.
2. Integrate the CLINIQUAL software with QI indicators into the PTS (database) of the clinical partners;
3. Scale up the implementation of CLINIQUAL to PMTCT indicators at HF level;
4. Expand CLINIQUAL to counseling and testing and chronic diseases beyond HIV;
5. Increase frequency in which data collection is analyzed

6. Continue to provide technical assistance in the implementation of Quality Improvement activities, including coaching and mentoring. 7. Perform regional meetings for sharing the best practices on quality projects among the participating sites. 8. Update the software with QI harmonized indicators when they became approved by the MOH. The following key activities will be conducted during the project period in FY12: 1) Training of 300 health care workers (medical doctors, medical technicians, data managers, etc) of 11 provinces, in data collection methodology to implement the CLINIQUAL program; 2) Perform the V round of data collection for adults and the III round of data collection for pediatric care and treatment services; 3) Supervision visits to the QI/QA activities CLINIQUAL adults and pediatric services at HF in 11 provinces 4) Training of at least 88 health care workers (medical doctors, medical technicians, MCH nurses, data managers, etc) of 11 provinces, in data collection methodology to implement the PMTCT related CLINIQUAL program ; 5) Perform the II round of data collection for PMTCT care and treatment services, and design the QI projects based on the PMTCT data collection findings; 6) Supervision visits to the QI/QA activities for PMTCT services at HF in 11 provinces 7) Perform Zambezia activities: a. Regional meeting of Zambezia, Nampula, Cabo Delgado and Niassa provinces to share best practices b. Supervision to 16 districts in Zambezia province, twice a year 8) Dissemination of the National QI strategy to be implemented across the various implementing partners.

Implementing Mechanism Details

Mechanism ID: 13214	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13255	**Mechanism Name: Community Clinical Health Services Strengthening (COMCHASS)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract

Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 638,229	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	638,229

Sub Partner Name(s)

Africare	MONASO	Project HOPE

Overview Narrative

The overall goal of this activity is to strengthen the community-based response to the HIV epidemic in Mozambique through an integrated approach. Local CSO will be capacitated to effectively respond to the needs of PLHIV, OVC and pre and post-partum women to improve their quality of life. This activity contributes to Goals 1, 3, 4 and 5 of the Partnership Framework. This activity will be implemented in Maputo, Inhambane, Manica, Sofala, Tete, Niassa and Cabo Delgado. CSOs will be supported to design and implement viable economic strengthening interventions targeting household's impacted by HIV. Collaboration with INAS and other donors will be emphasized to reduce economic vulnerability of households and improve food security. The nutritional component will be emphasized through referrals to clinical and community services, and nutritional education. As appropriate, beneficiaries will be referred to counseling for RH/FP services. To strengthen bi-directional community - clinical referral systems, SDSMAS will be supported to host regular stakeholders meetings. Gender will address barriers which limit access to services, opportunities and place the burden of care on women and girls. Costing of community interventions is still ongoing, thus no cost data was used.

Due to the delays in the award and mobilization phase issues, over $20 million has not been disbursed to FHI 360. Due to this partner large pipeline there has been a substantial reduction of OVC funding, therefore impacting the OVC earmark that will need to be reattributed in FY13. In FY 2011, 8 vehicles were purchased to be used to provide TA and Supervision to local partners; No new vehicle requests in COP 12.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13255**		
Mechanism Name:	**Community Clinical Health Services Strengthening (COMCHASS)**		
Prime Partner Name:	**FHI 360**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0
Narrative:			
This activity will focus on building the technical and organizational capacity of local organizations to effectively provide family-centered, community-based care and support services to households with			

PLHIV in Maputo, Inhambane, Manica, Sofala, Tete, Niassa and Cabo Delgado. Home Visitors will ensure that PLHIV are referred to health facilities to have access to the range of care services (cotrimoxazole prophylaxis (CTXp), tuberculosis (TB) treatment, CD4 testing etc) as required. Activities that link with OVC programs to ensure access to basic care and support services are essential to improving quality of life throughout the continuum of HIV infection. ComCHASS will work with ART facilities in catchment area to identify beneficiaries. As the national support group for positives, GAAC (Grupo de Apoio a Adesão Comunitária), strategy is rolled out across the country, ComCHASS CSOs will collaborate by referring PLHIV on treatment to the GAACs in the pilot districts. The philosophy beyond the GAAC strategy is to mobilize stable HIV patients on ART to organize themselves in groups, whose members take turns to collect their ARVs at the health facility. ComCHASS will also look for opportunities to apply the GAAC principles to other community groups, such as Community Care Committees (CCCs), Community Leader Councils (CLCs), the mother-to-mother groups, the VS&L groups, finding efficiencies and savings on labor or travel costs relevant to their activities. In Mozambique a study showed that the most frequent challenges to ART adherence are social and economic in nature (i.e. food and nutrition security, lack of transport). ComCHASS will support implementing organizations/PLHIV associations create village savings and loans, access micro-credit, to reduce the economic vulnerability of the household and barriers to treatment adherence. Positive prevention support groups at community will be established where possible with ART/pre-ART patients who live close to each other. ComCHASS will support the distribution of the 'Basic Care Kit' (condoms, 'certeza', soap, IEC materials) promoted through community settings.

In an effort to strengthen community referrals systems, ComCHASS has undergone a mapping exercise in implementation districts, which resulted in the creation of a district Services Directory. ComCHASS has also introduced regular stakeholders meetings focused on strengthening referral systems – community to clinical services, clinical to community services, intra-community services (referring to other CSOs or NGOs providing services), etc. In provinces with CDC funded partners, ComCHASS is already working with EGPAF in Maputo Province to assure effective referral relationships with non-USAID funded health units. The consortium partner World Relief (WR) is working with I-CAP regarding non-USAID funded health units in the 5 targeted project districts in Inhambane province. WR will follow similar collaboration strategies and meetings with I-CAP that FHI has done with EGPAF.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	638,229	0

Narrative:

The prime partner, sub-partners leading implementation in Manica and Inhambane Provinces, as well as the Economic Strengthening Technical Assistance lead, are International NGOs. There are two capacity

building partners that are locally owned organizations. The activity will have a major component of Grants Under Contracts that will be made to locally owned organizations that includes CBOs and FBOs, which will be providing the services to the OVC and their families.
The overall goal of this activity is to strengthen the community-based response to the HIV epidemic in Mozambique through using an integrated approach that includes: 1) Provision of community-based HIV services (OVC, HBC), including TB detection and effective referrals to facility-based health and social sector services (maternal/child health (MCH), reproductive health (RH), TB and HIV testing and treatment; 2) Improving and expanding access to economic strengthening activities for affected families; and 3) Enhancing the public sector's capacity to provide an integrated continuum of care and support for affected households and individuals. Intensive capacity-building and mentoring of local civil society organizations to effectively respond to the needs of PLHIV and OVC with local solutions and resources to improve their quality of life.
Under this activity OVC and PLHIV households will effectively receive family-centered, community-based care and support services in Maputo, Inhambane, Manica, Sofala, Tete, Niassa, and Cabo Delgado. The Home Visitors will ensure that OVC have access to basic services based on family needs assessment. Linkages to National Institute of Social Action and other welfare programs will be strengthened through a two-way referral, using the District Services Directory developed during last fiscal year. Economic Strengthening activities such as Voluntary Savings and Loans will be provided to older OVC and their caregivers to assist OVC families to boost their income. Strengthening communities structures is key, thus Community Committees for Child Protection will be strengthened or established by ComCHASS using the recently approved Ministry of Women and Social Action reference guide.
ComCHASS will strengthen communities for effective linkages needed with ANC where PMTCT services are being provided to improve the continuum of care for HIV-exposed and infected children, their mothers and/or fathers, including infant-feeding counseling or risk assessments. Nutritional support will be emphasized through referrals to clinical Nutrition Rehabilitation Units where they exist. Training on balanced meals and utilization of local nutritional foods will be provided through various opportunities – the mother-to-mother groups, the community committees for child protection, household visits, and community mobilization activities. Linkages for OVC continued access to safe water treatment systems, hand-washing soap and hygiene education, will be maintained.
During last fiscal year, ComCHASS finalized with success the selection of Civil Society Organizations (CSOs), that will be implementing the direct services in five of the seven provinces, and during this fiscal year they will be doing the same process in Tete, Cabo Delgado and two other districts in Niassa Province. An Organizational Capacity Assessment of the selected CSOs has been done, and a Capacity building of those CSOs has been drafted and will be implemented starting this fiscal year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

Under this activity, the partner will address PMTCT activities aiming to promote demand creation and integration of basic OVC services. The activities will be standardized across the project target districts in Maputo, Inhambane, Manica, Sofala, Tete, Niassa, and Cabo Delgado provinces using pipeline from FY 2011.

ComCHASS will strengthen communities for effective linkages needed with ANC where PMTCT services are being provided to improve the continuum of care for HIV-exposed and infected children, their mothers and/or fathers, including infant-feeding counseling or risk assessments.

In addition to strengthening facility-community linkages and focusing on the role of civil society, psychosocial support will be provided in all PMTCT settings. There is a recently developed national framework for psychosocial support groups that is currently being rolled out. The community mobilization for demand creation will be in close collaboration with community leaders. Work with traditional birth attendants will be continued to support uptake of and adherence to facility-based services, and linkages to community-based services (including home-based care and community testing and counseling for HIV) will be strengthened. Activities will also include prevention and reduction of gender-based violence.

Mozambique is currently piloting community treatment groups of HIV, and a similar model will be explored for PMTCT. GAC will be part of the PMTCT strategy, and ComCHASS is expected to improved referral and service linkages through coordination with implementing clinical partners and other community organizations who are being directed to scale up existing approaches (fast tracking, escorted referrals) and implement innovative approaches.

Infant follow up has been identified as a particular weakness in Mozambique. Implementing daily NVP during breastfeeding will create additional need for an effective follow up system to promote adherence and prevent loss to follow up. Addressing the challenge of providing services for infants is linked to overall efforts to reduce loss to follow up.

Two mechanisms for encountering pre- or post-partum women to refer to PMTCT services through the ANC clinics will be used. One is through the HBC activist referrals and the other is through community mobilization activities intended to publicize the MNCH clinics/PMTCT services and encourage uptake of those services through referrals. In communities where Mother to Mother (M2M) groups already exist, the sub-partner CSOs will help to strengthen them; where there is no M2M group, the CSOs will help to create them.

Nutritional support will be emphasized through referrals to clinical Nutrition Rehabilitation Units where

they exist. Training on balanced meals and utilization of local nutritional foods will be provided through various opportunities: the mother-to-mother groups, the community committees for child protection, household visits, and community mobilization activities.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 570,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	570,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of FELTP and MPH training programs is to increase host country human resource capacity in field epidemiology, laboratory management and general public health services. These training activities contribute directly to PEPFAR priorities, as well as the Mozambique GHI focal area and Partnership Framework objective of an improved public health workforce. The FELTP and MPH training activities are based in Maputo and are national in scope. They do not focus on any particular region of the country, but rather, seek to build human resource capacity to address priorities where they are needed. The FELTP program just completed its first full year of operation. Over time, some one-time program startup costs will not recur and the program will increase cost efficiency, reducing the average cost per student trained over time. The FELTP program is based on a CDC model for providing technical and financial assistance during approximately the first 10 years of the program. As program graduates begin to take leadership

roles in the operation and maintenance of the training program, the need for external technical assistance is reduced over time. AFENET is the professional network of FELTP programs in Africa and has developed metrics for periodically evaluating the success and sustainability of country programs. These metrics include items such as number of outbreaks investigated per year, number of surveillance systems evaluated, number of program graduates employed in various sectors of the public health system, etc. These, along with PEPFAR indicators for human resource development, will be used to monitor the success of the program on an ongoing basis. We also anticipate a complete external program review within the first 5 years of the training program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	570,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**13263**
Mechanism Name:	**UEM Master of Public Health (MPH) and Field Epidemiology & Public**
Prime Partner Name:	**Health Laboratory Management (FELTP) Support**

	University of Eduardo Mondlane		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	570,000	0
Narrative:			
An amount of $400,000 is requested for Field Epidemiology and Laboratory Training Program (FELTP) activities. The amount covers planned expenses for University tuition, books, travel for outbreak investigations and planned travel to present at scientific conferences. An amount of $200,000 is requested for the Master's in Public Health (MPH) training activities. The amount covers expenses for tuition, books, distance learning activities, and classroom facilities.			

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 Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,268,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,268,000

Sub Partner Name(s)

Media for Development Trust	University of California at San Francisco	

Overview Narrative

PACTO is designed to address the results of the INSIDA 2009 survey regarding prevalent risky behaviors

and populations/age groups at risk, particularly the prevalent practice of multiple sexual partners and low condom use. PACTO focuses on the prevention of sexual transmission by designing and/or strengthening interventions that address behavioral, structural and biomedical aspects of prevention; increasing the perception of associated risks, creating demand and promoting appropriate use of clinical services for CT, PMTCT, VMMC, PP, screening and treatment for STIs and TB, and AIDS treatment. PACTO is also designed to facilitate the adoption of healthy behaviors, including HIV testing and condom use among the general population. PACTO's implementation efforts focus in the more densely populated urban and peri-urban areas of the three highest prevalence provinces where high risk behaviors are widespread, namely Maputo city and province and Gaza, which at 25%, is the province with the highest prevalence in the country. PACTO is also receiving $700,000 of GBV Initiative funds to intensify community dialogue on GBV and HIV prevention; increase understanding of, and disseminate laws related to GBV and promote referral to GBV services; promote use of the continuum of GBV prevention, care and support services and mobilize community action during the “16 Days of Activism Against GBV”. JHU/CCP has developed innovative and sensitive monitoring of their activities, to track progress in implementation and achievement of results. PACTO FY12 request was reduced due to their AB pipeline. The mechanism will purchase 2 vehicles over its planned life, with a request for 1 vehicle to purchase in FY12. Vehicles are used for outreach and community HCT services.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	250,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection
Safe Motherhood
Workplace Programs

Budget Code Information

Mechanism ID:	**13271**
Mechanism Name:	**Prevenção e Comunicação para Todos (PACTO)**
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	424,000	0

Narrative:

The major focus of this activity will be to develop a communication strategy that focuses on encouraging men 25 years and older to access VMMC. Experience in country and from the region shows that a sizeable proportion of the demand for VMMC services is in adolescent boys below the age of 15 and who are not the intended primary focus of PEPFAR adult circumcision activities. The proposed communication strategy will address this challenge, and strive for a more appropriate age mix of VMMC clients by targeting older men who are not currently accessing services. The strategy will be guided by qualitative formative research among communities in the targeted areas and developed in collaboration with MOH and implementing partners. Messages will focus on providing correct information regarding the advantages, wound care, and postoperative sexual abstinence, and will be concentrated around current service delivery sites. The overall goal is to guarantee an optimal age mix of the population seeking circumcision, to ensure impact for HIV prevention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,050,000	0

Narrative:

PACTO is a key USG partner implementing a combination prevention approach, using strong research based behavioral and structural approaches primarily. The goal of the prevention interventions supported through this activity is to achieve behavioral and normative change which create an enabling environment, critical for more responsible, less harmful attitudes and sexual behaviors among adults, youth and PLHIVs, their partners and families. The focus of the HIV prevention communication is on the high prevalence of Maputo City and Province and Gaza, in line with the USG strategic orientation . A primary emphasis is on discouraging the practice of multiple sexual partners , increasing the perception

of its associated risks among individuals and communities and reaffirming the benefits of mutual fidelity between partners of known HIV status. The project continues to support the Andar Fora campaign, a comprehensive three-year national effort to address multiple partnerships and other risky sexual behaviors. Results from the mid-term evaluation of the campaign are positive, demonstrating reach and impact on risky sexual behaviors, and are being analyzed to design the next phases of the campaign. Alcohol abuse, male engagement, and constructive engagement of young adults have emerged as key factors to capitalize on in subsequent campaigns.

PACTO interventions, activities and materials developed also reflect other important findings from the INSIDA survey, supplemented by qualitative findings, including the need to improve comprehensive HIV knowledge, focusing on young women, and "breaking the silence" that surrounds HIV and contributes to increased stigma. PACTO 's approach relies on multi-pronged and reinforcing mass media and community level activities, using life skills based programs that harness the positive power of peer relations, and identifying positive role models for adults and young people. The PACTO project is coordinating its youth activities with USAID's education program, the Ministries of Education and Youth and Sports, to reach both youth in and out of schools, as a step towards creating structural and behavioral changes within the formal education sector and in the community. Ensuring a healthy and hopeful generaion is the overall emphasis of the activities geared to youth. Much of PACTO's work is with the central level AIDS commission (CNCS) and other ministries, and other communication implementing partners. Monitoring of behavioral outcome indicators is ongoing , through regular reporting, and assessments of reach and coverage through the various communication modalities used.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	50,000	0

Narrative:

PACTO is a partner in the Combination Prevention demonstration project planned for Chokwe district, Gaza province, which is a GHI focus province. The project aims to reach high coverage levels for male circumcision, treatment, and PMTCT. PACTO’s role will be the promotion of these services, CT, as well as the promotion of necessary risk reducing behaviors, including partner reduction, seeking CT, and correct and consistent condom use. This activity will take place only in the catchment area of the Chokwe demographic surveillance system. Gaza’s HIV prevalence is 29.9% among women 15-49 years compared with 16.8% of men. 26% of women reported having had a test in the last 12 months compared with only 10% of men.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	744,000	0

Narrative:
This project focuses on sexually active adult men and women and discordant couples as key populations for prevention of sexual transmission in Mozambique's generalized epidemic. In such epidemic situations, reaching individuals who engage in multiple sexual partnerships, including transactional sex, and those who are HIV positive, represents important opportunities to reduce or prevent transmission of HIV to negative partners and spouses. As a result, this funding focus is on comprehensive programming of behavioral interventions among these population segments. As both individual perception of risk and condom use are very low throughout the country, this activity combines effective communication for behavior change, especially interpersonal communication and counseling for risk reduction, with increased condom availability and promotion to improve currently prevalent negative attitudes, and to increase consistent and correct condom use among sexually active adults, and discordant couples in the three highest prevalence provinces of Maputo, Maputo City and Gaza. The project has identified and will design interventions to address alcohol use, widely prevalent in the country, and is associated with increased risky sexual behavior and instances of gender based violence, all of which heighten the probability of HIV infection. The project supports local government priorities to develop a comprehensive national strategy to reduce alcohol consumption through a combination of approaches to address the policy enviroment, the private sector, and community and individual factors. All behavioral interventions to reduce the risk of HIV transmission are linked to counseling and testing services, and will emphasize the importance of disclosure of HIV status between sexual partners, taking into consideration the potential need to mitigate issues of violence that may arise within a couple, as a result of disclosure. In line with a key finding and programmatic priority, the program will increase its efforts to promote reach men, both through channels known to be popular among men (eg workplace, pool halls) as well as ANC and PMTCT clinics which can be critical entry points for male partner testing and positive prevention. Funds will also be applied to addressing health care provider attitudes, and interpersonal skills, as critical interventions to increase utilization of preventive services by men and women alike. PACTO will continue to develop community level interventions that strenghten the understanding and practice of positive prevention by strengthening local CBOs who care for PLHIVs. Linkages and feasible referral mechanisms are built between community HIV/AIDS-related networks, CBO's and support groups, health facilities and other community services in order to facilitate Clinic-Community HIV/AIDS Services.

Implementing Mechanism Details

Mechanism ID: 13275	Mechanism Name: ICAP Capacity Building Zambezia
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 10,951,987	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	10,951,987

Sub Partner Name(s)

Zambezia Provincial Health Directorate		

Overview Narrative

Columbia University has been funded by PEPFAR since 2004 to support HIV programs in Mozambique. The Capacity building mechanism will be used to fund Columbia supported activities in 5 districts in Zambezia province. The PROGRAM GOAL is increased access to quality evidence-based HIV prevention, care and treatment services through integration, early access to care, community outreach and retention in care. Zambezia is USG Mozambique focus province. Columbia will support the province in implementing the mobile unit strategy to increase access to comprehensive HIV and health services. Columbia will provide both health systems strengthening and technical assistance to Zambezia province. Key activities include training and mentoring of District Health management teams and health workers staff in clinical competency, laboratory support, logistics management, M&E; planning and data quality; Infrastructure renovations; and sub agreements to the Zambezia DPS.

The GHI Focus areas are expanded access and uptake of quality MNCH services and Strengthening Governance in the Health Sector. FY 12 targets for Zambezia are: - 9442 pregnant women receive ARVs for PMTCT in ANC clinics; CT for 36,000 people; and 6867 ART to patients.

Program costs will reduce by transition of USG programs to provinces and local partners. The USG will award cooperative agreements to additional DPSs. Zambezia may be one of the new DPS to be funded. An M&E system captures standard data related to quantity, quality and impact of HIV clinical services, systems strengthening activities, financial accountability and admin management.

Columbia has to date purchased 37 vehicles. In FY12, CDC will monitor & keep records of all vehicle

acquisitions. Pipeline showed that this IM is in line with the 18 stdrd

Cross-Cutting Budget Attribution(s)

Construction/Renovation	52,500
Food and Nutrition: Policy, Tools, and Service Delivery	176,562
Gender: Reducing Violence and Coercion	88,281
Human Resources for Health	1,177,086

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13275**
Mechanism Name:	**ICAP Capacity Building Zambezia**
Prime Partner Name:	**Columbia University Mailman School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,053,085	0

Narrative:

In FY 12, Columbia University will continue to support the Ministry of Health in implementing HIV related services in Zambezia province. Capacity building will be the main focus to ensure integration, high quality of services, early access to care and retention in care, leveraging existing resources, promoting cost efficiencies and sustainability. ICAP will also ensure that health facilities coordinate with community partners on bi –directional linkages. Specific activities are:

1) Roll out the Pre-ART package of care and support services to HIV infected patients. This activity will allow a better follow up of patients in care in a standardized manner. The objective is to ensure that all patients in care, either pre-ART and ART benefit from a comprehensive set of interventions such as diagnosis of opportunistic infections (OIs), provision of cotrimoxazole prophylaxis, TB screening, INH prophylaxis, STI diagnosis and syndromic management, nutrition assessment and counseling (NAC), psychosocial support, adherence support, positive prevention and other services that will contribute to link to and retain patients in care.

2) Delivery of a HIV preventive basic care package (BCP) of commodities and goods, in selected sites of Cabo Delgado (to be piloted). This is another retention strategy that aims to ensure that patients return to the scheduled medical appointment every six month and also improve linkages to care and support services, prevent the occurrence of OIs such as diarrhea, Malaria and other HIV related complications and promote a culture of hand washing and use of safe drinking water among patients.

3) Integration Pre-ART with positive prevention (PP) interventions. In line with the MoH vision, Pre-ART and PP interventions will be integrated. PEPFAR recommends a whole range of interventions that should be offered to all patients in care. Efforts will be done to ensure that at health facility the following 7 interventions are provided(including the data reporting as long as the monitoring and evaluation systems are in place) within the pre-ART package: 1)condoms (assessment of sexual activity and provision of condoms (and lubricant) and risk reduction counseling);) Partner testing (assessment of partner status and partner testing provision or referral);v 3) STI (assessment for STIs and (if indicated) treatment/partner treatment provision or referral (including TB); 4) Family Planning (assessment of FP/PMTCT needs and (if indicated) family planning services provision or referral); 5) Adherence(assessment of adherence and (if indicated) support or referral for adherence counseling; 6) Support(assessment of need and (if indicated) refer or enroll PLHIV in community-based program such as home-based care, support groups, post-test-clubs); 7)Alcohol (use, assessment and counseling).

4) Provincial trainings and supervision to improve the syndromic management of STIs (includes reproduction of tools and algorithms).

5) Scale up of the `screen and treat` cervical cancer program (includes training, supervision, tools and equipment).

6) Train nurses and medical agents in OIs (new guidelines) to ensure appropriate and early diagnosis of and provision of cotrimoxazole prophylaxis.
7) Revitalize the management of Kaposi Sarcoma (includes organization of treatment teams, training, referral systems, data collection and reporting; and job aids).
8) Implementation of universal access of peer educators (PE) support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	190,800	0

Narrative:

All USG-supported treatment partners, including Columbia University, will be funded to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MoH priorities and at a minimum will include: 1) Strengthening the implementation of the 3 “Is”- intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on TB/HIV, and MDR-TB including management of pediatric TB..

In addition Columbia University will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed, and treated for TB.
As part of provincial team Columbia University will continue to participate in the provincial planning, provincial and district technical working groups and in monitoring the implementation of the activities with the DPS and other partners in Zambezia.
Additionally Columbia University will collaborate with existing TB diagnostic and treatment facilities to ensure that:
1) Minor renovations in out-patients, wards with TB and/or MDR-TB patients, waiting areas, laboratory and X-ray departments to improve cross ventilation will be carried out in selected health facilities.
2) A good laboratory system for sample referral for GeneXpert and including in communication and information system are in place.
3) Clinicians and nurses at provincial and district/rural hospitals are trained to perform sputum induction in children and strengthening evaluation and management of pediatric TB.

4) Motorcycles will be purchased to support supportive supervision to peripheral health facilities, community based DOTs volunteers/activists and to trace defaulters and contacts of TB.
5) Print and disseminate IEC materials
6) Implementation of surveillance of TB among health workers
7) Continuing coordination and collaboration with key partners in the province to identify gaps, avoid duplication and make the rational use of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	167,348	0

Narrative:

During FY12 Columbia will support Pediatric HIV care services in Zambezia province.

Support for the provision of comprehensive care and support services to HIV exposed and infected children includes: Early infant diagnosis; cotrimoxazole prophylaxis; management of opportunistic infections; growth and development monitoring; nutrition assessment, counseling and support; psycholo- social support. In FY12 Columbia will provide cotrimoxazole prophylaxis to 6326 HIV exposed infants.

The systems strengthening and capacity building activities that will be supported in Fy12 include:
in-service training on comprehensive pediatric HIV care, supportive supervisions and mentoring; provision of job aids; and strengthening of commodity, drug and reagent distribution systems within the province
Routine supervision, monitoring and collection of data on infant diagnosis, cotrimoxazole prophylaxis and enrollment in ART programs will be ensured through implementation of QI activities.

Activities promoting integration and linkages of pediatric services with other routine care will be implemented and include:
1) Expanding PICT: - to all hospital admitted children, TB clinics and nutrition services; systematic testing of children of adult patients enrolled on ART;
2) Strengthening the HIV DNA PCR infant diagnosis logistic system, use of cell phone printers' technology to transmit test results and reduce the waiting time to HIV diagnosis.
3) Improving referral systems between pediatric Care and treatment and child at risk consultation clinics (CCR):- using escorts (peer educators) for mother/baby pairs between maternity and CCR; in EPI/MCH services, verification of HIV status/ exposure in the child health card and referral for testing and follow up in CCR clinics
4) Integration of HIV in MCH services by including MCH nurses in ART management committee

meetings, reviewing patient flow to reduce loss to follow and conducting home visits for HEI within the first month of delivery.
5) Supporting access to malaria and diarrhea prevention assuring storage and distribution of basic care commodities (water purification, IEC materials and soap) and access to ITNs for all children < 5 years;
5) Nutritional assessment and counseling and provision or referral to access therapeutic and supplementary food that is provided through other partners and donors (e.g WFP and UNICEF)
6) Strengthen referral systems between clinic and community services including OVC programs;

Columbia has implemented a few adolescent HIV care activities such as support groups and youth friendly services. The USG will develop a comprehensive strategy on adolescent HIV care including disclosure which will be implemented by clinical partners.
Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. Columbia also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyze performance data

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,900,000	0

Narrative:

Medical male circumcision (MC) reduces female to male HIV transmission by approximately 60% and is recommended by WHO and UNAIDS as part of a comprehensive HIV prevention program in high HIV prevalence countries such as Mozambique. Following the successful completion of a national demonstration project, the Mozambican MOH has demonstrated increasing support for MC as an HIV prevention strategy and expressed an interest in a targeted scale-up of MC services in provinces with high HIV prevalence and low circumcision rates, including Zambezia.
In FY12, Columbia will fund and support three integrated MC and minor surgical sites in strategic, high volume facilities in Zambezia Province. Exact sites will be identified with MOH and CDC. Working in collaboration with the MOH, NAC, USG and other key partners, Columbia will implement safe MC services within an integrated framework designed to enhance minor surgical capacity at the identified three sites. Specific activities will include providing surgical equipment/supplies, training, development of educational materials, and ensuring that appropriate quality assurance mechanisms are established. MC services are not a stand-alone intervention, but part of a comprehensive prevention strategy, which includes: the provision of HIV testing and counseling services; treatment for STIs; the promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use; and linkages and referrals to prevention interventions and other social support services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HMIN	31,500	0

Narrative:

Prevention of medical transmission of HIV is addressed through the MOH Infection Prevention and Control program, which goal is to reduce the risk of transmission of HIV and other blood borne pathogens at health facilities. Activities include: compliance with Infection Prevention and Control/Injection safety (IPC/IS) standards; reinforce of biomedical waste management; Post Exposure Prophylaxis (PEP) to HIV and work place safety. The program started in 2004 with PEPFAR technical and financial support. Since 2010 USG/PEPFAR supported Clinical partners are requested to mainstream IPC/ARE activities at their sites.

In alignment with PEPFAR FY 2012 goals, Columbia will continue to reinforce IPC implementation in Zambezia province, including: compliance with IPC standards and guidelines; adequate sharps and other infectious waste disposal; PEP scale-up and M&E; dissemination and implementation of the National waste management plan.

FY 12 Key activities include: 1) Strengthen and expand implementation of PEP services for victims of sexual or gender based violence as well as occupational exposure in clinical settings and including monitoring and evaluation 2) Strengthen implementation and compliance of IPC standards and support regular measurement of good performance using Standards-Based Management and Recognition approach, and improve M&E system for IPC and work place safety 3) improvement of the waste management system including assessment, implementation and supervision of a non burning waste management system using autoclaves

As part of provincial team Columbia will continue to participate in the provincial planning and district technical working groups and in monitoring the implementation of the activities with DPS and other existing partners in the province.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	497,051	0

Narrative:

Columbia will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.

Columbia will target populations for HTC in health-care setting: provider Initiated testing and Counseling (PICT) for all patients accessing health care services and their partners as well Voluntary CT for all patients wanting to access Ct services with a special focus on men, adolescent girls, partners of PLHIV and couples

Columbia will also be instrumental in the regional CT campaigns planned for FY12 as demand creation activities will be carried out in Zambezia. The target population for the HTC regional campaigns will be

mainly partners of PLHIV, couples and men, as these particular groups have had low coverage in years past.

SYSTEM STRENGTHENING AND CAPACITY BUILDING:

Quality assurance is a priority and ICAP will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of Columbia University's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

INTEGRATION AND LINKAGES:

Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, Coluimbia's counselors and health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

MONITORING AND EVALUATION

Columbia will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	254,475	0

Narrative:

The USG portfolio on MARPs has been growing in the last year with interventions focused on different population groups, particularly female sex workers and their clients, men who have sex with men, incarcerated populations and injection drug users (IDUs). These population groups (with the exception of IDUs) have been reached through a comprehensive package of information and services that include behavior change, risk reduction activities and bio-medical interventions. In the coming year, more attention will be given to exploring innovative ways to increase the number of MARPs using care and treatment services in order to ensure linkages between prevention and clinical partners including

humanization of care and treatment services for MARPs through dissemination of national guidelines for care, treatment and follow-up with the goals of reducing and removing barriers to the access of services and information and decreasing stigma and discrimination of MARPs. In coordination with the prevention partners in the province of Inhambane, the activities will include the strengthening of linkages between community and care and treatment facilities through the establishment of effective referral mechanisms with functioning tracking systems in place (referral charts, monitoring instruments).
Activities might also include support the implementation of surveillance system at designated night clinics (to be determined by Ministry of Health after approval of protocol and data collection forms) for FSW and other MARP groups in order to provide much needed qualitative and quantitative information around specific MARPs needs in the clinical setting. In addition, collaborate in the training of clinical partners and health center staff on appropriate STI diagnosis, treatment and MARP friendly services and provide support to the clinical interventions for HIV/STI prevention and care, based on local protocols

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,190,850	0

Narrative:

Columbia priorities in FY 2012 is coordination with MOH for accelerating the scale up of effective PMTCT interventions within an integrated maternal, neonatal and child health (MNCH) system towards the goal of virtual elimination of mother-to-child transmission of HIV by 2015.
In FY2012 Columbia will support the following activities:
1) Prevention of HIV in women of childbearing age:
a. Re-enforce provider initiated counseling and testing for women and couples in all components of MCH services;
b. In coordination with community partners, develop IEC activities and promote health fairs focusing in areas with high concentration of women.
2) Prevention of unwanted pregnancies among HIV+ women:
a. Re-enforce targeted family planning and contraception for HIV+ women in both HIV care and treatment as well as FP settings;
b. Integration of family planning component in routine mobile brigades;
3) Prevention of mother-to-child transmission
a. Scale up training of Option A;
b. Scale up exposed child follow up to all facilities with PMTCT services;
c. Develop strategies to increase institutional delivery.
4) Care and support for HIV+ women, infants and families including support for safe disclousre within families to reduce risks of HIOV disclosure related gender based violence :
a. Training of MCH nurses for provision of ART in ANC settings;

b. Increase delivery of ART to eligible HIV+ pregnant women and infected children;
c. Support positive prevention and family planning at HIV care and treatment sites;
d. Scale up mothers support groups interventions and community involvement including male involvement to reduce gender inequities in HIV counslling and testing.
Additionally, Columbia will support implementation of the following cross cutting activities:
5) Develop interventions to strengthen capacity of networks, civil society and support groups of women living with HIV. Collaboration with communities and traditional birth attendants to increase facility-based deliveries.
6) Develop interventions to ensure continued availability of supplies and commodities for PMTCT;
7) Support PMTCT related training activities;
8) Nutrition - safe infant nutrition interventions integrated into routine services;
9) Support dedicated personal with M&E expertise to directly work with DPS and health facilities for ensuring quality M&E system; support roll out of new M&E tools; support implementation of supervision, QA/AI cycles, strengthening data flow and data entry at facility level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,964,324	0

Narrative:

Columbia supports adult ART services in Zambezia through this funding mechanism.

Priority areas are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, pre-ART services, and prevention with positives. Gender distribution of access to treatment shows that currently about 66% of patients on ART are female. there are alsocomparytively more females teting HIV positive than men. Continued efforts to promote family centred approached to treatment and care will be promoted to ensure gender equity in access to service.

Programmatic efficiencies are increased by deployment of multi-disciplinary teams of clinicians, psychosocial support, M&E to provide technical assistance in ART program management and capacity building in finance and administration management to site and district health teams. Each team is assigned to 3-4 districts.
The strategies that will be employed to address key implemenation challenges are:
• Intensification of couple counselling and testing and recruitment strategies to include family members of index cases (spuoses and children)
• Universal ART for TB/HIV co-infected patients
• Implementation of the 350 cells/mm3 CD4 count threshold

• Test and treat strategy for all HIV-infected pregnant women accessing antenatal care at ART sites, irrespective of CD4 count
• Mobile clinics to bring services closer to patients living in rural isolated areas
• Scale-up of Community Adherence and Support Groups
• Community drug distribution
• Standardizing and universalizing peer educators in all PEPFAR supported health facilities
• Standardized quality improvement program
• Scale-up of POC CD4 count technology
• Implementation of a pre-ART package
• Additional task-shifting to include nursing cadres and medical assistants
Columbia will be the technical assistance partner for the implementation, monitoring and evaluation of all of the above listed activities.
On-site peer educators and follow-up of patients using community volunteers, electronic patient tracking systems, diary/agenda systems and home visits are conducted to trace defaulters or lost to follow up cases and to improve retention rates are also strategies that will be implemented to improve retention and early access to care.
The following are systems strengthening and capacity building activities supported by Columbia:
1) DPS sub agreements to finance staff priority activities
2) Task shifting ART to nurses, middle-level health and mentoring of providers
3) Hire provincial Clinical Advisors for Maputo City and Inhambane province.
4) Joint Columbia/DPS supervision visits that are linked to Continuous Quality improvement (CQI) program activities.
5) Participate in development and implementation of a national QI system. Columbia participates in the periodic HIVQUAL program activities
In FY12 clinical Columbia shall provide managerial capacity building to DPS, districts and to CCS as well as
provide site-level clinical technical assistance.
Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. Columbia also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	702,554	0

Narrative:

During FY12 Columbia will support Pediatric ART services in Zambezia province.
Scale-up of pediatric HIV is a national priority that Columbia will support MoH work towards including

ensuring implementation of new guidelines within the province, districts and sites. Columbia will support sites to achieve pediatric new ART enrollments rates of at least 15% of all new patients on treatment and ART retention of 85%. The following are the expected pediatric treatment targets for the next two years: FY12- 1622 new patients and 3143 ever on treatment and FY13 – 2478 new patients and 5706 ever on treatment.
Activities to expand pediatric enrollments and access to diagnostic services include improving patient flow and specimen referrals to increase access to EID, CD4 testing; implementation of continuous quality improvement programs; early initiation of treatment.

The systems strengthening and capacity building activities that will be supported in FY12 to enhance capacity of sites and health care providers include: in service training on pediatric HIV care and treatment, supportive supervisions and mentoring; provision of job aids, implementation of new national Pediatric Treatment Guidelines; assistance in monitoring stocks of ARV drugs and support distribution systems within the province
Routine supervision, monitoring and collection of data on pediatric treatment will be ensured through implementation of QI activities, Patient tracking systems and strengthening of district and provincial ART management committees.
Columbia has implemented a few adolescent ART activities such as support groups and youth friendly services. The USG will develop a comprehensive strategy on adolescent ART which will be implemented by clinical partners.
Adherence and retention strategies are provision of psychosocial support, improve quality of care giver counseling, support groups, and community follow up.
Strategies to ensure increased integration and linkages of HIV services with the existing child health and other programs to reduce loss to follow and improve retention include: prioritization of children in ART clinics, assuring same day consultations for mother and child in PMTCT services, developing formal referral systems between ART clinics with TB, PMTCT, Counseling services, CCR and EPI programs and with the community; ART initiation within CCR clinics.
Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. Columbia also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data

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	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: World Health Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,060	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	250,060

Sub Partner Name(s)

UNODC		

Overview Narrative

The objectives of 'HIV/AIDS Prevention, Care, Treatment, and Support in Prisons Setting' are to: (i) reduce the risk of transmission of HIV within prisons and (ii) reduce HIV mortality. In Mozambique specific activities for FY12, implemented by UNODC, will focus on design and implementation of an HIV/STI surveillance system in prison settings. UNODC will continue to support multi-sectorial working groups on HIV/AIDS, TB and STIs in prisons. This activity is national, with extensive central-level coordination as well as implementation activities in a cross-section of provinces. Incarcerated populations and prison staff are the targets populations. Through the nature of this project, men will be preferentially involved and the opportunity to share gender and GBV-related interventions will be maximized, there is a smaller female population group that can also bennefit from the surveillance. Expenditure analysis methodology has not been established for this activity. This activity will increase capacity of both government and civil society in coordination skills and HIV/AIDS, TB and STI in prisons knowledge and surveillance. The program also extends technical capacity building to service providers as well as raising their awareness on HIV and AIDS in prisons. UNODC works closely with, and helps build technical capacity of, 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. UNODC is coordinating closely WHO, UNAIDS, UNFPA, Pathfinder among others for implementation of this activity. Pipeline has been considering in FY12 budget requests. No vehicles are requested.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

Mechanism ID:	**13368**		
Mechanism Name:	**WHO HQ - Support Services for the HIV/AIDS Pandemic**		
Prime Partner Name:	**World Health Organization**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	250,060	0

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. 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. 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.

High rates of HIV in prisons are often understood primarily from two main perspectives, one linked to

countries with high rates of HIV infection in the general population, whereby the 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. On the factor is linked to the 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. 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 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 Details

Mechanism ID: 13382	**Mechanism Name: USAID Architectural and Engineering IQC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: AECOM-USA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,614,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,614,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FY11 Continuing Mechanism (Formally TBD IQC Health Centers - Mechanism ID 81). Now that implementation is underway, the correct naming is "TBD USAID Architectural and Engineering IQC".

The purpose of this Task Order is to provide professional Architectural and Engineering (A&E) services including design, tendering, construction oversight, cost control, quality assurance and related services to the USG Mozambique Health Infrastructure Development Program (Moz-HIDP). The selected A&E Firm will provide services related to all aspects of architectural design and engineering of existing and new health facilities, training schools, laboratories and warehouses. The A&E firm will further provide construction management services including, but not limited to, overall construction management to assure construction contractor compliance with all contract terms and conditions, including quality control, schedules, compliance with environmental regulations, health and safety, gender and other required policies.
These activities will be in alignment with MOH and the interagency infrastructure team under the USG PEPFAR program in Mozambique.

The A&E firm will be located centrally but focus geographically in relevant provinces based on the projects it is to supervise. Right now new construction projects are planned in all 10 provinces including renovations.
Amounts of funds requested for this FY were reduced based on pipeline and reallocated funding from prior fiscal years 10 and 11.
Total planned/purchased/leased vehicles for the life of this mechanisms = 3 Vehicles would be used for project management at central program and large projects in provinces.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	2,614,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13382**
Mechanism Name:	**USAID Architectural and Engineering IQC**
Prime Partner Name:	**AECOM-USA**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	2,614,000	0

Narrative:

This is a new Mechanism to secure technical support and oversight for USAID construction and rehabilitation contracts.

USAID will prepare a Request for Task Order Proposals (RFTOP) then issue a multi-year Task Order against an existing Engineering and Architecture (A&E) Indefinite Quantity Contract. Services requested will be tailored to the characteristics of individual projects. They may include surveys, document reviews, outline or detailed project design and specification, contract preparation, environmental studies, construction oversight and quantity surveying. To the greatest extent possible, these services will be provided by sub-contracting suitably qualified Mozambican firms. The A&E contractor may also be asked to provide technical and managerial training to selected Mozambican firms and individuals where this is considered consistent with USG development objectives.

The A&E services will support COP09 COP 10 and COP11 construction activities, (Provincial Warehouses and Rural Health Centers) and a number of new TBD COP12 activities:

* water and electrical supplies for existing health facilities
* staff housing
* health facility rehabilitation
* further rural health center construction

The budgets for which are 'bundled' into this item pending award of the Task Order, which is an incrementally funded Task Order under a pre-existing HQ managed Indefinite Quantity Contract for A&E services.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 350,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Through Youth:Work (Y:W) Mozambique, International Youth Foundation (IYF) will improve economic livelihood opportunities for orphans and vulnerable children, youth on antiretroviral treatment (ART), and their families in the province of Cabo Delgado. This activity will increase youth access to vocational/technical skills training linked to the tourism sector, and life skills training, particularly related to HIV prevention and adolescent reproductive health, and remedial training in literacy and numeracy as needed. Trained youth will be placed in internships/apprenticeships and jobs to equip them with on-the-job experience and employment, link them to credit sources and mentors, and assist with enterprise start-up. Y:W will directly contribute to the Partnership Framework's Objective 5.5 by 1) Supporting employability and entrepreneurship programs, to enhance the income generation capacity of

OVC, and youth on ART, and their families; 2) Identifying successful models, and adapting them for effective replication by Mozambican partners; 3) Identifying synergies with ongoing tourism activities funded by USG and/or other Donors to maximize linkages and post-project sustainability. Y:W will address gender by: 1) Increasing women's access to income and productive resources; 2) Increasing gender equity in HIV activities and services; 3) Addressing male norms and behaviors; and 4) Addressing gender-based violence.To be cost efficient over time Y:W will leverage 1:1 private-sector resources to complement those of USG. Despite existing pipeline originated by delays in the award process, it was decided that US $350,000 be requested in COP 12 in order to ensure that the activity is fully covered. No funding will be requested in future COPs. No vehicles will be purchased in FY12.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	**13413**

Mechanism Name:	Youth:Work		
Prime Partner Name:	International Youth Foundation		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0

Narrative:

Through Youth: Work Mozambique, IYF will improve economic livelihood opportunities for young PLHIV and caregivers, particularly women, in the province of Cabo Delgado. IYF will provide market-driven job training, life skills training, and remedial education (as necessary) to support beneficiaries to gain marketable skills, place participants in internships, and improve livelihood possibilities for young people and their families through job placement. IYF will also train selected youth in entrepreneurship, business planning and the like, link them to credit sources, and identify mentors for them to start or expand small businesses.

IYF will work through local partners to implement Y:W, systematically developing their capacity as they implement activities, and work towards developing sustainability of interventions. Working with the technical assistance from IYF, the selected partner will conduct a labor market assessment in Cabo Delgado to determine what the entry level job needs are in the area.

In addition to establishing the linkage between the implementing partner and private sector employers in the area, this survey will help ensure that actual training content responds to market needs and is appropriate for the target group. Training will include basic literacy and numeracy, as well as life skills education with an emphasis on HIV prevention and addressing gender norms. The skills-based component will focus on the needs of the tourism sector (e.g. communication skills, customer service, conflict management) and an additional track will be developed for entrepreneurship for those seeking self-employment. The implementing organization will create linkages with the private-sector employers to create a network for internships and apprenticeships in the tourism sector.

Y:W Mozambique will be part of a larger global program, the Youth:Work Leader, and therefore the information and data gleaned from this project will contribute to our collective knowledge about programs with highly vulnerable youth. Therefore, will contribute to the indicators developed at the Youth:Work Leader level for global reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	350,000	0

Narrative:

This activity will be implemented by an International NGO, under a Leader with Associates mechanism.

The goal of this activity is to improve economic livelihood opportunities for highly Vulnerable in-school and out-of-school children and youth (i.e., orphans and vulnerable children and youth receiving antiretroviral treatment, ART) and their household members in the province of Cabo Delgado.

Through Youth: Work Mozambique (YWM), International Youth Foundation (IYF) will improve economic livelihood opportunities for older OVC and/or young caregivers, particularly women, in the province of Cabo Delgado. IYF will provide market-driven job training, life skills training, and remedial education (as necessary) to support beneficiaries to gain marketable skills, place participants in internships, and improve livelihood possibilities for young people and their families through job placement. IYF will also train selected older OVC and/or their young caregivers in entrepreneurship, business planning and the like, link them to credit sources, and identify mentors for them to start or expand small businesses.

IYF will work through local partners to implement YWM, systematically developing their capacity as they implement activities and developing a path toward sustainability of interventions. Working with the technical assistance from IYF, the selected partner will conduct a labor market assessment in Cabo Delgado to determine what the entry level job needs are in the area.

In addition to establishing the linkage between the implementing partner and private sector employers in the area, this survey will help ensure that actual training content responds to market needs and is appropriate for the target group. Training will include basic literacy & numeracy and life skills education with an emphasis on HIV prevention and addressing gender norms. The skills-based component will focus on the needs of the tourism sector (e.g. communication skills, customer service, conflict management) and an additional track will be developed for entrepreneurship for those seeking self-employment. The implementing organization will create linkages with the private-sector employers to create a network for internships and apprenticeships in the tourism sector.

IYF will make its best effort to raise 1:1 leverage for YWM. IYF specializes in building multi-stakeholder alliances to develop and implement successful large-scale innovative, integrated skills training programs for youth that are customized to meet local needs and designed to show results.

Y:W Mozambique will be part of a larger global program, the Youth:Work Leader, and therefore the information and data gleaned from this project will contribute to our collective knowledge about programs with highly vulnerable youth. Y:W Mozambique will contribute to the indicators developed at the Youth:Work Leader level for global reporting.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 904,324	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	904,324

Sub Partner Name(s)

AMIMO	Pathfinder International	

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. PSI's project goal is to improve the quality of HIV prevention activities, increase access to HIV services ultimately reduce HIV transmission rates among most-at-risk populations (MARPs) in Mozambique. Objectives will be achieved through promoting a package of interventions and preventive services and the implementation of a set of core public health components of outreach work, HIV testing (CT), risk reduction counseling, condom distribution, and linking MARPs who are PLHIC to HIV care and treatment. Current program activities will include gender based violence aspects, especially focusing on female sex workers and their clients, miners and their wives who are particularly vulnerable groups through training of peer educators on GBV prevention and care, as well as training of HIV counselors for ATSC to diagnose and refer victims of GBV in their communities. Advocate for inclusion of GBV as part of the ATS curriculum with MISAU. Train police leaders in each province about GBV and their role in protecting women. In addition, project will produce IEC material on GBV for target population and dissemination of a radio spot in select provinces. PSI will

continue to target the provinces of Cabo-Delgado, Nampula and Inhambane. Target MARPs include persons engaged in sex work and their clients, drug-using populations, men who have sex with men (MSM), and mobile populations. Expenditures from the 2011 expenditure analysis places PSI within an acceptable range of unit expenditures. In line with priorities of the Partnership Framework, this activity will strengthen capacity of local organizations and government.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Family Planning

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	HVCT	163,800	0

Narrative:

PSI CDC will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.

Through mobile and outreach as well as home-based HTC Samaritan's Purse will target Most At Risk Populations, (CSW and their clients, IDU, MSM, Miners and their wives) who are less likely to access facility based health services.

Quality assurance is a priority and PSI will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of PSI's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, PSI's counselors will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

PSI will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	740,524	0

Narrative:

Activities will be conducted at central level with GOM, and in three provinces: Cabo Delgado, Nampula, and Inhambane. Activities will include elaborated/adapted curricula for IEC, BCC, risk reduction, etc.; approved and disseminated policy and materials for MARP interventions at national and provincial level; and demonstrated strengthened linkages of MARPs with care and treatment facilities (referral charts, monitoring instruments), establishment of moonlight clinics, etc.

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.

Activities will also include implementation of a surveillance system at designated STI night clinics established for FSW and other MARP groups. 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.

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.
Current program activities will include gender based violence aspects, especially focusing on female sex workers and their clients, miners and their wives who are particularly vulnerable groups through training of peer educators on GBV prevention and care, as well as training of HIV counselors for ATSC to diagnose and refer victims of GBV in their communities. Advocate for inclusion of GBV as part of the ATS curriculum with MISAU. Train police leaders in each province about GBV and their role in protecting women. In addition, project will produce IEC material on GBV for target population and dissemination of a radio spot in select provinces.
Additionally, this IM receives Central GBVI funds.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 540,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	540,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This project aims to improve HIV prevention activities among MARPs. An effective MARPs program requires a combination approach building on available information, existing activities, addressing gender related vulnerabilities and innovative approaches to expand the scope and coverage of interventions. GHC will train and mentor peer educators in RAMP facilitation, create RAMP stories, and promote “Change Fairs”. GBV is a relatively new concept among Marps, thus combining basic concepts of GBV with elicit information from the target populations on how GBV affects them creates a strong foundation for the work with this groups. Training will be provided to peer educators which will include modules on GBV incorporating Pathways to Change so that informal qualitative information on barriers and facilitators to the behaviors of interest for MARPS can better adjust interventions. In line with priorities of the Partnership Framework, this activity will strengthen peer educator’s capacity to promote behavior change intervention with MARPs and support the creation of an enabling environment for service expansion at community level. Key populations are female sex workers (FSW), FSW, clients and MSM. Geographic scope of the activity is in Cabo Delgado, Nampula, and Inhambane. Expenditure analysis from the 2011 expenditure analysis places GHC within an acceptable range. Capacity building and system strengthening will focus on training of host country nationals to execute activities and focus on improving linkages across services (e.g. strengthening systems to link a newly diagnosed MARP PLHIV to HIV care

and treatment enrollment).

As the first of project implementation, pipeline data information not applicable. No vehicles are requested. This IM receives Central GBV funds.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	29,500

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

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	540,000	0
Narrative:			
In 2012, activities are expected to continue to provide support to PE for the implementation of sustainable relevant interventions, through close work PSI Consortium, non -governmental organizations (NGOs) and			

community-based organizations (CBOs) reaching higher risk populations. All activities are to be pursued in coordination with the USG team, the GOM, and other implementing partners. 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. New activities will build upon and replicate successful MARP programs currently supported

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).
Training of peer educators on GBV incorporating Ramp stories to facilitate behaviour change among MARPS. Societal and cultural norms, male and female roles, attributions and responsabilities will be deal with through Pathways to change and ramp methodology and to creat stories which will be used by PE for effective behaviour change among their peers.

Implementing Mechanism Details

Mechanism ID: 13583	**Mechanism Name: ICAP TA**
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 Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 10,296,705	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	10,296,705

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The PROGRAM GOAL is focused on increasing access to quality evidence-based HIV prevention, care

and treatment services. In MAPUTO CITY and INHAMBANE PROVINCE: Columbia will provide health systems strengthening support to the DPS, Districts and local NGO partners through: Training and mentoring of District Health management teams in clinical competency, M&E, planning and data quality; Pre-service courses, infrastructure renovations; and sub agreements to Maputo City Health Directorate, Inhambane DPS and a Mozambican Clinical NGO-Centre for Collaboration in Health (CCS). In NAMPULA province Columbia will partner with EGPAF to provide technical assistance and health systems strengthening support. Columbia's role will be provision of technical support to all 21 Districts. PF Goals achieved: 1) Scale up CT, PMTCT and ART; 2) Community mobilization and linkages 3) Increase Provincial and District Health capacity; 4) Quality assurance and quality improvement activities. GHI FOCUS AREAS: Expanded access and uptake of quality MNCH services and Strengthening Governance in the Health Sector. Target beneficiaries:7,531 pregnant women receiving ARVs for PMTCT; CT for 62,600 people; and ART to 28,582 patients.
Program costs will reduce by transition of USG programs to provinces and local partners. Transition of CLINICAL services support from Columbia to CSS has begun in Maputo City and Inhambane province. An M&E system captures standard data related to quantity, quality and impact of HIV clinical services, systems strengthening activities, financial accountability and admin management.
Columbia has to date purchased 37 vehicles. In FY12, CDC will monitor and keep records of all vehicle acquisitions. Pipeline analysis showed that this IM is in line with the 18 month standard.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	621,500
Food and Nutrition: Policy, Tools, and Service Delivery	464,360
Gender: Reducing Violence and Coercion	232,180
Human Resources for Health	1,160,898

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Military Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13583**
Mechanism Name:	**ICAP TA**
Prime Partner Name:	**Columbia University Mailman School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	743,358	0

Narrative:

In FY 12, the International Center for AIDS Care and Treatment Programs (ICAP) of Columbia University, Mailman School of Public Health, will continue to provide technical assistance to the Ministry of Health and implementing partners, to ensure the deliver of high quality HIV related services in four provinces of Mozambique, namely, Maputo city, Inhambane, Nampula and Zambezia.
ICAP will leverage existing resources, promoting cost efficiencies, integration of services and capacity building of the health system in these four provinces.
The strategic approach will be to capacity building to CCS (Maputo City and Inhambane) and the DPSs to improve program management and performance of HIV care and support programs to ensure scale-up of services, early access to care and treatment, high quality of services and retention.
To ensure that Pre-ART and ART patients are retained in care, funds provided to Columbia University will be used for:
1. Roll out the Pre-ART package of care and support services to HIV infected patients. This activity will allow better follow-up of patients in care in standardized manner. The objective is to ensure all patients in care, either pre-ART and ART benefit from a comprehensive set of intervention such as diagnosis of

opportunistic infections (OIs), provision of cotrimoxazole prophylaxis, TB screening, INH prophylaxis, STI diagnosis and syndromic management, nutrition assessment and counseling (NAC), psychosocial support, adherence support, positive prevention and other services that will contribute to link to and retain patients in care.

To ensure that HIV prevention services are delivered to HIV-infected persons as part of their routine care, funds provided to Columbia University will be used for:
2. Integration of Pre-ART with positive prevention (PP) interventions. In line with the MoH vision, Pre-ART and PP interventions will be integrated. PEPFAR recommends a whole range of interventions that should be offered to all patients in care. Efforts will be done to ensure that at health facility the following 7 interventions are provided(including the data reporting as long as the monitoring and evaluation systems are in place) within the pre-ART package: 1)Condom assessment and risk reduction education ;2) Partner testing and referral;3) STI screening, treatment and partner referral; 4) Family Planning assessment and referral; 5) Adherence assessment and support provision/referral (ie:home-based care, support groups, post-test-clubs);7)Alcohol use assessment and counselling
3. Provincial trainings and supervision to improve the syndromic management of STIs
4. Provide Technical assistance to CCS to scale up `screen and treat` cervical cancer program
5. Train nurses and medical agents in OIs (new guidelines) to ensure appropriate and early diagnosis of and provision of CTX prophylaxis
6. Implementation of universal access of peer educators (PE) support. At central level, ICAP will support the standardization of PE role across all partners, harmonization of the national strategy, curricula development, and reproduction of manuals, guidelines, and tools

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	634,977	0

Narrative:

All USG-supported treatment partners, including Columbia University, will be funded to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MoH priorities and at a minimum will include: 1) Strengthening the implementation of the 3 “Is”- intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on

TB/HIV, and MDR-TB including management of pediatric TB..

Columbia University will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed, and treated for TB.
As part of provincial team Columbia University will continue to participate in the provincial planning, provincial and district technical working groups and in monitoring the implementation of the activities with the DPS and other partners in respective geographic area.
Additionally Columbia University will collaborate with existing TB diagnostic and treatment facilities to ensure that:
1) Minor renovations in out-patients, wards with TB and/or MDR-TB patients, waiting areas, laboratory and X-ray departments to improve cross ventilation will be carried out in selected health facilities.
2) A good laboratory system for sample referral for GeneXpert and including in communication and information system are in place.
3) Clinicians and nurses at provincial and district/rural hospitals are trained to perform sputum induction in children and strengthening evaluation and management of pediatric TB.
4) Motorcycles will be purchased to support supportive supervision to peripheral health facilities, community based DOTs volunteers/activists and to trace defaulters and contacts of TB.
5) Print and disseminate IEC materials
6) Implementation of surveillance of TB among health workers
7) Continuing coordination and collaboration with key partners in the province to identify gaps, avoid duplication and make the rational use of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	148,156	0

Narrative:

During FY12 Columbia will support Pediatric HIV care services in Maputo City (for TA and Capacity building to CCS, DPS and DDS), Inhambane and Nampula provinces.

Support for the provision of comprehensive care and support services to HIV exposed and infected children includes: Early infant diagnosis; cotrimoxazole prophylaxis; management of opportunistic infections; growth and development monitoring; nutrition assessment, counseling and support; psycholo- social support. In FY12 Columbia will provide cotrimoxazole prophylaxis to 6326 HIV exposed infants.

The systems strengthening and capacity building activities that will be supported in Fy12 include:
in-service training on comprehensive pediatric HIV care, supportive supervisions and mentoring; provision of job aids; and strengthening of commodity, drug and reagent distribution systems within the province
Routine supervision, monitoring and collection of data on infant diagnosis, cotrimoxazole prophylaxis and enrollment in ART programs will be ensured through implementation of QI activities.

Activities promoting integration and linkages of pediatric services with other routine care will be implemented and include:
1) Expanding PICT: - to all hospital admitted children, TB clinics and nutrition services; systematic testing of children of adult patients enrolled on ART;
2) Strengthening the HIV DNA PCR infant diagnosis logistic system, use of cell phone printers' technology to transmit test results and reduce the waiting time to HIV diagnosis.
3) Improving referral systems between pediatric Care and treatment and child at risk consultation clinics (CCR):- using escorts (peer educators) for mother/baby pairs between maternity and CCR; in EPI/MCH services, verification of HIV status/ exposure in the child health card and referral for testing and follow up in CCR clinics
4) Integration of HIV in MCH services by including MCH nurses in ART management committee meetings, reviewing patient flow to reduce loss to follow and conducting home visits for HEI within the first month of delivery.
5) Supporting access to malaria and diarrhea prevention assuring storage and distribution of basic care commodities (water purification, IEC materials and soap) and access to ITNs for all children < 5 years;
5) Nutritional assessment and counseling and provision or referral to access therapeutic and supplementary food that is provided through other partners and donors (e.g WFP and UNICEF)
6) Strengthen referral systems between clinic and community services including OVC programs;

Columbia has implemented a few adolescent HIV care activities such as support groups and youth friendly services. The USG will develop a comprehensive strategy on adolescent HIV care including disclosure which will be implemented by clinical partners.

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. Columbia also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyze performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	769,500	0

Narrative:

In FY 2012, ICAP will prioritize health systems strengthening assistance in Maputo City and Inhambane province in the following ways:
Support Pre-Service training for clinical officers, general nurses, MCH nurses, laboratory technicians, and pharmacy technicians from both basic and middle level training programs at the provincial Health Institutes. The goal of this activity is to increase the production of healthcare workers and decrease the numbers who drop out of training due to financial constraints. This activity supports the implementation of the National Ministry of Health Human Resources Development National Plan (2008-2015) and PEPFAR goals of increasing the number of qualified healthcare workers.

Continue to pay for provincial pharmaceutical supply chain advisor positions to support supply chain management of medicines and reagents in the province including improvement of site- and district-level stocks management; incorporate pharmacy supervision visits into joint integrated supervision visits; coordinate with the provincial advisors in other areas, CMAM, MoH laboratory section, and SCMS around bottlenecks or problems with essential commodities, including laboratory reagents; help coordinate and support trainings in collaboration with the DPS and CMAM; collaborate with SCMS and CMAM at central level and participate in CMAM-led pharmacy supervision visits at provinces, districts and sites.

Lab provincial advisors
Continue to pay for provincial Laboratory Technical Advisors positions to support optimal care and treatment to HIV patients. The laboratory advisor will liaise with and coordinate activities with NGOs and partners, MoH, SCMS, APHL, and others. The advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at provincial and district levels.

Conduct Minor renovations and rehabilitation of existing infrastructure to support scale up of CT, PMTCT and Care and treatment services including renovations of facility and district pharmacies for improved storage conditions for medicines

Support supply chain & commodities by providing additional support to the supply chain system below provincial level, in collaboration with SCMS and SIAPS. Columbia will provide general support to strengthening quality of pharmaceutical management services, including ARV dispensing services through improved monitoring of the MMIA system, monitoring pharmacies and adherence to standard operating procedures, and participating in joint supervision visits with the DPS/DDS. . Partners will support the expansion of the logistics management information system (SIMAM) to additional districts in line with the SIMAM implementation strategy. This support will also include technical assistance in use of data for decision-making. Columbia will receive funds to support distribution in Inhambane province.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	113,400	0

Narrative:

Prevention of medical transmission of HIV is addressed through the MOH Infection Prevention and Control program, which goal is to reduce the risk of transmission of HIV and other blood borne pathogens at health facilities. Activities include: compliance with Infection Prevention and Control/Injection safety (IPC/IS) standards; reinforce of biomedical waste management; Post Exposure Prophylaxis (PEP) to HIV and work place safety. The program started in 2004 with PEPFAR technical and financial support. Since 2010 USG/PEPFAR supported Clinical partners are requested to mainstream IPC/ARE activities at their sites.

In alignment with PEPFAR FY 2012 goals, Columbia will continue to reinforce IPC implementation at their geographic area, including: compliance with IPC standards and guidelines; adequate sharps and other infectious waste disposal; PEP scale-up and M&E; dissemination and implementation of the National waste management plan.

FY 12 Key activities include: 1) Strengthen and expand implementation of PEP services including monitoring and evaluation 2) Strengthen implementation and compliance of IPC standards and support regular measurement of good performance using Standards-Based Management and Recognition approach, and improve M&E system for IPC and work place safety 3) improvement of the waste management system including assessment, implementation and supervision of a non burning waste management system using autoclaves

As part of provincial team ICAP will continue to participate in the provincial planning and district technical working groups and in monitoring the implementation of the activities with DPS and other existing partners in their geographic area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,014,918	0

Narrative:

ICAP will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.

ICAP will target populations for HTC in health-care setting: provider Initiated testing and Counseling (PICT) for all patients accessing health care services and their partners as well Voluntary CT for all patients wanting to access Ct services with a special focus on men, adolescent girls, partners of PLHIV and couples

ICAP will also be instrumental in the regional CT campaigns planned for FY12 in terms of an efficient

and quality driven response to the demand which will be created by the campaign. The target population for the HTC regional campaigns will be mainly partners of PLHIV, couples and men, as these particular groups have had low coverage in years past.
SYSTEM STRENGTHENING AND CAPACITY BUILDING:
Quality assurance is a priority and ICAP will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of Columbia University's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

INTEGRATION AND LINKAGES:
Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, ICAP's counselors and health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

MONITORING AND EVALUATION
ICAP will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	197,775	0

Narrative:

The USG portfolio on MARPs has been growing in the last year with interventions focused on different population groups, particularly female sex workers and their clients, men who have sex with men, incarcerated populations and injection drug users (IDUs). These population groups (with the exception of IDUs) have been reached through a comprehensive package of information and services that include behavior change, risk reduction activities and bio-medical interventions. In the coming year, more attention will be given to exploring innovative ways to increase the number of MARPs using care and

treatment services in order to ensure linkages between prevention and clinical partners including humanization of care and treatment services for MARPs through dissemination of national guidelines for care, treatment and follow-up with the goals of reducing and removing barriers to the access of services and information and decreasing stigma and discrimination of MARPs. In coordination with the prevention partners in the province of Inhambane, the activities will include the strengthening of linkages between community and care and treatment facilities through the establishment of effective referral mechanisms with functioning tracking systems in place (referral charts, monitoring instruments).
Activities might also include support the implementation of surveillance system at designated night clinics (to be determined by Ministry of Health after approval of protocol and data collection forms) for FSW and other MARP groups in order to provide much needed qualitative and quantitative information around specific MARPs needs in the clinical setting. In addition, collaborate in the training of clinical partners and health center staff on appropriate STI diagnosis, treatment and MARP friendly services and provide support to the clinical interventions for HIV/STI prevention and care, based on local protocols.
Additionally, this IM receives Central GBVI funds.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,006,000	0

Narrative:

Columbia priorities in FY 2012 is coordination with MOH for accelerating the scale up of effective PMTCT interventions within an integrated maternal, neonatal and child health (MNCH) system towards the goal of virtual elimination of mother-to-child transmission of HIV by 2015.
In FY2012 Columbia will support the following activities:
1) Prevention of HIV in women of childbearing age:
a. Re-enforce provider initiated counseling and testing for women and couples in all components of MCH services;
b. In coordination with community partners, develop IEC activities and promote health fairs focusing in areas with high concentration of women.
2) Prevention of unwanted pregnancies among HIV+ women:
a. Re-enforce targeted family planning and contraception for HIV+ women in both HIV care and treatment as well as FP settings;
b. Integration of family planning component in routine mobile brigades;
3) Prevention of mother-to-child transmission
a. Scale up training of Option A;
b. Scale up exposed child follow up to all facilities with PMTCT services;
c. Develop strategies to increase institutional delivery.
4) Care and support for HIV+ women, infants and families:

a. Training of MCH nurses for provision of ART in ANC settings;
b. Increase delivery of ART to eligible HIV+ pregnant women and infected children;
c. Support positive prevention and family planning at HIV care and treatment sites;
d. Scale up mothers support groups interventions and community involvement.
Additionally, Columbia will support implementation of the following cross cutting activities:
5) Develop interventions to strengthen capacity of networks, civil society and support groups of women living with HIV. Collaboration with communities and traditional birth attendants to increase facility-based deliveries.
6) Develop interventions to ensure continued availability of supplies and commodities for PMTCT;
7) Support PMTCT related training activities;
8) Nutrition - safe infant nutrition interventions integrated into routine services;
9) Support dedicated personal with M&E expertise to directly work with DPS and health facilities for ensuring quality M&E system; support roll out of new M&E tools; support implementation of supervision, QA/AI cycles, strengthening data flow and data entry at facility level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,966,959	0

Narrative:

Columbia supports adult ART services in Maputo City, Inhambane and Nampula provinces.

Priority areas are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, pre-ART services, and prevention with positives Programmatic efficiencies are increased by deployment of multi-disciplinary teams of clinicians, psychosocial support, M&E to provide technical assistance in ART program management and capacity building in finance and administration management to site and district health teams. Each team is assigned to 3-4 districts.

The strategies that will be employed to address these challenges are:
• Intensification of couple counselling and testing and recruitment strategies to include family members of index cases (spuoses and children)
• Universal ART for TB/HIV co-infected patients
• Implementation of the 350 cells/mm3 CD4 count threshold
• Test and treat strategy for all HIV-infected pregnant women accessing antenatal care at ART sites, irrespective of CD4 count; recruitement of husbands/partners of HIV infeceted pregnant women
• Scale-up of Community Adherence and Support Groups
• Community drug distribution

• Standardizing and universalizing peer educators in all supported health facilities
• Standardized quality improvement program
• Scale-up of POC CD4 count technology
• Implementation of a pre-ART package
• Additional task-shifting to include nursing cadres and medical assistants
Gender distribution of access to treatment shows that currently about 66% of patients on ART are female. there are also comparatively more females testing HIV positive than men. Continued efforts to promote family centred approached to treatment and care will be promoted to ensure gender equity in access to service.
On-site peer educators and follow-up of patients using community volunteers, electronic patient tracking systems, diary/agenda systems and home visits are conducted to trace defaulters or lost to follow up cases and to improve retention rates. The peer educator program will be standardized in all sites in FY12.

The following are systems strengthening and capacity building activities supported by Columbia:
1) DPS sub agreements to finance staff priority activities
2) Task shifting ART to nurses, middle-level health and mentoring of providers
3) Hire provincial Clinical Advisors for Maputo City and Inhambane province.
4) Joint Columbia/DPS supervision visits that are linked to Continuous Quality improvement (CQI) program activities.
5) Participate in development and implementation of a national QI system. Columbia participates in the periodic HIVQUAL program activities

In FY12 clinical services management responsibility in Maputo City and Inhambane province shall transfer from Columbia to Centres for Collaboration in Health (CCS). Columbia shall provide managerial capacity building to DPS, districts and to CCS.
In Nampula province Columbia shall provide site level clinical technical assistance while EGPAF will provide all Systems strengthening support.
Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. Columbia also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	701,662	0

Narrative:

During FY12 Columbia will support Pediatric ART services in Maputo City (for TA and Capacity building

to CCS, DPS and DDS), Inhambane and Nampula provinces.
Scale-up of pediatric HIV is a national priority that Columbia will support MoH work towards including ensuring implementation of new guidelines within supported provinces, districts and sites. Columbia will support sites to achieve pediatric new ART enrollments rates of at least 15% of all new patients on treatment and ART retention of 85%.

Activities to expand pediatric enrollments and access to diagnostic services include:
1) improving patient flow and specimen referrals to increase access to EID
2) POC CD4 testing
3) Implementation of continuous quality improvement programs
4) early initiation of treatment
5) Active case finding model
6) Improved pediatric testing and linkages between services (i.e.: TB, MCH, inpatient wards etc)
7) Increased community awareness of the importance of testing children and accessing care early

The systems strengthening and capacity building activities that will be supported in FY12 to enhance capacity of sites and health care providers include: in service training on pediatric HIV care and treatment, supportive supervisions and mentoring; provision of job aids, implementation of new national Pediatric Treatment Guidelines; assistance in monitoring stocks of ARV drugs and support distribution systems within the province.

Routine supervision, monitoring and collection of data on pediatric treatment will be ensured through implementation of QI activities, Patient tracking systems and strengthening of district and provincial ART management committees.

The USG will develop a comprehensive strategy on the management of HIV-infected adolescents which will be implemented and supported by the clinical implementing partners.

Adherence and retention strategies are provision of psychosocial support, improved quality of care, caregiver counseling, support groups, and community follow up. There will also be emphasis on the importance of disclosure.

Strategies to ensure increased integration and linkages of HIV services with the existing child health and other programs to reduce loss to follow and improve retention include: prioritization of children in ART clinics, assuring same day consultations for mother and child in PMTCT services, developing formal referral systems between ART clinics with TB, PMTCT, Counseling services, CCR and EPI programs and with the community; ART initiation within CCR clinics.

Clinical outcomes will be tracked routinely on paper and electronically. Monthly reports will be submitted to MoH as well as quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data and the TBD partner will also partcipate in these meetings.

Implementing Mechanism Details

Mechanism ID: 13654	**Mechanism Name: UCM**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic University of Mozambique	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 232,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	232,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

UCM's goal is to increase access to medical training linked to the national health sector. This Project will strengthen UCM's training capacity, producing 200 well-trained physicians for the Mozambican health workforce The project directly contributes to the 140k goal with physicians graduated 40 per year, providing medical tool kits for 40 medical students entering their clinical training period yearly and contribute to Mozambique's GHI strategy by increasing human resources. UCM is located in Beira, in Sofala province, and all activities will occur there. However, the graduating healthcare professionals will be assigned nationwide, so that the benefits from this project will be national in scope.

To maximize outputs for the amount of funding received, UCM will institute the following cost-savings measures: 1) repayment of scholarships by students; 2) reduction on curricula development costs after first year; 3) investment costs only in first year. This mechanism is a direct agreement with a local private

institution of higher learning. An assessment and revision of the UCM's curriculum (including HIV/AIDS clinical training, sexually transmitted infections, TB, English Language, health administration, and others) will be performed. An M&E plan is in place and aims to capture fiscal and budgetary information as well as progress on programmatic activities. Reports are generated for review at the Project team's monthly meeting with CDC representatives, and will be used to assess progress and expenditures in relation to the approved work plan. The Project Manager will also submit quarterly reports to CDC staff, as well as routine indicator monitoring. There will be no use of pipeline since this is a new partner. There are currently no plans for any vehicle purchases.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	132,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13654**
Mechanism Name:	**UCM**
Prime Partner Name:	**Catholic University of Mozambique**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	232,000	0

Narrative:
UCM supports the goals of PEPFAR to train 140 000 new helath care works, increase long-term capacity for care and treatment . UCM will create a continuous corricular improvement, a trained mozambican faculty, update library resourses, and emplement a more sutainable eLearning and distant learning. UCM aims to implement a more sustainalble model of medical education, while building human resources for ingoing development. The Medical Student gradutes and the faculty will use their skills to enhace Strenghten Mozambicam Health System, particular inthe areas of HIV/AIDs. TB. and other common illnesses. By the end of the progect, UCM will have produced about 200 new well-trained physicians (40 per year for 5 years)

Implementing Mechanism Details

Mechanism ID: 13661	**Mechanism Name: CISM - Manhica Research Center**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Barcelona Centre for International Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 250,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Manhica Health Research Center in Manhica, Mozambique is one of the premier research institutes in the country. A highly successful demographic health surveillance site has been operated by Manhica for several years, collecting information on more than 90,000 persons and providing a platform for strong evaluation science. PEPFAR support to the Manhica Center will be provided through a new direct agreement starting in COP2012 in order to support the extension of the surveillance system to include

information on HIV/AIDS. Additionally, laboratory diagnostic capacity for HIV/AIDS and pneumococcal disease will be strengthened. This project will provide services and surveillance activities for the population of the Manhica district that are included in the existing demographic health surveillance program. Evaluation results are anticipated to have national-level benefits. The current award is with the Barcelona Research Center in Spain, however it is anticipated that the Manhica Health Research Center will manage most aspects of the funding and implementation, and be fully capable of receiving direct awards within the first two years of the award. The anticipated deliverables for this project are high-quality surveillance data on HIV and on pneumococcal disease among the roughly 90,000 persons residing within the demographic surveillance area. Several evaluation studies are planned to assess the epidemiological situation in this population, to examine the success of the new counseling and testing component this project will support, and to evaluate interventions at the population level to inform national programming. As this is a new award in COP2012, no costing or expenditure data has yet been collected for this activity and there is no pipeline.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13661**
Mechanism Name:	**CISM - Manhica Research Center**
Prime Partner Name:	**Barcelona Centre for International Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	250,000	0

Narrative:

Support to the Manhica Demographic Health Surveillance Site (DHSS) will strengthen the DHSS and add HIV related data into the demographic database. The project will build commnity-based HIV counseling and testing among a well-defined population.

The project intends to:
* Incorporate HIV data into the existing and extensive DHSS database;
* Enhance prevention of HIV infection by providing confidential counseling and testing to residents in the DHSS area;
* Improve the diagnostic capacity of the laboratory for HIV/AIDS and related conditions such as pneumococcal disease;
* Improve medical care and treatment of HIV/AIDS patients by strenghtening hospital morbidity surveillance, supporting the referral services, screening for non-communicable illnesses such as diabetes and hypertension, increasing access to ART, and improving tracking and recovery of treatment defaulters or persons who are non-adherent;
* Improve diagnostic and treatment capacity for pneumococcal disease, including increased surveillance.

Implementing Mechanism Details

Mechanism ID: 13668	**Mechanism Name: ARIEL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Fundacao ARIEL Contra a SIDA Pediatrica	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 7,138,881	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	7,138,881

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Ariel Glaser Pediatric AIDS Foundation (Ariel) is a local organization funded by PEPFAR to support HIV prevention, care and Tx programs in Mozambique. Ariel has taken over technical assistance (TA) and support to all sites districts previously supported by EGPAF in Maputo Province. With FY12 funding Ariel will expand to Cabo Delgado as TA partner at previously supported EGPAF sites. The goal is to increase access to quality HIV prevention, care and treatment using evidence-based approaches. In particular Ariel will provide support to health facility staff through in-service trainings, supportive supervision, case reviews, patient follow up and tracking and implementation of quality improvement (QI) activities and contribute to PARTNERSHIP FRAMEWORK GOALS by: 1) Scaling up counseling and testing, PMTCT and ARV treatment; 2) Promoting community mobilization and linking of facility and community based care 3) Supporting QI.
GHI focus areas addressed are: expanded access and uptake of quality MNCH services.
Ariel is a new organization and no expenditure analysis has been conducted to date. Ariel will participate in future expenditure analyses. The USG views this new agreement as a stepping stone towards transitioning programs to local partners. However, recognizing that Ariel has no prior experience in managing programs in this area, a phased approach to transition has been adopted. An M&E system captures standard data related to quantity, quality and impact of HIV clinical services, systems strengthening activities, financial accountability and administrative management
In Year 1 Ariel did not purchase any vehicles. Pipeline analysis was not possible at the time this budget was developed as Ariel only received year 1 funding for this mechanism in late Sept. 2011.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	118,981
Gender: Reducing Violence and Coercion	59,491

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13668**
Mechanism Name:	**ARIEL**
Prime Partner Name:	**Fundacao ARIEL Contra a SIDA Pediatrica**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	736,680	0

Narrative:

In FY 12, Ariel partner will continue to support the Ministry of Health in implementing HIV related services in Mapuo Province and Cabo Delgado.
Capacity building will be the main focus to ensure integration, high quality of services, early access to care and retention in care.
The partner will also leverage existing resources, promoting cost efficiencies and sustainability of the Care and support programs. It will also ensure that health facilities coordinate with community partners on bi –directional linkages.
To ensure that Pre-ART and ART patients are retained in care, funds provided to the TBD partner will be used for:
1) Roll out the Pre-ART package of care and support services to HIV infected patients. This activity will allow a better follow up of patients in care in standardized manner. The objective is to ensure that all

patients in care, either pre-ART and ART benefit from a comprehensive set of intervention such as diagnosis of opportunistic infections (OIs), provision of cotrimoxazole prophylaxis, TB screening, INH prophylaxis, STI diagnosis and syndromic management, nutrition assessment and counseling (NAC), psychosocial support, adherence support, positive prevention and other services that will contribute to link to and retain patients in care.
2) Delivery of a HIV preventive basic care package (BCP) of commodities and goods, in selected sites of Cabo Delgado (to be piloted). This is another retention strategy that aims to ensure that patients return to the scheduled medical appointment every six month and also improve linkages to care and support services, prevent the occurrence of OIs such as diarrhea, Malária and other HIV related complications and promote a culture of hand washing and use of safe drinking water among patients.

To ensure that HIV services are delivered, including bidirectional community- clinical linkages, funds provided to the TBD partner will be used for:
1) Integration Pre-ART with positive prevention (PP) interventions. In line with the MoH vision, Pre-ART and PP interventions will be integrated. PEPFAR recommends a whole range of interventions that should be offered to all patients in care. Efforts will be done to ensure that at health facility the following 7 interventions are provided(including the data reporting as long as the monitoring and evaluation systems are in place) within the pre-ART package: 1)condoms assessment, provision of condoms and risk reduction counseling); 2) Partner testing and referral);3) STI screening, treatment and partner treatment or referral ;4) Family Planning assessment and referral);5) Adherence assessment and referral for counseling;6) Support assessment and (if referral (ie: home-based care, support groups, post-test-clubs);7)Alcohol use assessment and counseling
2) Provincial trainings and supervision to improve the syndromic management of STIs.
3) Scale up of the `screen and treat` cervical cancer program.
4) Train nurses and medical agents in OIs (new guidelines) to ensure appropriate and early diagnosis of and provision of cotrimoxazole prophylaxis.
5) Implementation of universal access of peer educators (PE) support. At central level, ICAP will support the standardization of PE role across all partners, harmonization of the national strategy, curricula development, and reproduction of manuals, guidelines, and tools

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	268,200	0

Narrative:

All USG-supported treatment partners, including ARIEL, will be funded to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MoH priorities and at a minimum will include: 1) Strengthening the implementation of the 3 “Is”- intensified TB

case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on TB/HIV, and MDR-TB including management of pediatric TB.

In addition ARIEL will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed, and treated for TB.
As part of provincial team ARIEL will continue to participate in the provincial planning, provincial and district technical working groups and in monitoring the implementation of the activities with the DPS and other partners in respective geographic area.
Additionally ARIEL will collaborate with existing TB diagnostic and treatment facilities to ensure that:
1) Minor renovations in out-patients, wards with TB and/or MDR-TB patients, waiting areas, laboratory and X-ray departments to improve cross ventilation will be carried out in selected health facilities.
2) A good laboratory system for sample referral for GeneXpert and including in communication and information system are in place.
3) Clinicians and nurses at provincial and district/rural hospitals are trained to perform sputum induction in children and strengthening evaluation and management of pediatric TB.
4) ARIEL in Maputo Province and Cabo Delgado will assess the need to support or hire a TB/HIV focal person.
5) Motorcycles will be purchased to support supportive supervision to peripheral health facilities, community based DOTs volunteers/activists and to trace defaulters and contacts of TB.
6) Print and disseminate IEC materials
7) Implementation of surveillance of TB among health workers
8) Continuing coordination and collaboration with key partners in the province to identify gaps, avoid duplication and make the rational use of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	164,993	0

Narrative:

During FY12 Ariel will support Pediatric HIV care services in Maputo Province and Cabo Delgado.

Support for the provision of comprehensive care and support services to HIV exposed and infected children includes: Early infant diagnosis; cotrimoxazole prophylaxis; management of opportunistic infections; growth and development monitoring; nutrition assessment, counseling and support; psycholo- social support.

The systems strengthening and capacity building activities that will be supported in Fy12 include:
in-service training on comprehensive pediatric HIV care, supportive supervisions and mentoring; provision of job aids; and strengthening of commodity, drug and reagent distribution systems within the province
Routine supervision, monitoring and collection of data on infant diagnosis, cotrimoxazole prophylaxis and enrollment in ART programs will be ensured through implementation of QI activities.

Activities promoting integration and linkages of pediatric services with other routine care will be implemented and include:
1) Expanding PICT: - to all hospital admitted children, TB clinics and nutrition services; systematic testing of children of adult patients enrolled on ART;
2) Strengthening the HIV DNA PCR infant diagnosis logistic system, use of cell phone printers' technology to transmit test results and reduce the waiting time to HIV diagnosis.
3) Improving referral systems between pediatric Care and treatment and child at risk consultation clinics (CCR):- using escorts (peer educators) for mother/baby pairs between maternity and CCR; in EPI/MCH services, verification of HIV status/ exposure in the child health card and referral for testing and follow up in CCR clinics
4) Integration of HIV in MCH services by including MCH nurses in ART management committee meetings, reviewing patient flow to reduce loss to follow and conducting home visits for HEI within the first month of delivery.
5) Supporting access to malaria and diarrhea prevention assuring storage and distribution of basic care commodities (water purification, IEC materials and soap) and access to ITNs for all children < 5 years;
5) Nutritional assessment and counseling and provision or referral to access therapeutic and supplementary food that is provided through other partners and donors (e.g WFP and UNICEF)
6) Strengthen referral systems between clinic and community services including OVC programs;

Ariel has implemented a few adolescent HIV care activities such as support groups and youth friendly services. The USG will develop a comprehensive strategy on adolescent HIV care including disclosure which will be implemented by clinical partners.

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to

MoH. Ariel also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyze performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	45,000	0

Narrative:

Ariel has been asked to place 1 M&E Advisor in Maputo province and Cabo Delgado as part of their overall support to clinical services in these Provinces.
While strengthening systems for M&E and Health Information Systems (HIS) remains a priority, the model of providing assistance is currently under review in a joint process by USG and MOH. During FY12, these discussions should provide updated guidance on the most effective model for providing technical assistance that results in greater MOH ownership and capacity (e.g. via seconded technical advisor or another model of technical assistance.) The overall objectives of this technical assistance continues to be to strengthen MOH systems at provincial level
*To coordinate routine activities related to M&E and HIS at the Provincial Directorate of Health, giving priority to endemic diseases, including HIV.
*To reinforce and support the implementation of the decentralization of HIV services including related routine data collection systems.
*To strengthen MOH 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.
*To support the Provincial Directorate of Health in the analysis and dissemination of data (for example, to the site level, Ministry of Health, and partners.)

While the primary focus of this technical assistance is to strengthen HIV-related M&E, by strengthening systems and human capacity at the provincial level, this technical assistance should also positively impact M&E systems in other MOH systems beyond HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	360,000	0

Narrative:

Ariel supports Ministry of Health (MOH) priorities outlined in the Human Resources National Development Plan (2008-2015) and is coordinating with other PEPFAR implementing partners and other donors in the provinces of Maputo province and Cabo Delgado. In 2012 will continue to support in the

following activities:
• Given the urgent need for increasing the number of qualified health care workers at all levels, PEPFAR funds are used each year to pay the entire course expenses associated with training for clinical officers, general nurses, MCH nurses, laboratory technicians, and pharmacy technicians from both basic and middle level training programs at the provincial Health Institutes. The goal of this activity is to increase the production of healthcare workers and decrease the numbers who drop out of training due to financial constraints. The partner will provide annual support to health training institutes in their province areas through the Provincial Health Directorate (DPS) per the needs identified by the province.
• Based on the laboratory program model of support, in FY12 partners will continue to provide support to supply chain management of medicines and reagents at the periphery by supporting the position of a pharmaceutical supply chain advisor for the province. This advisor will work with the DPS and DDS to incorporate pharmacy supervision visits into joint integrated supervisions visits; coordinate with the provincial advisors in other areas, CMAM, MoH laboratory section, and SCMS around bottlenecks or problems with essential commodities, including laboratory reagents; help coordinate and support trainings in collaboration with the DPS an CMAM.
• Laboratory services are integral service component to support optimal care and treatment to HIV patients. FY12 funds will continue to support Laboratory Technical Advisors based at the DPSs. The laboratory advisor will liaise with and coordinate activities with NGOs and partners, MoH, SCMS, APHL, and others. The advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at provincial and district levels.
• Minor renovations and infrastructure. FY12 funds will support rehabilitation of existing infrastructure to accommodate the decentralization process. Partners will have funds to support minor rehabilitation to facility and district pharmacies, including paint, ventilation or air conditioning systems, racking and other material/infrastructure requirements for improved storage conditions for medicines.
• Supply chain & commodities support. Partners will receive OHSS funds to provide additional support to the supply chain system below provincial level, in collaboration with SCMS and SIAPS. Partners will provide general support to strengthening quality of pharmaceutical management services, including ARV dispensing services through improved monitoring of the MMIA system, monitoring pharmacies and adherence to standard operating procedures, and participation in joint supervision visits with the DPS/DDS. Partners will also support the expansion of the logistics management information system (SIMAM) to additional districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	94,500	0

Narrative:

Prevention of medical transmission of HIV is addressed through the MOH Infection Prevention and Control program, which goal is to reduce the risk of transmission of HIV and other blood borne pathogens at health facilities. Activities include: compliance with Infection Prevention and Control/Injection safety (IPC/IS) standards; reinforce of biomedical waste management; Post Exposure Prophylaxis (PEP) to HIV and work place safety. The program started in 2004 with PEPFAR technical and financial support. Since 2010 USG/PEPFAR supported Clinical partners are requested to mainstream IPC/IS activities at their sites.

In alignment with PEPFAR FY 2012 goals, Ariel will continue to reinforce IPC implementation including: compliance with IPC standards and guidelines; adequate sharps and other infectious waste disposal; PEP scale-up and M&E; dissemination and implementation of the National waste management plan. In FY12 Ariel will pilot a model waste management approach using autoclaves in 1 facility (Ndlavela health Center in Maputo province), with support of JHPIEGO and in close coordination with CDC Mozambique and support of CDC HQ – International medical waste Program manager.

FY 12 Key activities include: 1) Strengthen and expand implementation of PEP services including monitoring and evaluation 2) Strengthen implementation and compliance of IPC standards and support regular measurement of good performance using Standards-Based Management and Recognition approach, and improve M&E system for IPC and work place safety 3) improvement of the waste management system including assessment, implementation and supervision of a non burning waste management system using autoclaves

As part of provincial team Ariel will participate in the provincial planning and district technical working groups and in monitoring implementation of the activities with the DPS and other existing partners in their geographic area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	156,813	0

Narrative:

Ariel will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.

Ariel will target populations for HTC in health-care setting: provider Initiated testing and Counseling (PICT) for all patients accessing health care services and their partners as well Voluntary CT for all patients wanting to access CT services with a special focus on men, adolescent girls, partners of PLHIV and couples

Ariel will also be instrumental in the regional CT campaigns planned for FY12 as demand creation activities will be carried out in Maputo province and cabo del Gado. The target population for the HTC regional campaigns will be mainly partners of PLHIV, couples and men, as these particular groups have

had low coverage in years past.
SYSTEM STRENGTHENING AND CAPACITY BUILDING:
Quality assurance is a priority and Ariel will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of Ariel's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

INTEGRATION AND LINKAGES:

Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, Ariel's counselors and health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

MONITORING AND EVALUATION
Ariel will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	62,775	0

Narrative:

Positive Prevention
GOALS AND OBJECTIVES
Positive Prevention (PP) is the name given in Mozambique to those interventions that specifically target people living with HIV and AIDS (PLHIV) in order to promote their well-being and to prevent onward transmission, including sexual transmission or mother-to-child transmission. 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. PEPFAR Mozambique activities are currently focused on scaling up 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 (risk assessment, partner testing, adherence, Sexually Transmitted Infections (STIs) screening and treating, Family planning, PMTCT, referral to support services and care and treatment (both facility- and community- based).

GEOGRAPHIC LOCATIONS AND TARGETS

Ariel partner will work in Maputo Proince and Cabo Delgado and the PP activities will target PLHIV in Pre-ART and ART. The target population projected for 2012 is …by Province. This province is high/medium/low prevalence area.

USE OF EXPENDITURE/COSTING DATA

For PP program there's not yet Expenditure Analysis information. The minimum package of PP interventions, according to Ministry of Health, will allow the health providers to deliver, in a comprehensive and systematic way, some of interventions that already are being done by the health providers with HIV patients, but not in a consistent and systematic way. PP program will improve the quality of care to the HIV patients in Pre-ART and ART and will help to document and monitor this intervention when the reporting tool will be developed and implemented.

SYSTEM STRENGHTENING AND CAPACITY BUILDING

The Provincial and District Ministry of Health capacity will increase through PP training, supportive supervision, technical and managerial support; and improving HIV services integration.

?? will have a dedicated person / technical counterpart for prevention by province/a focal person for PP activities to coordinate and ensure successful implementation and monitoring of PP activities; will focus e.g. integration of PP services in existing HIV activities, and expansion in geographical and technical scope through training of health providers, monitoring the PP indicator, supportive supervisions and reproduction of training materials / dissemination (job aides, leaflets, etc) in coordination with lead TA partner.

MONITORING AND EVALUATION PLANS

PP program will improve the quality of care to the HIV patients. However, the monitoring plan is not yet in place. There is an issue to document and monitor this intervention. The national PP technical working group headed by Ministry of Health is working on it as well as developing a National PP Strategy which will include a clear guidance on how to roll-out the PP intervention at facility and community level as well how to monitor the PP indicator.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	1,684,800	0

Narrative:

ARIEL FOUNDATION priorities in FY 2012 is coordination with MOH for accelerating the scale up of effective PMTCT interventions within an integrated maternal, neonatal and child health (MNCH) system towards the goal of virtual elimination of mother-to-child transmission of HIV by 2015.
In FY2012 ARIEL FOUNDATION will support the following activities:
1) Prevention of HIV in women of childbearing age:
a. Re-enforce provider initiated counseling and testing for women and couples in all components of MCH services;
b. In coordination with community partners, develop IEC activities and promote health fairs focusing in areas with high concentration of women.
2) Prevention of unwanted pregnancies among HIV+ women:
a. Re-enforce targeted family planning and contraception for HIV+ women in both HIV care and treatment as well as FP settings;
b. Integration of family planning component in routine mobile brigades;
3) Prevention of mother-to-child transmission
a. Scale up training of Option A;
b. Scale up exposed child follow up to all facilities with PMTCT services;
c. Develop strategies to increase institutional delivery.
4) Care and support for HIV+ women, infants and families:
a. Training of MCH nurses for provision of ART in ANC settings;
b. Increase delivery of ART to eligible HIV+ pregnant women and infected children;
c. Support positive prevention and family planning at HIV care and treatment sites;
d. Scale up mothers support groups interventions and community as well as male involvement.
Additionally, ARIEL FOUNDATION will support implementation of the following cross cutting activities:
5) Develop interventions to strengthen capacity of networks, civil society and support groups of women living with HIV. Collaboration with communities and traditional birth attendants to increase facility-based deliveries.
6) Develop interventions to ensure continued availability of supplies and commodities for PMTCT;
7) Support PMTCT related training activities;
8) Nutrition - safe infant nutrition interventions integrated into routine services;
9) Support dedicated personal with M&E expertise to directly work with DPS and health facilities for ensuring quality M&E system; support roll out of new M&E tools; support implementation of supervision, QA/AI cycles, strengthening data flow and data entry at facility level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	HTXS	2,783,718	0

Narrative:

Ariel supports adult ART services in Maputo Province and Cabo Delgado.

Priority areas are treatment scale-up; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, pre-ART services, and prevention with positives.
FY 12 Ariel targets are 34 028 patients on ART
Programmatic efficiencies are increased by deployment of multi-disciplinary teams of clinicians, psychosocial support, M&E to provide technical assistance in ART program management and capacity building in finance and administration management to site and district health teams. Each team is assigned to 3-4 districts.
Adherence strategies include: Patient support groups, Pre- and post-ART adherence counseling, decentralized drug distribution and family centered care and treatment services.
The strategies that will be employed to address these challenges are:
• Intensification of testing and recruitment strategies
• Universal ART for TB/HIV co-infected patients
• Implementation of the 350 cells/mm3 CD4 count threshold
• Test and treat strategy for all HIV-infected pregnant women accessing antenatal care at ART sites, irrespective of CD4 count
• Scale-up of Community Adherence and Support Groups
• Community drug distribution
• Standardizing and universalizing peer educators in all PEPFAR supported health facilities
• Standardized quality improvement program
• Scale-up of POC CD4 count technology
• Implementation of a pre-ART package
• Additional task-shifting to include nursing cadres and medical assistants

On-site peer educators and follow-up of patients using community volunteers, electronic patient tracking systems, diary/agenda systems and home visits are conducted to trace defaulters or lost to follow up cases and to improve retention rates
Gender distribution of access to treatment shows that currently about 66% of patients on ART are female. there are also comparatively more females testing HIV positive than men. Continued efforts to promote family centred approached to treatment and care will be promoted to ensure gender equity in access to service.
The following are systems strengthening and capacity building activities supported by Ariel
1) DPS sub agreements to finance staff priority activities
2) Task shifting ART to nurses, middle-level health and mentoring of providers

3) Hiring provincial Clinical Advisors for Maputo Province, .
5) Join Ariel/DPS supervision visits that are linked to Continuous Quality improvement (CQI) program activities.
6) Participation in development and implementation of a national QI system. Ariel participates in the periodic HIVQUAL program activities

In FY12 clinical services management responsibility in Maputo Province and Cabo Delgado shall transfer from EGPAF to Ariel Foundation, EGPAF shall provide managerial capacity building to DPS, districts and to Ariel foundation.

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. Ariel also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	781,402	0

Narrative:

During FY12 funds will be provided to Ariel to support Pediatric ART services in Maputo Province and Cabo Delgado.

Scale-up of pediatric HIV is a national priority that will be supported including ensuring implementation of new guidelines within the province, districts and sites. the TBD partner will support sites to achieve pediatric new ART enrollments rates of at least 15% of all new patients on treatment and ART retention of 85%.
Pediatric treatment targets for FY12: 3318 children on ART.

Activities to expand pediatric enrollments and access to diagnostic services include:
1) improving patient flow and specimen referrals to increase access to EID
2) POC CD4 testing
3) implementation of continuous quality improvement programs
4) early initiation of treatment
5) An active case finding model
6) Improved linkages between services (i.e.: TB, MCH, inpatient wards etc)
7) Increased community awareness of the importance of testing children and accessing care early

The systems strengthening and capacity building activities that will be supported in FY12 to enhance

capacity of sites and health care providers include: in service training on pediatric HIV care and treatment, supportive supervisions and mentoring; provision of job aids, implementation of new national Pediatric Treatment Guidelines; assistance in monitoring stocks of ARV drugs and support distribution systems within the province.

Routine supervision, monitoring and collection of data on pediatric treatment will be ensured through implementation of QI activities, Patient tracking systems and strengthening of district and provincial ART management committees.

The USG will develop a comprehensive strategy on the management of HIV-infected adolescents which will be implemented and supported by the clinical implementing partners.

Adherence and retention strategies are provision of psychosocial support, improved quality of care, caregiver counseling, support groups, and community follow up. There will also be emphasis on the importance of disclosure.

Strategies to ensure increased integration and linkages of HIV services with the existing child health and other programs to reduce loss to follow and improve retention include: prioritization of children in ART clinics, assuring same day consultations for mother and child in PMTCT services, developing formal referral systems between ART clinics with TB, PMTCT, Counseling services, CCR and EPI programs and with the community; ART initiation within CCR clinics.

Clinical outcomes will be tracked routinely on paper and electronically. Monthly reports will be submitted to MoH as well as quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data and the TBD partner will also partcipate in these meetings.

Implementing Mechanism Details

Mechanism ID: 13764	**Mechanism Name: Integrated Health Social Marketing**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 775,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	775,000

Sub Partner Name(s)

Mahlahle	MONASO	Pact, Inc.

Overview Narrative

Recently awarded, the Integrated Health Social Marketing program is designed to contribute directly to the support of the GOM Strategy for Accelerated HIV Infection Prevention, in line with the principles of (GHI), and contributing directly to achieving Goal 1 of the PF to reduce new infections. This program combines products and services which promote health and prevent HIV, eg bednets, contraceptives, safe water tablets, and condoms. PEPFAR funds are supplemented with non-HIV funds to support commodities, services, and appropriate use in the areas of malaria, water and sanitation, nutrition, family planning, while COP11 PEPFAR HVOP funds will continue to support HIV related products and services associated with this program, principally condoms. This program will also procure the basic care package specifically intended for households of PLHAs, and OVCs, and distributed by PEPFAR HBHC partners. The program will ensure continuity in the availability of affordable condoms through retail and other outlets nation-wide, while intensifying the focus of condom promotion and sales in high-risk populations and communities, to improve prevention efforts, and reduce transmission. Regular monitoring of sales and distribution patterns will be conducted to assess increases or decreases in demand and regularity of supply, and to evaluate influences of communication and marketing efforts on demand patterns. USG Pipeline analysis was used on this program to determine request level for FY12 which resulted in a decreased request from FY11. This program also receives $2,100,000 from Malaria, $500,000 from MCH and $550,000 from FP/RH. Purchased/leased from the start of activity FY2011 = 33 which have been transferred from the previous social marketing program. 1 new car is requested.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13764**
Mechanism Name:	**Integrated Health Social Marketing**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	0	0

Narrative:

The Basic Care Package (BCP) is meant for PLHIV, and includes the following health items: 3 bottles of Certeza brand water purifier and 3 bars of hand soap, 30 unbranded male condoms, 1 female condom, and a family health manual, which includes a set of key health messages on safe water, hygiene and malaria prevention provided to patients at home during a visit by a volunteer. Specific topics addressed in the kit through a durable illustrative booklet include: i) use of LLIN for malaria prevention; ii) use of ORS for diarrhea prevention; iii) proper hygiene; iv) HIV counseling and testing; v) tuberculosis (TB) treatment and prevention; vi) nutrition; vii) cotrimoxazole prophylaxis; viii) pain & symptom management;

ix) male circumcision; x) multiple concurrent partnerships; xi) family planning, and; xii) positive prevention.

Patients receiving anti-retrovirals should be linked to a partner providing community based care and support. During each Home Visit, a volunteer will review one of the 12 key health messages in the durable pamphlet provided at the first visit. As appropriate, the home visitor volunteer will counsel and refer PLHIV for family planning, OI/STI treatment, testing and other essential health and social services. The kits are designed to contain products sufficient to last for three months. After a period of 3 months, recipients receive 3 additional bottles of Certeza. Basic Care Kits will be assembled by PSI and distributed to the respective beneficiaries through PEPFAR partners. In FY 2012, the BCP will be adapted for the care of ART patients at facility level in selected provinces, on a trial basis. PSI will coordinate with clinical partners in those provinces the appropriate mix of contents, and the effective distribution and resupply systems.

As part of the M&E process for the kit distribution to the beneficiaries, PSI and the implementing partners at the provincial level will meet regularly to discuss the lessons learned and improvement of the process. Community visits should be carried out to selected communities, in coordination with the partner at the provincial level to gain insights on the distribution of kits, use of kit products, and the sensitizing process of the content of the family health manual. Quarterly and final reports from the partners will also be used as part of the follow up process. The current first qualitative assessment of the BCP kits, which is taking place in Inhambane Province (Mabote and Govuro districts), will provide us insight in terms of products use, beneficiaries perceptions of the kits and proper distribution channels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	775,000	0

Narrative:

The goal of this activity is to improve the quality of life of people living with HIV and AIDS (PLWHA) and orphans and vulnerable children (OVC), and their families.

Mozambique has been promoting the distribution of a basic care package (BCP) for OVC and PLHIV families. The BCP contains comprehensive IEC materials and essential basic health products. The BCP kits consists of cardboard boxes that contain: 3 bottles of Certeza brand water purifier, 3 personal bars of Palmolive soap, 30 unbranded male condoms, 1 female condom, and a family health manual. Specific topics addressed in the kit through a durable illustrative booklet include: i) use of LLIN for malaria prevention; ii) use of ORS for diarrhea prevention; iii) proper hand washing; iv) HIV counseling and testing; v) tuberculosis (TB) treatment and prevention; vi) nutrition; vii) cotrimoxazole prophylaxis; viii)

HIV transmission; ix) Prevention of HIV from mother to child and x) family planning. BCP Kits for OVC families contain the same but minus female condoms.

Key messages for the family health manual have been selected in collaboration with key personnel in the related health areas and other partners. During each Home Visit, a volunteer will review all the key health messages from the durable family health manual which is included in the BCP kit. Prior to volunteer home visits, training is provided by PSI to the visitors/activists to ensure they familiarize themselves with the content of the family health manual. Volunteers are provided with a summary of the manual for continuous and rapid familiarization with the contents. As appropriate, the home visitor volunteer will counsel and refer older OVC and/or caregivers for family planning, OI/STI treatment, testing and other essential health and social services as referred in the manual.

The kits are designed to contain products sufficient to last for three months. After a period of 3 months, recipients receive 3 additional bottles of Certeza. Basic Care Kits will be assembled by PSI and distributed to the respective beneficiaries through PEPFAR partners. Distribution of the BCP kit to OVC families is through “activistas” trained by the partner at Community level. Community distribution offers a greater opportunity for 1 on 1 education and follow-up of product use.
As part of the M&E process for the kit distribution to the beneficiaries, PSI and the implementing partners at the provincial level will meet regularly to discuss the lessons learned and improvement of the process. Community visits are carried out to selected communities, in coordination with the partner at the provincial level to gain insights on the distribution of kits, use of kit products, and the sensitizing process of the content of the family health manual. Quarterly and final reports from the partners will also be used as part of the follow up process.The current first qualitative assessment of the BCP kits, which is taking place in Maputo province (Moamba and Matutuine districts) will provide us insight in terms of products use, beneficiaries perceptions of the kits and proper distribution channels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

Target populations for HIV activities under this program include sexually active adults; youth; individuals engaging in transactional sex; uniformed services; Women of Reproductive Age; HIV+ persons; Most-at-Risk-Populations; & bridge populations. These HVOP funds will specifically support the repackaging, distribution, sale and promotion of subsidized male and female condoms and lubricants through commercial and non-traditional outlets country-wide. The program will link condom social marketing with targeted outreach and risk reduction counseling in high-risk venues and workplace settings in provinces with high HIV prevalence, in order to increase condom use among MARPs and

populations in communities at risk. The program will intensify the number of distribution outlets and increase targeted condom sales in high risk settings and propose a strategy that promotes long-term institutionalization and sustainability of retail sales of condoms. The program will facilitate interpersonal communication activities to ensure adequate condom use, condom negotiation and self-efficacy skills per sub-population; support local organizations, rural supply chain distribution networks, work associations and private sector to operate condom outlets in urban and peri-urban hot spots; and support generic campaigns to address low uptake, misconceptions and negative attitudes about condoms and harmonize messages with BCC developed by other USG partners. This IM has a pipeline of $3,050,000 from HVOP COP 11 funds. No new HVOP funds will be required in FY12.

Implementing Mechanism Details

Mechanism ID: 13776	**Mechanism Name: CCS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Center for Collaboration in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,277,380	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,277,380

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Centre for Collaboration in Health (CCS) is a is a newly formed Mozambican organization that first received PEPFAR funding in 2011 to support HIV programs in Maputo City. CCS has taken over TA and support to all sites and (urban) districts that were previously supported by Columbia University via the Track 1 mechanism. FY12 funding will enable CCS to further expand its activities to Inhambane Province

as the Clinical TA partner, replacing Columbia University in 9 districts. The GOAL is to increase access to quality HIV prevention, care and Tx using evidence-based approaches. Key activities are: in-service trainings, supportive supervision, case reviews, patient follow up, tracking and implementation of QU activities. The PF GOALS include Scale up CT, PMTCT and ART; Community mobilization and linkages Increase Provincial and District Health capacity; and QA and QI activities.
GHI Focus areas are expanded access and uptake of quality MNCH services. CCS has no prior expenditure analysis. This new agreement is stepping stone towards transitioning programs to local partners which will likely lower costs related to program implementation compared to international partners. However, CCS has no prior experience in managing programs in this area, therefore a phased transition that includes regular assessments of partner performance, and program management capacity and financial accountability has been adopted. Program costs will also reduce by transition of USG programs to provinces and local partners. An M&E system captures standard data related to quantity, quality and impact of HIV clinical services, systems strengthening activities, financial accountability and administrative management.
PURCHASE OF VEHICLES: In Year 1 CCS did not yet purchase any vehicles.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	101,661
Gender: Reducing Violence and Coercion	50,830

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Military Population
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**13776**
Mechanism Name:	**CCS**
Prime Partner Name:	**Center for Collaboration in Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	817,626	0

Narrative:

In FY 12, the Center for Collaboration in Health (CCS) will support the Ministry of Health in implementing HIV related services in Maputo city, and Inhambane province.
In line with the GOM, CCS will leverage existing resources, promoting cost efficiencies, integration of services and capacity building of the national health system. The strategic approach for scale-up and sustainability of the programs will focus on strengthening the provision of facility-based continuum of care that is appropriately linked to community based care and support to those in need.
To ensure that Pre-ART and ART patients are retained in care, funds provided to CCS will be used for:
1) Roll out the Pre-ART package of care and support services to HIV infected patients. This activity will allow a better follow up of patients in care in standardized manner. The objective is to ensure that all patients in care, either pre-ART and ART benefit from a comprehensive set of intervention such as diagnosis of opportunistic infections (OIs), provision of cotrimoxazole prophylaxis, TB screening, INH prophylaxis, STI diagnosis and syndromic management, nutrition assessment and counseling (NAC), psychosocial support, adherence support, positive prevention and other services that will contribute to link to and retain patients in care.
2) Integration Pre-ART with positive prevention (PP) interventions. In line with the MoH vision, Pre-ART and PP interventions will be integrated. PEPFAR recommends a whole range of interventions that should be offered to all patients in care. Efforts will be done to ensure that at health facility the following 7 interventions are provided(including the data reporting as long as the monitoring and evaluation systems

are in place) within the pre-ART package: 1)condoms (assessment of sexual activity and provision of condoms (and lubricant) and risk reduction counseling);) Partner testing (assessment of partner status and partner testing provision or referral);3) STI (assessment for STIs and (if indicated) treatment/partner treatment provision or referral (including TB);4) Family Planning (assessment of FP/PMTCT needs and (if indicated) family planning services provision or referral);5) Adherence(assessment of adherence and (if indicated) support or referral for adherence counseling;6) Support(assessment of need and (if indicated) refer or enroll PLHIV in community-based program such as home-based care, support groups, post-test-clubs);7)Alcohol (use, assessment and counseling).
To ensure that HIV prevention services are delivered to HIV-infected persons as part of their routine care, funds provided to CCS will be used for:
1) Provincial trainings and supervision to improve the syndromic management of STI
2) Scale up of the `screen and treat` cervical cancer program
3) Trainings on OIs (new guidelines) for nurses and medical agents to improve the diagnosis and provision of cotrimoxazole prophylaxis.
To ensure that patients are linked from facility-based to community-based programs and vice-versa funds provided to CCS will be used for:
1) Implementation of universal access of peer educators (PE) support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	350,470	0

Narrative:

All USG-supported treatment partners, including CCS, will be funded to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MoH priorities and at a minimum will include: 1) Strengthening the implementation of the 3 “Is”- intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on TB/HIV, and MDR-TB including management of pediatric TB..

In addition CCS will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed,

and treated for TB.
As part of provincial team CCS will continue to participate in the provincial planning, provincial and district technical working groups and in monitoring the implementation of the activities with the DPS and other partners in respective geographic area.
Additionally CCS will collaborate with existing TB diagnostic and treatment facilities to ensure that:
1) Minor renovations in out-patients, wards with TB and/or MDR-TB patients, waiting areas, laboratory and X-ray departments to improve cross ventilation will be carried out in selected health facilities.
2) A good laboratory system for sample referral for GeneXpert and including in communication and information system are in place.
3) Clinicians and nurses at provincial and district/rural hospitals are trained to perform sputum induction in children and strengthening evaluation and management of pediatric TB.
4) Motorcycles will be purchased to support supportive supervision to peripheral health facilities, community based DOTs volunteers/activists and to trace defaulters and contacts of TB.
5) Print and disseminate IEC materials
6) Implementation of surveillance of TB among health workers
7) Continuing coordination and collaboration with key partners in the province to identify gaps, avoid duplication and make the rational use of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	154,971	0

Narrative:

During FY12 CCS will support Pediatric ART services in Maputo City and Inhambane province. In these geographic regions, Columbia University will provide TA and Capacity building support to CCS.

Support for the provision of comprehensive care and support services to HIV exposed and infected children includes: Early infant diagnosis; cotrimoxazole prophylaxis; management of opportunistic infections; growth and development monitoring; nutrition assessment, counseling and support; psycholo- social support. In FY12 CCS will provide cotrimoxazole prophylaxis to 4,517 HIV exposed infants.

The systems strengthening and capacity building activities that will be supported in Fy12 include:
in-service training on comprehensive pediatric HIV care, supportive supervisions and mentoring; provision of job aids; and strengthening of commodity, drug and reagent distribution systems within the province
Routine supervision, monitoring and collection of data on infant diagnosis, cotrimoxazole prophylaxis and

enrollment in ART programs will be ensured through implementation of QI activities.

Activities promoting integration and linkages of pediatric services with other routine care will be implemented and include:
1) Expanding PICT: - to all hospital admitted children, TB clinics and nutrition services; systematic testing of children of adult patients enrolled on ART;
2) Strengthening the HIV DNA PCR infant diagnosis logistic system, use of cell phone printers' technology to transmit test results and reduce the waiting time to HIV diagnosis.
3) Improving referral systems between pediatric Care and treatment and child at risk consultation clinics (CCR):- using escorts (peer educators) for mother/baby pairs between maternity and CCR; in EPI/MCH services, verification of HIV status/ exposure in the child health card and referral for testing and follow up in CCR clinics
4) Integration of HIV in MCH services by including MCH nurses in ART management committee meetings, reviewing patient flow to reduce loss to follow and conducting home visits for HEI within the first month of delivery.
5) Supporting access to malaria and diarrhea prevention assuring storage and distribution of basic care commodities (water purification, IEC materials and soap) and access to ITNs for all children < 5 years;
5) Nutritional assessment and counseling and provision or referral to access therapeutic and supplementary food that is provided through other partners and donors (e.g WFP and UNICEF)
6) Strengthen referral systems between clinic and community services including OVC programs

The USG will develop a comprehensive strategy on adolescent HIV care including disclosure which will be implemented by clinical partners.

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. CCS also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyze performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	50,000	0

Narrative:

Prevention of medical transmission of HIV is addressed through the MOH Infection Prevention and Control program, which goal is to reduce the risk of transmission of HIV and other blood borne pathogens at health facilities. Activities include: compliance with Infection Prevention and Control/Injection safety (IPC/IS) standards; reinforce of biomedical waste management; Post Exposure Prophylaxis (PEP) to HIV

and work place safety. The program started in 2004 with PEPFAR technical and financial support. Since 2010 USG/PEPFAR supported Clinical partners are requested to mainstream IPC/ARE activities at their sites.

In alignment with PEPFAR FY 2012 goals, CCS will continue to reinforce IPC implementation at their geographic area, including: compliance with IPC standards and guidelines; adequate sharps and other infectious waste disposal; PEP scale-up and M&E; dissemination and implementation of the National waste management plan.

FY 12 Key activities include: 1) Strengthen and expand implementation of PEP services including monitoring and evaluation 2) Strengthen implementation and compliance of IPC standards and support regular measurement of good performance using Standards-Based Management and Recognition approach, and improve M&E system for IPC and work place safety 3) improvement of the waste management system including assessment, implementation and supervision of a non burning waste management system using autoclaves

As part of provincial team CCS will continue to participate in the provincial planning and district technical working groups and in monitoring the implementation of the activities with DPS and other existing partners in their geographic area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	551,118	0

Narrative:

CCS will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.

CCS will target populations for HTC in health-care setting: provider Initiated testing and Counseling (PICT) for all patients accessing health care services and their partners as well as Voluntary CT for all patients wanting to access CT services with a special focus on men, adolescent girls, partners of PLHIV and couples

SYSTEM STRENGTHENING AND CAPACITY BUILDING:

Quality assurance is a priority and CCS will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of CCS's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

INTEGRATION AND LINKAGES:
Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, CCS's counselors and health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

MONITORING AND EVALUATION
CCS will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	96,500	0

Narrative:

The USG portfolio on MARPs has been growing in the last year with interventions focused on different population groups, particularly female sex workers and their clients, men who have sex with men, incarcerated populations and injection drug users (IDUs). These population groups (with the exception of IDUs) have been reached through a comprehensive package of information and services that include behavior change, risk reduction activities and bio-medical interventions. In the coming year, more attention will be given to exploring innovative ways to increase the number of MARPs using care and treatment services in order to ensure linkages between prevention and clinical partners including humanization of care and treatment services for MARPs through dissemination of national guidelines for care, treatment and follow-up with the goals of reducing and removing barriers to the access of services and information and decreasing stigma and discrimination of MARPs. In coordination with the prevention partners in the province of Inhambane, the activities will include the strengthening of linkages between community and care and treatment facilities through the establishment of effective referral mechanisms with functioning tracking systems in place (referral charts, monitoring instruments). Activities might also include support the implementation of surveillance system at designated night clinics

(to be determined by Ministry of Health after approval of protocol and data collection forms) for FSW and other MARP groups in order to provide much needed qualitative and quantitative information around specific MARPs needs in the clinical setting. In addition, collaborate in the training of clinical partners and health center staff on appropriate STI diagnosis, treatment and MARP friendly services and provide support to the clinical interventions for HIV/STI prevention and care, based on local protocols.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,210,000	0

Narrative:

CCS priorities in FY 2012 is coordination with MOH for accelerating the scale up of effective PMTCT interventions within an integrated maternal, neonatal and child health (MNCH) system towards the goal of virtual elimination of mother-to-child transmission of HIV by 2015.

In FY2012 CCS will support the following activities:

1) Prevention of HIV in women of childbearing age:

a. Re-enforce provider initiated counseling and testing for women and couples in all components of MCH services;

b. In coordination with community partners, develop IEC activities and promote health fairs focusing in areas with high concentration of women.

2) Prevention of unwanted pregnancies among HIV+ women:

a. Re-enforce targeted family planning and contraception for HIV+ women in HIV care and treatment as well as FP settings;

b. Integration of family planning component in routine mobile brigades;

3) Prevention of mother-to-child transmission

a. Scale up training of Option A;

b. Scale up exposed child follow up to all facilities with PMTCT services;

c. Develop strategies to increase institutional delivery.

4) Care and support for HIV+ women, infants and families:

a. Training of MCH nurses for provision of ART in ANC settings;

b. Increase delivery of ART to eligible HIV+ pregnant women and infected children;

c. Support positive prevention and family planning at HIV care and treatment sites;

d. Scale up mothers support groups interventions and community involvement.

Additionally, CCS will support implementation of the following cross cutting activities:

5) Develop interventions to strengthen capacity of networks, civil society and support groups of women living with HIV. Collaboration with communities and traditional birth attendants to increase facility-based deliveries.

6) Develop interventions to ensure continued availability of supplies and commodities for PMTCT;

7) Support PMTCT related training activities;
8) Nutrition - safe infant nutrition interventions integrated into routine services;
9) Support dedicated personal with M&E expertise to directly work with DPS and health facilities for ensuring quality M&E system; support roll out of new M&E tools; support implementation of supervision, QA/AI cycles, strengthening data flow and data entry at facility level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,312,755	0

Narrative:

CCS supports adult ART services in Maputo City and Inhambane province in the following priority areas: increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, pre-ART services, and prevention with positives.

In FY 12, the top three priorities of the Adult treatment portfolio are:
1. Treatment scale-up
2. Improving retention of patients enrolled in care and already on ART
3. Monitoring and improving the quality of services being provided to HIV-infected patients

The strategies that will be employed to address these challenges are:
• Intensification of testing and recruitment strategies
• Universal ART for TB/HIV co-infected patients
• Implementation of the 350 cells/mm3 CD4 count threshold
• Test and treat strategy for all HIV-infected pregnant women accessing antenatal care at ART sites, irrespective of CD4 count
• Mobile clinics to bring services closer to patients living in rural isolated areas
• Scale-up of Community Adherence and Support Groups
• Community drug distribution
• Standardizing and universalizing peer educators in all PEPFAR supported health facilities
• Standardized quality improvement program
• Scale-up of POC CD4 count technology
• Implementation of a pre-ART package
• Additional task-shifting to include nursing cadres and medical assistants

Programmatic efficiencies are increased by deployment of multi-disciplinary teams of clinicians, psychosocial support, M&E to provide technical assistance in ART program management and capacity building in finance and administration management to site and district health teams. Each team is

assigned to 3-4 districts.

The reported 12 month retention on treatment at sites previously supported by Columbia University and which CCS will begin to support in FY11 was 80% (SAPR11). Gender distribution of access to treatment shows that currently about 66% of patients on ART are female. There are also comparatively more females testing HIV positive than men. Continued efforts to promote family centred approached to treatment and care will be promoted to ensure gender equity in access to service.
The following are systems strengthening and capacity building activities that will be supported by CCS:
1) Task shifting ART to nurses, middle-level health workers and mentoring of health service providers
2) Joint CCS/DPS supervision visits that are linked to Continuous Quality improvement (CQI) program activities.
3) Participate in development and implementation of a national QI system. CCS participates in the periodic HIVQUAL program activities

In FY12 clinical services management responsibility in Maputo City and Inhambane province shall transfer from Columbia to Centres for Collaboration in Health (CCS). Columbia shall continue to provide managerial capacity building to CCS in these geographic regions.

In Maputo City and Inhambane province CCS shall provide site level clinical technical assistance while Columbia will provide all Systems strengthening support to the DPS

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. CCS also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyze performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	733,940	0

Narrative:

During FY12 CCS will support Pediatric ART services in Maputo City and Inhambane province. In these geographic regions, Columbia University will provide TA and Capacity building support to CCS.
Scale-up of pediatric HIV is a national priority that CCS will support MoH work towards including ensuring implementation of new guidelines within supported provinces, districts and sites. CCS will support sites to achieve pediatric new ART enrollments rates of at least 15% of all new patients on treatment and ART retention of 85%. The following are the expected pediatric treatment targets for the next two years: FY12- 893 new patients and 3,533 ever on treatment and FY13 – 1,071 new patients and 4,074 ever on treatment.

Activities to expand pediatric enrollments and access to diagnostic services include:
1) improving patient flow and specimen referrals to increase access to EID
2) POC CD4 testing
3) implementation of continuous quality improvement programs
4) early initiation of treatment
5) An active case finding model
6) Improved linkages between services (i.e.: TB, MCH, inpatient wards etc)
7) Increased community awareness of the importance of testing children and accessing care early
The systems strengthening and capacity building activities that will be supported in FY12 to enhance capacity of sites and health care providers include: in service training on pediatric HIV care and treatment, supportive supervisions and mentoring; provision of job aids, implementation of new national Pediatric Treatment Guidelines; assistance in monitoring stocks of ARV drugs and support distribution systems within the province.
Routine supervision, monitoring and collection of data on pediatric treatment will be ensured through implementation of QI activities, Patient tracking systems and strengthening of district and provincial ART management committees.
CCS has implemented a few adolescent ART activities such as support groups and youth friendly services.The USG will develop a comprehensive strategy on the management of HIV-infected adolescents which will be implemented and supported by the clinical implementing partners.
Adherence and retention strategies are provision of psychosocial support, improved quality of care, caregiver counseling, support groups, and community follow up. There will also be emphasis on the importance of disclosure.
Strategies to ensure increased integration and linkages of HIV services with the existing child health and other programs to reduce loss to follow and improve retention include: prioritization of children in ART clinics, assuring same day consultations for mother and child in PMTCT services, developing formal referral systems between ART clinics with TB, PMTCT, Counseling services, CCR and EPI programs and with the community; ART initiation within CCR clinics.
Clinical outcomes will be tracked routinely on paper and electronically. Monthly reports will be submitted to MoH as well as quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data and the TBD partner will also partcipate in these meetings.

Implementing Mechanism Details

Mechanism ID: 13782	**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: International Center for Reproductive Health, Mozambique	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This program is a result of a public-private partnership between USAID and Projecto Carvão de Moatize Consortium composed of Vale, Odbrecht and Camargo Correia companies and aims to reduce the occurrence of sexually transmitted infections, including HIV, among Most-at-Risk (MARPs) Populations in Tete Province, specifically in the Municipalities of Moatize and Tete. Its specific objective is 'To improve access to quality sexual and reproductive health and rights services for female sex workers and their clients'. Because of the core role that commercial sex workers and their clients play in the spread of HIV and STIs, it is expected that these infections will also be reduced in the community at large. The two key concepts of the program are to apply a 'combination HIV prevention' approach and to address reproductive health in a comprehensive and holistic way through clinical and community based services. The clinics serve as a drop-in center for all people who feel that they are at risk for HIV and other RH problems and provide a comprehensive package of basic RH services. The facility-based services are complemented by community outreach activities, including peer education among CSWs and clients, workplace-based education at companies with important CSW client populations. Special attention will be given to efficiently reaching occasional CSWs and also regular partners of CSW, and to factors that are known to be important deterrents of consistent condom use, such as excessive intake of alcohol or other substances. One vehicle has been purchased/leased under this mechanism from the start of the mechanism through COP FY2011. New Vehicles in COP FY 2012 =0 Total vehicles for the life of this

mechanisms = 1 47,430) for delivery of MARP prevention services in Tete.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**13782**
Mechanism Name:	**Improved Reproductive Health and Rights Services for Most at Risk Populations in Tete**
Prime Partner Name:	**International Center for Reproductive Health, Mozambique**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	0	0

Narrative:

ICRH will receive HVCT funds for the first time through COP 12 to provide voluntary CT services through night clinics as part of the comprehensive package for MARPs (however, for the purposes of S/APR, results will be captured as community-based MARPs CT). Allotting new funds to this existing partner falls within the PEPFAR Mozambique CT strategy of ATS-C expansion for most-at-risk groups. ICRH has experience implementing MARPs- focused CT through past projects funded by other donors and will implement counseling and testing, promotion and supervision. The night clinics are located in Moatize and Tete city in Tete province, a transport corridor that has seen an immense expansion of private and bilateral mining concessions and subsequent internal migration in the last four years. ICRH's HIV prevention program targets mine workers, their partners and families, commercial sex workers, truckers, and individuals living in these corridor communities. HIV prevalence is 8% among women 15-49 years ;5.7% among men. 33% of women reported having had a test in the last 12 months compared with only 10% of men. Coverage of HIV testing among TB cases is 99% in Tete. ICRH will promote awareness of the availability of CT services and its benefits among MARPs and bridge populations; encourage opinion leaders, public and private health providers and policy makers to publicly endorse CT as an essential service; address stigma, denial and discrimination (a key barrier to CT uptake) and encourage sustainable behavioral after a person has visited a CT site. Linkages with other prevention (e.g. male circumcision), care and treatment services will also be prioritized. Care, support and treatment services will be through CHASS SMT's (Tete lead clinical partner) case manager and community activista system. ICRH will use the national referral documentation system to track and monitor HIV+ clients are received at appropriate services. ICRH is expected to participate and support the NIH biannual EQA panels, and to utilize standardized quality management tools for CT. ICRH may opt to utilize the JHPIEGO model of peer supervision or consider implementation of client exit interviews and provider self-reflection tools for monitoring and improving counseling quality. Planned HVCT trainings include but are not exclusive to: quality assurance and control, counseling and message delivery in non-judgmental ways, supply planning and forecasting, campaign coordination, linkages/continuum of care, gender and gender-based violence (especially that due to disclosure) and treatment as prevention. There are zero targets for this activity as ICRH's COP 12 HVCT funds ($40,000) are not expected until the very end of FY12. Once funds arrive and services begin, ICRH will train personnel in using the new national data collection tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The program will continue to support implementation of a comprehensive package of services for MARPs, mainly CSWs and their clients including truck drivers and other high-risk groups along the Tete - Moatize corridor through promotion and provision of quality integrated health services and humanized care for these populations. Interventions will build on existing approaches of information and services delivered through peer education and night clinics and will explore innovative ways to improve outreach to MARPs groups. Strategies will include mobile brigades; extending hours in existing health centers; working with lodge and bar owners to improve condom availability and communication materials tailored for CSWs. The program will also work with lodge and bar owners to promote social responsibility and a code of conduct to discourage unsafe sex and cross-generation sex.

The package of services will be substantially broadened and include:
• Information, education and communication (IEC) on sexuality, HIV, STI, contraception and other HR issues;
• Condoms (both male and female) will be made easily available at the clinic in sufficient quantities and free of charge;
• The clinics will provide prompt care for syndromes of reproductive tract infections such as vaginal and urethral discharge, genital ulcers and warts, inguinal and scrotal swellings and lower abdominal pain.
• Pre-ART monitoring of HIV infection and referral for ART or treatment of opportunistic infections, including tuberculosis (TB) will follow the referral system already established between hospitals and health centers in Tete City and Moatize;
• All available, reversible, contraceptive methods will be offered at the clinic, following the national guidelines. Emphasis will be put on dual protection and on contraception in the context of living with HIV. Clients preferring permanent methods will be appropriately referred;
• Women victims of violence will receive appropriate psychological support by trained counselors. In the case of rape, medical care including post-exposure prophylaxis of HIV will be offered according to the national guidelines;
• Clinics will provide counseling and referrals to the MC Services;
• ICRH is negotiating with the provincial health directorate (DPS) to include the night clinics as official MOH sites for cervical cancer screening, and use them as key services in the planned roll-out of cervical cancer screening program in Tete province.
The night clinics will strengthen linkages to other health services, including assisting nearby treatment sites for patient follow-up and proper referral for primarily health care, family planning, psychosocial support and legal advice. Alcohol consumption/misuse and linkages with GBV and Risk Behaviors will also be addressed within the program through community enforcement by creating and support community watch dog groups to enforce laws on serving alcohol to minors, traditional alcohol consumption, monitoring operation policies and proximity of bars and truck stops to schools in focus provinces.

Performance monitoring is based on the principles of action research. Information gathered during the course of the project will be immediately translated into action to improve sexual and reproductive health and rights services for MARP.

Implementing Mechanism Details

Mechanism ID: 13784	**Mechanism Name: INS**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Instituto Nacional de Saúde	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,760,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,760,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The purpose of this agreement is to strengthen the capacity of Mozambique's National Institute of Health to generate scientific and technical solutions for the main public health problems in Mozambique, with special emphasis on HIV/AIDS. Specific Objectives: Laboratory; • Establish a National EQA program in Mozambique; • Provide accreditation for eight laboratories; • Improve laboratory diagnosis of TB; • Establish the National Microbiology Reference Laboratory. Objective: Expand access to TB culture and DST in the country; • Establish DST for second line TB drugs at the National Reference Laboratory in Maputo. Surveillance: • Monitor the trends in the prevalence of HIV; • Determine the burden and emergence of HIVDR, based HIVDR-TS and EWI; • Identify gaps in the scale up of ART in Mozambique that can lead to emergence of HIV DR. HDSS Support; • To determine the specific causes of mortality and the proportion due to HIV. Objective: To use demographic and geographical platforms for routine surveillance, incidence and study of the spatial distribution of HIV and other diseases, health determinants and distribution and impact of services and interventions for HIV and other diseases. HSS: •

Strengthen the laboratory health system, motivate the staff and retain experts in the public system; Field Epidemiology and Laboratory Training Program; • Strengthen the Field Epidemiology Laboratory Training Program (FELTP). • Expand the number of outbreak investigations and field placements. Care and Treatment. Objective: • Implement hepatitis B surveillance program; • Report the frequency of chronic hepatitis B and occult hepatitis. As this is a new program there is no pipeline to consider. There are no plans to purchase a vehicle.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	175,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13784**		
Mechanism Name:	**INS**		
Prime Partner Name:	**Instituto Nacional de Saúde**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	600,000	0
Narrative:			
This implementing mechanism will use COP 12 funding to strengthen laboratory quality systems and			

monitor quality of laboratory testing through the implementation of the following activities:

Establishment of a National Laboratory Quality Coordination Office;

Implementation of the SLMTA training program to prepare laboratories for WHO-AFRO accreditation, including training, supervision, and mentoring;

Implementation and maintenance of EQA programs for CD4, biochemistry, TB smear microscopy, gram stain, syphilis serology, and DNA PCR;

Decentralization of EQA for HIV serology to Provincial level;

Development of a quality assurance and proficiency testing scheme for point of care CD4;

Evaluation of the cost effectiveness of point of care diagnostics;

Establishment of reference laboratory capacity for enteric pathogens and sexually transmitted pathogens, and;

Establishment of a specimen bank for evaluating new diagnostic technologies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	1,140,000	0

Narrative:

Surveillance
HIV Surveillance is a key tool for monitoring progress towards reducing HIV infections in Mozambique, the first goal outlined in the Partnership Framework. Data from sentinel surveillance are used to produce estimates and trends of the burden and impact of HIV/AIDS in the country.
In 2012, funds will be used to further strengthen the surveillance program at MOH ($300,000), including trainings in surveillance methods for MOH staff, implementing the third round of assessment of PMTCT data for ANC surveillance purposes, and funding the 2013 round of sentinel surveillance in pregnant women (some funding was allocated in FY11). Sentinel surveillance includes development and production of survey instruments, training of central and field staff, shipping of specimens, and contracting of data entry personnel. All laboratory reagents and kits will be procured via SCMS or INS.
Since 2007, HIV drug resistance threshold monitoring (HIVDR-TS) was implemented as part of ANC

surveillance. Due to challenges with meeting target sample size in this population, in 2012, additional funds will be provided to conduct HIVDR-TS in a different population.
Three IBBS surveys are being conducted in 2011 with INS participation. Funds are also requested to help MOH integrate the Integrated Bio-Behavioral Survey (IBBS) into their HIV surveillance system ($250,000).
HDSS support
In Mozambique, like in most areas of the developing world, vital statistics, when existing, are weak. In these areas, a considerable number of vital events are missed or improperly registered, impeding the assessment of true population dynamics. Small-area projects may more accurately measure cause-specific HIV morbidity and mortality in these settings.
The Chokwé HDSS site initiated activities in June, 2010, with PEPFAR funding, and currently covers approximately 50,000 residents of Chokwe District though is soon to be expanded to cover about 140,000 residents. This continuing activity will fund fourth year operating costs and core data collection activities for this site ($200,000). Funds are also requested to support the early stages of planning for a second HDSS site in Maputo City ($50,000). PEPFAR funding supports material and human resource development at HDSS sites; PEPFAR funds will not support clinical trials or research projects.
Funds are also requested to implement an evaluation of a pilot of highly active integrated prevention in Chokwe using the chokwé HDSS site. The evaluation will collect data on HIV risk behaviors and HIV infection and will correlate changes over time with scale up of evidence-based prevention activities ($340,000)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	245,000	0

Narrative:

Laboratory human resources capacity building
Laboratory capacity and skills are severely lacking in Mozambique. FY12 funding will continue to support the post-graduate training in laboratory sciences of three National Institute of Health personnel. ($45,000)

Field Epidemiology and Laboratory Training Program (FELTP)
The Master FELTP is a CDC supported training model that exists in >30 countries around the world. The FELTP in Mozambique is a collaboration between CDC, GOM, and Eduardo Mondlane University, and consists of a 2-year training program resulting in a Masters degree to build human capacity within the Ministry of Health (MOH) for applied field epidemiology, thus strengthening the epidemiologic and laboratory management capacity of Mozambique. INS funding to FELTP will support field placements (at

Chokwé HDSS site and others) and support of Theses, posters and travel to conferences for the trainees ($200,000).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	775,000	0

Narrative:

INS will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on quality assurance and quality improvement.

This activity will be two-fold:

1. Quality improvement: in partnership with every provincial lead clinical partner, INS will support testing quality trainings to all counselors and health sector personnel in charge of performing rapid HIV testing. The trainings material is currently being adapted from “HIV rapid testing training package” by WHO/CDC

2. Revision, improvement and continued implementation of the current External quality Assurance methodology/system : proficiency testing in coordination with the national reference lab (INS).

Both of these activities will be carried out nation-wide, targeting all counselors and health care personnel and they will be complemented by on-going supportive supervision, including direct observation. Additionally, HVCT will fund the implementation of Highly Active Integrated HIV Prevention (HIP). The primary aim of HIP is to reduce HIV incidence within one or more discrete geographic areas of Mozambique by increasing the uptake of HTC, MC, ART, and PMTCT through program expansion, community mobilization, and strengthened linkage, retention, and adherence services. Positive prevention and MARPs activities will be addressed as well.

Implementing Mechanism Details

Mechanism ID: 14597	**Mechanism Name: DevResults**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: DevResults	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 100,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID will fund DevResults (a Web-based Project Management System) to increase their support and speed up development of the USG PEFPAR data warehouse. Under the agreement with the USAID Program Office, DevResults is currently supporting the development of the USG PEPFAR data warehouse, a data repository for all USG PEPFAR data. The data warehouse provides a platform for implementing partners to enter semi- and annul-report data around their HIV programs. In addition, the data warehouse has data analysis, performance evaluation and mapping function to increase the capacity of USG staff to better monitor, analyze and utilize program data on a routine basis.
DevResults is instrumental in providing support to incorporate the numerous demands that need to be met in order to accommodate PEPFAR processes and requirements. The data warehouse is expected to be functioning by the beginning of calendar year 2012. However, there is continued need to support these activities and up to now, DevResults has been using existing staff to support these activities. With additional funding, DevResults will ensure that they have specific staff and resources assigned to working with USG PEPFAR Mozambique staff on expanding the capability of the data warehouse and ensuring that additional modules and phases of the data warehouse are added without delay.

Purchased/leased vehicles will not be planned under this mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**14597**
Mechanism Name:	**DevResults**
Prime Partner Name:	**DevResults**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	100,000	0

Narrative:

USAID will fund DevResults to continue their support and development of the USG PEFPAR data warehouse. Under and agreement with the USAID Program Office, DevResults is currently supporting the development of the USG PEPFAR data warhouse. The data warehouse is a data repository for all USG PEPFAR data.
DevResults will receive $100,000 to supplement their programming team with a fourth developer whose primary purpose will be to focus on developing and enhancing the USG PEPFAR modules of the data warehouse.

Implementing Mechanism Details

Mechanism ID: 14598	**Mechanism Name: GOALS Training**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 150,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	150,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID Mozambique will work with Futures Institute to develop modules around training in the use and application of the GOALS modeling tool. The GOALS modeling tool is a modeling tool that provides support to National AIDS Councils and Ministries of Health in developing costing models for implementation of HIV related programs. Programs can range from HIV Care and Treatment to community based HIV related service activities. With an increase focus in PEPFAR on greater efficiencies it is criticial to ensure that future public health intervention have greater information around the costing needs and ramifications of interventions. This will provide information to both PEPFAR programs and National Governments around the costs of implementing programs. It is expected that this implementing mechanism will provide at least three trainings/modeling sessions during the fiscal year to PEPFAR staff, Government of Mozambique and implementing partners on using the GOALS model and developing costing models for HIV related programs. This costing information will be used better plan and implement HIV related program activiites and look at how to increase efficiencies and outcomes. This activity support ongoing strategic information activities in Mozambique by increasing and providing more platforms for data use and understanding for both USG PEPFAR staff, implemetning partners and the Government of Mozambique. There will be no vehicles purchased for this activity.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Neither**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	**Recipient(s) of**	**Approximate**	**Brief Description of Activities**

	Support	Budget	
HVSI	GRM	150000	Support to costing of HIV programs at a national level, including Global Fund

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing women's access to income and productive resources

TB

Budget Code Information

Mechanism ID:	14598		
Mechanism Name:	GOALS Training		
Prime Partner Name:	Futures Group		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	150,000	0

Narrative:

USAID Mozambique will work with the Futures Institute to develop modules around training in the use and application of the GOALS modeling tool. The GOALS modeling tool is a modeling tool that provide support to National AIDS Councils and Ministries of Health in developing costing models for implemetation of HIV related programs. Programs can range from HIV Care and Treatment to community

based HIV related service activities. With an increased focus in PEFPAR on greater efficiencies it is critical to ensure that future puiblic health intervention have greater information around the costing needs and ramifications of the interventions. This will provide information to both PEPFAR programs and National Governments around the costs of implementing programs. It is expected that this implementing mechanism will provide at least three trainings/modeling sessions during the fiscal year to PEPFAR staff, Government of Mozambique and implementing partners on using the GOALS model and developing costing models for HIV related programs. The costing information will be used to better plan and implement HIV related programs activities and look at how to increase efficiencies and outcomes. This activity will support ongoing strategic informations activities in Mozambique by increaseing and providing more platforms for data use and understanding for bothe USG PEPFAR staff, implementing partners and the Government of Mozambique.

Implementing Mechanism Details

Mechanism ID: 14639	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14640	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14641	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14643	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14644	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14645	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14646	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14647	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14648	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14650	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14652	TBD: Yes

REDACTED

Implementing Mechanism Details

Mechanism ID: 14670	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14673	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14715	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14717	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14718	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14719	**Mechanism Name: CDC - CDC Local**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 145,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	145,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Government of Mozambique (GOM) health sector`s national plan aims at improving the health status of the poor, with particular attention to vulnerable groups such as children, women and the elderly (PESS 2007-2012). Although some impressive progress towards improving access to health services, with emphasis on decentralization, integration of services provision and health system strengthening, many challenges remain. Lack of access to HIV services, poor quality of service delivery and patient management, delayed enrollment into HIV care and low retention rates in care and treatment programs are some examples.

The USG is providing technical and financial support to the Ministry of health in the national efforts to address some of these pressing barriers, and envisages introducing initiatives to tackle adherence and retention in care, to ensure that pre-ART and ART patients are kept in care. Monitoring of activities will be done by checking purchase orders and travel requests to ensure that internal controls are met. No vehicles being purchased. No activies under Gender or any other wrap around.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**14719** **CDC - CDC Local** **U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	145,000	0

Narrative:

The Government of Mozambique (GOM) health sector`s national plan aims at improving the health status of the poor, with particular attention to vulnerable groups such as children, women and the elderly (PESS 2007-2012). Although some impressive progress towards improving access to health services, with emphasis on decentralization, integration of services provision and health system strengthening, many challenges remain. Lack of access to HIV services, poor quality of service delivery and patient management, delayed enrollment into HIV care and low retention rates in care and treatment programs are some examples.

The USG is providing technical and financial support to the Ministry of health in the national efforts to address some of these pressing barriers, and envisages introducing initiatives to tackle adherence and retention in care, to ensure that pre-ART and ART patients are kept in care.

In FY 12, through PEPFAR funds the delivery of a HIV preventive basic care package of commodities and services will be piloted in two provinces, namely Cabo Delgado and Zambezia. Existing data shows that Cabo Delgado province presents very low retention rates in pre-ART and in Zambezia the retention

rates in pre-ART are also low.

This intervention, which is in line with GHI principles, is a retention strategy and the main objective is to address adherence and retention in HIV Care and support programs. Moreover it aims to ensure that patients who access HIV prevention, care and treatment programs and ANC services at health facility, benefit from a low cost and evidence based package that prevents the occurrence of preventable opportunistic infections (OIs).
The expected outcome of this intervention is to increase retention rates within care, treatment and support programs, ensure early initiation of ART and reduce the number of deaths due to OIs.

The specific target groups are:
1) Pre-ART patients (those not yet eligible for ART initiation)
2) Patients newly enrolled on ART for the first 6 months of ART
3) Pregnant women for the duration of pregnancy and 6 months post-partum
4) Children infected with HIV.

Envisioning a more comprehensive approach, the KIT will be changed, so each patient should receive one BCP kit that contains:
1) Six bottles of 150 ml of sodium hypochlorite solution to treat drinking water (certeza)
2) Six month course of pre-packed cotrimoxazole prophylaxis in tablets;
3) Two half bars of washing soap (bingo).
4) 30 condoms
5) IEC materials

The Basic care package (BCP) intervention will be distributed to the eligible patients every six month through the using the existing health care infrastructure. The total amount for the delivery of the intervention is $184,507 USD. The funds will cover the procurement, packing and distribution of the BCP, training of health facility staff and peer educators, supervision and monitoring and evaluation. It is also expected that an evaluation of the pilot will be done in the selected sites.

Implementing Mechanism Details

Mechanism ID: 14732	**Mechanism Name: Livelihood and Food Security Technical Assistance program**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: FHI 360	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 800,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FIELD- Livelihood and Food Security Technical Assistance program-Economic Strengthening Assessment- HIV/AIDS has long been identified as a serious threat to the overall socio-economic development poverty reduction efforts of the country affecting primarily the urban population. PEPFAR Mozambique would like to improve the economic status of vulnerable households through joint efforts with organizations that have strong experience with market-linked income generation, micro-enterprise development, and savings and loan interventions. Economic strengthening is seen as an effort to reduce the vulnerability of children and youth and their families by improving their economic security or the economic security of the individual and caregivers or communities that take care of OVC. Generally, economic strengthening involves on asset provision, asset protection and asset promotion. The Goal of the portfolio Review and Assessment is: To mitigate the impacts of HIV/AIDS by improving ES interventions, and increase on-going, collaborative action among PEPFAR partners and specialist with expertise in economic or livelihood strengthening. Assessment will also employ a gender lens where applicable. Overall the review and assessment finding and report will inform PEPFAR investments intended to help the Mozambican Government and other partners to improve the ES activities. Purchased/leased vehicles are not planned under this mechanism. The Goal of the portfolio Review and Assessment is: To mitigate the impacts of HIV/AIDS by improving ES interventions, and increase on-going, collaborative action among PEPFAR partners and specialist with expertise in economic or livelihood strengthening. Assessment will also employ a gender lens where applicable. No vehicle will be purchased.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	800,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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

Budget Code Information

Mechanism ID:	**14732**
Mechanism Name:	**Livelihood and Food Security Technical Assistance program**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	800,000	0

Narrative:

This activity will be funded under the FHI 360 transition mechanism, FIELD- Livelihood and Food Security Technical Assistance program (a Partner with demonstrated capacity to provide the expertise in Economic Strengthening for Vulnerable people, especially those affected by HIV/AIDS, with strong linkages to Food and Nutrition and other relevant Development Programs such as value chain and market development, which is critical to the success of USG Mozambique Economic Strengthening activities. This is a mechanism under USAID-Economic Growth Agriculture and Trade Bureau in DC.

The goal of this activity is: To mitigate the impacts of HIV/AIDS by improving ES interventions and

increase on-going, collaborative action among PEPFAR partners and specialist with expertise in economic or livelihood strengthening.

The fundamental strategy behind this activity is the evaluation of current practices and strengthens those that are high impact and have proved to yield benefits to vulnerable families, and adoption and adaptation of evidenced based approaches from the region and international, maximizing the return on investments.

One of the critical success factors will be the collaboration intra-USAID offices (Integrated Health and Agriculture, Trade and Business) and USG interagency, the donor community supporting the Social Protection Strategy, Ministry of Women and Social Action and The Ministry of Commerce and Industry to ensure best results and quality in all aspects.

Implementing Mechanism Details

Mechanism ID: 14735	**Mechanism Name: Project Search**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Project Search Johns Hopkins University was funded in COP09 and COP10 (at a total of 1,000,000 (500,000 at each COP cycle) to implement an evaluation of the impact on behavior change and risk reduction of three PEPFAR funded implementing mechanisms around the reduction of multiple and concurrent partner reduction campaigns. JHU implemented the mid-term evaluation of the project in FY11

and released the findings of the evaluation. Overall the finding from the evaluation were positive, with changes in reported behaviors around the number of people counseled and tested and condom use. Additional analysis of the mid-term results are in process and additional secondary analysis will be released in November 2011. The end-of-project evaluation will take place in early FY13. Because of the pipeline from the last two fiscal years, there is no new funding for this activity in FY 12.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**14735**		
Mechanism Name:	**Project Search**		
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
Project Search Johns Hopkins University was funded in COP09 and COP10 (at a total of 1,000,000 (500,000 at each COP cycle) to implement basic program evaluation activities that will primarily be			

focused on investigating the impact of general population abstinence and/or be faithful (AB), other prevention (OP) and most at risk populations (MARP) prevention intervention activities that USG Mozambique will be beginning in FY 2010. The primary objectives of this multi-prevention program evaluation are to quantify and qualify the impact of the newly developed prevention interventions on behavior change, normative behaviors, beliefs and attitudes that impact behavior change and attitudes towards HIV and sexual transmission practices for general populations and for MARP populations. Another primary goal of this program evaluation will be develop rigrous costing methodologies that will allow the USG and the government of Mozambique to have better estimates and projections around prevention interventions. This activity will also provide data around multiple concurrent partnership reduction and other quantitative data related to general population and MARP activities, that will be used for baseline, target and ongoing program monitoring. The evaluation will be a multi-province evaluation. The evaluation will first field test various methodological and logistical questions for feasibility. The evaluation may also include interviews and focus group sessions with participants of the multiple different types of prevention interventions that took place and would provide comparative impacts of different types of interventions with different populations.

Implementing Mechanism Details

Mechanism ID: 14736	**Mechanism Name: CDC_CDC_HQ**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 775,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	775,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In 2003, US President George W. Bush announced the President's Emergency Plan for AIDS Relief (PEPFAR). Mozambique was designated a focus country of the initiative and CDC GAP Mozambique became a part of this unified US Government effort to turn the tide against the epidemic. The CDC Global AIDS Program (GAP) Mozambique office opened in August 2000. Since then, CDC has been supporting the Mozambique Ministry of Health by pursuing a balance between addressing the immediate needs and building long-term capacity to mitigate the impact of the HIV/AIDS epidemic. This approach is being implemented in all 11 provinces. One of the Ministry of Health's priorities for 2012 is laboratory quality improvement through the implementation of Laboratory Quality Management Systems (QMS). With CDC Mozambique support, the Ministry of Health has adopted the WHO-AFRO Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) using SLMTA as a training and implementation tool.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	14736
Mechanism Name:	CDC_CDC_HQ
Prime Partner Name:	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	150,000	0

Narrative:

With PEPFAR funds, in 2012, CDC will continue to provide Technical Assistance to the National TB Program (NTP) for both adult and children, which will include direct support from CDC country office and from Atlanta. Also short term consultants will be contracted to assist in the development/updating of national guidelines and recording and reporting tools, development of protocols and training of health workers

Part of the funds will be used for TA to the NTP in the development and implementation of MDR-TB data base and for the implementation of a national basic program evaluation of the National One Stop Model of care for TB patients co-infected with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	25,000	0

Narrative:

Laboratory services are an integral component to support optimal care and treatment to HIV-infected patients. CDC-GAP Mozambique has been working together with laboratory and treatment partners to support the Ministry of Health's overall efforts to strengthen laboratory capacity in Mozambique. One of the Ministry of Health's priorities for 2012 is laboratory quality improvement through the implementation of Laboratory Quality Management Systems (QMS). With CDC Mozambique support, the Ministry of Health has adopted the WHO-AFRO Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA) using SLMTA as a training and implementation tool. TA is received from CDC Atlanta for the successful implementation of this program.

In FY12, CDC post funds will support travel costs for TA visits from CDC Atlanta for the continued roll out and improvement of the SLMTA program to ensure sustainability in the long run. TA will include audit training and support for the local assessors, building and maintaining a local mentorship program and customizing the SLMTA program to support the implementation of National Standards for lower level laboratories.

In addition, funding will support translation and production of relevant training materials and manuals for distribution within the network.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	600,000	0

Narrative:

The CDC will conduct an evaluation of the national implementation of the Community Adherence and Support Group (CASG) strategy that is currently being rolled out in Mozambique. This strategy is designed to improve new enrolments, improve retention, decrease mortality and decrease the work overload currently crushing health facilities all over Mozambique.

Additionally, the CDC will conduct an evaluation of the implementation of a mobile unit strategy in Zambezia, Sofala and Gaza. This strategy is intended to contribute significantly to ART scale-up in these provinces as well as increase access to core public health services such as immunizations, family planning and antenatal care.

Implementing Mechanism Details

Mechanism ID: 14738	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14739	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14740	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14747	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14748	Mechanism Name: UNICEF REPSSI PSS Course
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant
Prime Partner Name: United Nations Children's Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 350,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	350,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this project is to deliver long distance learning based on a regional 18-month certificate program to community-based activists working with children and youth in the context of HIV, AIDS and poverty to promote good caring practices and quality psychosocial support interventions. The fundamental strategy behind this activity is the adoption and adaptation of an 18-month Certificate Program for Community Based Work with Children and Youth that has already been successfully implemented in the region, as evidenced by an independent external evaluation . The Program is offered as a distance learning course and as such, maximizes learning opportunities, both at the workplace and at community level, for activists with minimal formal education and training already working for and with children. As an accredited Program, it also offers learners pathways for career development. The certificate Program examines key trends, theories and approaches when dealing with ‘children at risk’, including introducing concepts of child rights and child protection. The course also includes practical skills that are needed when working with communities, families, youth and children, particularly in terms of pyscho-social support. The direct target group for this proposal is 160 government and community-based activists (with a target of equal distribution by sex) who are already working on issues related to children

(particularly OVC) at CBOs, NGOs, and FBOs, but have not had the opportunity to access formal training. It is anticipated that each activist will reach at least 30 children, resulting in nearly 5,000 children being reached with quality support services. The three provinces to be covered in this first phase are likely to be Maputo, Beira and Nampula

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	**14748**		
Mechanism Name:	**UNICEF REPSSI PSS Course**		
Prime Partner Name:	**United Nations Children's Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	350,000	0
Narrative:			
This activity will be implemented by a Public International Organization working in the area of Children Advocacy, UNICEF.			

The goal of this project is to deliver long distance learning based on a regional 18-month certificate program to community-based activists working with children and youth in the context of HIV, AIDS and poverty to promote good caring practices and quality psychosocial support interventions

The fundamental strategy behind this proposal is the adoption and adaptation of an 18-month Certificate Program for Community Based Work with Children and Youth that has already been successfully implemented in the region, as evidenced by an independent external evaluation (South African Institute for Distance Education - Evaluation Report of the Certificate Program. 2010). The Program is offered as a distance learning course and as such, maximizes learning opportunities, both at the workplace and at community level, for activists with minimal formal education and training already working for and with children. As an accredited program, it also offers learners pathways for career development. The certificate program examines key trends, theories and approaches when dealing with 'children at risk', including introducing concepts of child rights and child protection. The course also includes practical skills that are needed when working with communities, families, youth and children, particularly in terms of pyscho-social support.

One of the critical success factors identified in the evaluation is the strong collaboration between University of KwaZulu-Natal (UKZN) academic team, the African Centre for Childhood team, UNICEF, REPSSI and the local university/training institution hosting the program whereby each partner provides inputs per their comparative advantage to ensure a program that is of high quality in all aspects. Another success factor is the well-designed decentralized student support model whereby students attend regular and well organized mentor-led group sessions. The evaluation also found evidence that the program had well-designed learning materials, appropriate assessment, and responsive management. Therefore, the program is ready to be rolled out immediately.
All of these proposed activities are in line with the experience at the regional level, and also incorporate the aspects for attention identified in the evaluation. They are also evidence-based in that they incorporate the lessons learned during the pilot phase, which are in fact in line with the findings of the evaluation.

The partner is one of the key partners working with the Ministry of Women and Social Action in implementing a holistic child and social protection system to reach poor and marginalized children, including a focus on social welfare workforce strengthening. One of their main assets in this regard is the international and domestic expertise, comfort in dealing with partners at all levels, and a solid grounding in a human-rights based approach to programming.

Implementing Mechanism Details

Mechanism ID: 14751	Mechanism Name: Ecohealth Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Gorongosa National Park	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Gorongosa EcoHealth Initiative is a PPP jointly developed by USAID, Gorongosa National Park (GNP), local authorities and community-based organizations in Sofala Province, which has a prevalence of HIV infection of 23%, and is near the high density Beira transportation corridor. Sofala province has one of the highest rates of orphans in the country, and 59% of children live in absolute poverty. The Initiative is implemented by the Gorongosa Restoration Project (GRP), which has a 20-year agreement with the GOM to restore GNP and contribute to the development of communities in the 4 districts bordering GNP. The EcoHealth Initiative will capitalize on GNP's existing structures, services and linkages with communities and other agencies (e.g. Mount Sinai University) to reach an estimated 22,000 people, prevent new HIV infections 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 officials and communities to integrate HIV prevention and mitigation into conservation activities, including sustainable natural resource based micro-enterprise development, community mobilization/education, and community-based resource management strategies. The Initiative will promote gender equity by encouraging female participation in income-generating activities (at least 50% of participants will be women), and addressing gender specific barriers to HIV services (e.g. improving CT uptake among men. Messages to prevent gender-based violence (GBV) will be incorporated into training of community volunteers and into community mobilization activities within the buffer zone community. No vehicles planned.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**14751**
Mechanism Name:	**Ecohealth Project**
Prime Partner Name:	**Gorongosa National Park**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

Gorongoza Restoration Project (GRP), part of the CARR Foundation, is developing sustainable natural resource-based micro-enterprises linked to the Gorongoza National Park's (GNP) activities (e.g. honey production, agroforestry) on Mount Gorongosa. Carr Foundation will ensure that a portion of these

activities will directly target older orphans and vulnerable children (OVC) and family members, while linking productive activities (e.g. food, income) to community care groups. These activities will focus on improved nutrition and increased income for target households. Training components will include basic education and counseling for psychosocial support, utilization of locally appropriate, nutritious foods, and hygiene & sanitation. These activities will be linked with clinical and community care providers in the nearby communities.
GRP currently runs a mobile clinic in partnership with the SDSMAS of Gorongosa, and will ensure that basic health care is provided to OVC in the 16 communities reached by the clinic in the Parks' buffer zone. Likewise, the Portuguese Government development agency (IPAD) has financed the construction of the Community-Education Center (CEC) within the park limits and with easy access to various communities in the park's buffer zone. GRP will use this resource as a means to educate and mobilize communities to promote the care of OVC by integrating HIV mitigation strategies into health & conservation trainings targeting school teachers, health personnel, community-leaders and GNP staff. Community conservation capacity building efforts, which include PLHIV and OVC, will be sure to incorporate an HIV mitigation component and will take into account new social structures caused by HIV in the community. HIV mitigation will also be integrated into the Community Development Committees being catalyzed by GNP in the buffer zone communities as part of its conservation efforts to ensure that communities continue to take the lead in caring for OVC.
GRP will also pilot a bicycle ambulance program in 16 buffer zone communities to strengthen the linkage between these communities and health facilities. The project will support OVC and families to access the basic services. The livelihoods component of the Initiative will focus on improved nutrition through basic nutritional education and counseling and the promotion of locally appropriate and nutritious foods. Emphasis will be on linking OVC and families to Economic Strengthening activities for improved nutrition and increased income for target households. GRP, USG and implementing partners will develop a joint M&E plan that will monitor progress in relation to the HIV prevention and mitigation objectives set above. Reporting systems will be established to track the number of persons reached through the mobile clinic, community education and productive activities. GRP and USG will ensure that reporting systems are harmonized with the national system and avoid duplication.

This project has just started and is still in startup mode. The total HKID pipeline of $200,000 will continue to be used in FY12.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

Prevention efforts will be integrated with conservation/health and will target GNP staff, school teachers,

health personnel, community-leaders and traditional healers in buffer zone communities. Interpersonal communication activities will educate individuals about HIV risks, self perception of risk and locus of control, and will promote messages on reducing MCP, increasing condom use and increasing service uptake of CT and other health and HIV services. HIV prevention topics will raise awareness about sero-discordancy and positive prevention.
Community conservation capacity building efforts will be sure to incorporate an HIV component and will address increased vulnerabilities that may result from the park's rehabilitation. HIV prevention will also be integrated into the Community Development Committees being catalyzed by GRP in the buffer zone communities to promote prevention and community mobilization to mitigate the impact of HIV on communities. HIV prevention education will also be integrated into the economic strengthening training conducted through GRP's sustainable natural resource-based micro-enterprise program, which will target primarily women. GRP currently runs a mobile clinic in partnership with the SDSMAS of Gorongosa, and will ensure that HIV prevention, counseling, testing and follow-up services are integrated into the primary health care outreach offered by the clinic and will increase male uptake of CT and ANC services. GRP is completing the construction of a Community-Education Center (CEC) that will serve as a valuable community education resource. Likewise, a health Peace Corps volunteer with USG experience will be posted at the CEC as of January 2010 to help coordinate the GRP's HIV prevention outreach.

GRP will also create an HIV work place policy to support peer-based work place prevention programs and services. GRP will seek and adapt existing IEC materials and curricula rather than developing new materials. To address sustainability, GRP will also use these funds to build community-level capacity to mobilize community-centered, integrated conservation/prevention efforts. GRP will actively link with prevention efforts implemented by other partners in the four districts.

This project has just started and is still in startup mode. As such, none of the allocated FY10 and FY11 funds have been used. The total pipeline HVAB $300,000 (HVAB) will continue to be used in FY12. GRP, USG and implementing partners will develop a joint M&E plan that will monitor progress in relation to the HIV prevention and mitigation objectives set above. Reporting systems will be established to track the number of persons reached through the mobile clinic, community education and productive activities. GRP and USG will ensure that reporting systems are harmonized with the national system and avoid duplication.

Implementing Mechanism Details

Mechanism ID: 14753	**Mechanism Name: Measure Evaluation- OVC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Grant

Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 900,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID will work with MEASURE Evaluation to implement a cross-sectional/cohort evaluation of national-level USAID OVC programs. The evaluation will sample different USAID implementing partner OVC programs to perform the evaluation. The evaluation will work with a set of internationally developed OVC indicators to look at changes in outcomes of these indicators from baseline to final evaluation. In addition, the evaluation will look to develop a comprehensive tool for evaluating these programs to be adapted for use by the GoM Ministry of Women and Social Action (MMAS) to implement standardized and routine evaluations around a standard set of defined and measurable outcomes throughout Mozambique and within specific USAID OVC programs. It is expected that this evaluation will provide capacity building and TA at both national- and sub-national level as described by the activities above. The evaluation will include MMAS in the development of both the tool and the actual investigation and evaluation. The evaluation will look at outcomes across the OVC spectrum of service activities as defined by the minimum standards of care, including changes in health, economic strengthening, education, psychosocial wellbeing, and how effective the linkages of OVC programs are with other Health and Social programs. MEASURE Evaluation will also support the evaluation of the USAID Home Based Care (HBC) programs. The primary objectives of USAID-supported HBC services are to ensure care and support for patients outside of the HIV care and treatment facility. These services can include both palliative, psychosocial support and referral services. USAID has been supporting HBC programs since the introduction of PEPFAR in Mozambique.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Child Survival Activities

Budget Code Information

Mechanism ID:	**14753**
Mechanism Name:	**Measure Evaluation- OVC**
Prime Partner Name:	**University of North Carolina at Chapel Hill, Carolina Population Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,000	0

Narrative:

MEASURE Evaluation will also support the evaluation of the USAID Home Based Care (HBC) programs. The primary objectives of USAID-supported HBC services are to ensure care and support for patients outside of the HIV care and treatment facility. These services can include both palliative, psychosocial support and referral services. USAID has been supporting HBC programs since the introduction of PEPFAR in Mozambique; however, there have been no quantitative evaluations of the impact of these programs on improving health outcomes. The specific content of the HBC evaluation still needs to be identified but will be developed in a comprehensive protocol.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	0

Narrative:

USAID will identify an implementing partner mechanism to implement a cross-sectional/cohort evaluation of national-level USAID OVC programs. The evaluation will sample different USAID implementing partner OVC programs to perform the evaluation. The evaluation will work with a set of internationally developed OVC indicators, which are in the process of being developed and finalized by MEASURE Evaluation, and look at changes in outcomes of these indicators from baseline to final evaluation of the program. In addition, the evaluation will look to develop a comprehensive tool for evaluating these programs which will then be adapted for use by the Government of Mozambique Ministry of Women and Social Action to implement standardized and routine evaluations around a standard set of defined and measurable outcomes throughout Mozambique and within specific USAID OVC programs. It is expected that this evaluation will provide capacity building and technical assistance at both national- and sub-national level as described by the activities above. The evaluation will include Ministry of Women and Social Action in the development of both the tool and the actual investigation and evaluation. The evaluation will look at outcomes across the OVC spectrum of service activities as defined by the minimum standards of care, including changes in health, economic strengthening, education, psychosocial wellbeing, and how effective the linkages of OVC programs are with other Health and Social programs.

Implementing Mechanism Details

Mechanism ID: 14789	**Mechanism Name: EGPAF TA**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 12,417,785	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	12,417,785

Sub Partner Name(s)

(No data provided.)

Overview Narrative

EGPAF receives PEPFAR funds to implement HIV program activities in Maputo Province, Gaza, Nampula and Cabo Delgado. Approximately 40% of Mozambique's HIV-infected population resides in these 4 provinces. The program's goal is to scale-up quality care, treatment and evidence-based prevention activities and contribute to PF goals 1-5 through by: 1)Reducing sexual transmission of HIV; 2)Community mobilization and linking of facility and community based care; 3)Increasing Provincial and District Ministry of Health capacity; 4)Ensuring effective referral and patient tracking systems; 5)Ensuring and improving nutrition services. GHI focal areas addressed are: Expanded Access and Uptake of Quality MNCH services and Strengthened Governance. In FY12 EGPAF will provide ARVs for PMTCT to 19,237 pregnant women; HIV counseling and testing to 242,342 people; and ART to 51,024 patients. Expenditure analysis placed EGPAF within the normal distribution. Increased capacity and program transitions to MOH and local partners are expected to further reduce program costs over time. FY12 is second year funding, so pipeline analysis was not available at the time this budget was being developed. Activities to increase local ownership are: 1)Transition management of clinical services in Maputo Province and Cabo Delgado to a Mozambican NGO (Ariel Foundation); 2)Increase the number of direct awards to provinces and districts in FY12; 3)Expand performance based financing to include all districts in Nampula and Gaza; An M&E system captures standard data related to quantity, quality and impact of HIV clinical services, systems strengthening activities, financial accountability and administrative management. EGPAF has to date purchased 28 vehicles. Additionally, this IM receives Central GBVI funds

Cross-Cutting Budget Attribution(s)

Construction/Renovation	1,249,000
Food and Nutrition: Policy, Tools, and Service Delivery	351,564
Gender: Reducing Violence and Coercion	175,782
Human Resources for Health	1,500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
TB
Family Planning

Budget Code Information

Mechanism ID:	**14789**
Mechanism Name:	**EGPAF TA**
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	963,446	0

Narrative:

In FY 12, the Elizabeth Glazer Pediatric AIDS Foundation (EGPAF) will continue to support the Ministry of Health through the Provincial Health Directorates (DPS) of Maputo Province TA and capacity building to Ariel, DPS and DDS), Gaza, Cabo Delgado and Nampula provinces as well as the District Health Directorates (SDSMAS) in these provinces.
The focus will be capacity-building for ARIEL and DPSs to improve program management and delivery of services in Maputo Province, and Cabo Delgado, with particular attention to latter. According to the data provided in the last retention meeting organized by the MoH, this province presents low retention rates in Pre-ART.
In Gaza and Nampula EGPAF will intensify its support to ensure high quality services for patients in care

(pre-ART and ART patients), improve the retention rates, strengthen referral systems within health facilities and the community with particular attention to Nampula since data shows low retention rates in pre-ART.
A performance based financing (PBF) initiative will be expanded to include all districts in Nampula and Gaza. Some of the indicators EGPAF will be using to measure and subsequently incentivize performance are key care and support indicators.
The main activities are:
1) Roll out Pre-ART package of care and support services to HIV infected patients. This activity will allow a better follow up of patients in care in standardized manner. The objective is to ensure all patients in care, either pre-ART and ART benefit from a comprehensive set of intervention such as diagnosis of opportunistic infections (OIs), provision of cotrimoxazole prophylaxis, TB screening, INH prophylaxis, STI diagnosis and syndromic management, nutrition assessment and counseling (NAC), psychosocial support, adherence support, positive prevention and other services that will contribute to link to and retain patients in care
2) Integration of Pre-ART with positive prevention (PP) interventions. In line with the MoH vision, Pre-ART and PP interventions will be integrated. PEPFAR recommends a whole range of interventions that should be offered to all patients in care. Efforts will be done to ensure that at health facility the following 7 interventions are provided(including the data reporting as long as the monitoring and evaluation systems are in place) within the pre-ART package: 1)Condom provision and education; 2) Partner testing and referral; 3) STI management and partner testing; 4) Family Planning; 5) Adherence assessment and support;6) Assessment of support needs and referral (i.e: home-based care, support groups, post-test-clubs); 7)Alcohol use, assessment and counseling
3) Provincial trainings and supervision to improve syndromic management of STIs
4) Scale up of the `screen and treat` cervical cancer program
5) Train nurses and medical agents in OIs (new guidelines) to ensure appropriate and early diagnosis of and provision of CTX prophylaxis
6) Implementation of universal access of peer educators (PE) support
7) Capacity building to the DPS,DDSMAS and local organizations to manage and implement quality HIV/AIDS Prevention, Care, and Treatment related sub agreements
8) Expand Performance Base Financing to all districts of Gaza and Nampula

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	510,300	0

Narrative:

All USG-supported treatment partners, including EGPAF, will be funded to implement TB/HIV activities in HIV and TB treatment settings for adults and children. These proposed activities are in line with the MoH

priorities and at a minimum will include: 1) Strengthening the implementation of the 3 “Is”- intensified TB case finding (ICF), Isoniazid preventive therapy prophylaxis (IPT) and infection control (IC); 2) provision of cotrimoxazole preventive therapy (CPT); 3) universal anti-retroviral treatment (ART) for all HIV-infected person who develops TB disease (irrespective of CD4); 4) integration of TB and HIV services including scaling up the implementation of “one stop model” 5) strengthening of the referral system and linkages with other services (ATS, PMTCT) to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS, 6) IC assessment and developing to reduce nosocomial TB transmission in health facilities; 7) ensuring that all key clinical receive training on TB/HIV, and MDR-TB including management of pediatric TB.

In addition EGPAF will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at the clinics who are screened, diagnosed, and treated for TB.
As part of provincial team EGPAF will continue to participate in the provincial planning, provincial and district technical working groups and in monitoring the implementation of the activities with the DPS and other partners in respective geographic area.
Additionally EGPAF will collaborate with existing TB diagnostic and treatment facilities to ensure that:
1) Minor renovations in out-patients, wards with TB and/or MDR-TB patients, waiting areas, laboratory and X-ray departments to improve cross ventilation will be carried out in selected health facilities.
2) A good laboratory system for sample referral for GeneXpert and including in communication and information system are in place.
3) Clinicians and nurses at provincial and district/rural hospitals are trained to perform sputum induction in children and strengthening evaluation and management of pediatric TB.
4) EGPAF in Gaza Province will assess the need to support or hire a TB/HIV focal person.
5) Motorcycles will be purchased to support supportive supervision to peripheral health facilities, community based DOTs volunteers/activists and to trace defaulters and contacts of TB.
6) Print and disseminate IEC materials
7) Implementation of surveillance of TB among health workers
8) Continuing coordination and collaboration with key partners in the province to identify gaps, avoid duplication and make the rational use of resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	484,598	0

Narrative:

During FY12 EGPAF will support Pediatric HIV care services in Maputo Province (for TA and Capacity

building to Ariel, DPS and DDS), Gaza, Cabo Delgado and Nampula provinces.

Support for the provision of comprehensive care and support services to HIV exposed and infected children includes: Early infant diagnosis; cotrimoxazole prophylaxis; management of opportunistic infections; growth and development monitoring; nutrition assessment, counseling and support; psycholo- social support. In FY12 EGPAF will provide cotrimoxazole prophylaxis to 6326 HIV exposed infants.

The systems strengthening and capacity building activities that will be supported in Fy12 include:
in-service training on comprehensive pediatric HIV care, supportive supervisions and mentoring; provision of job aids; and strengthening of commodity, drug and reagent distribution systems within the province
Routine supervision, monitoring and collection of data on infant diagnosis, cotrimoxazole prophylaxis and enrollment in ART programs will be ensured through implementation of QI activities.

Activities promoting integration and linkages of pediatric services with other routine care will be implemented and include:
1) Expanding PICT: - to all hospital admitted children, TB clinics and nutrition services; systematic testing of children of adult patients enrolled on ART;
2) Strengthening the HIV DNA PCR infant diagnosis logistic system, use of cell phone printers' technology to transmit test results and reduce the waiting time to HIV diagnosis.
3) Improving referral systems between pediatric Care and treatment and child at risk consultation clinics (CCR):- using escorts (peer educators) for mother/baby pairs between maternity and CCR; in EPI/MCH services, verification of HIV status/ exposure in the child health card and referral for testing and follow up in CCR clinics
4) Integration of HIV in MCH services by including MCH nurses in ART management committee meetings, reviewing patient flow to reduce loss to follow and conducting home visits for HEI within the first month of delivery.
5) Supporting access to malaria and diarrhea prevention assuring storage and distribution of basic care commodities (water purification, IEC materials and soap) and access to ITNs for all children < 5 years;
5) Nutritional assessment and counseling and provision or referral to access therapeutic and supplementary food that is provided through other partners and donors (e.g WFP and UNICEF)
6) Strengthen referral systems between clinic and community services including OVC programs;

EGPAF has implemented a few adolescent HIV care activities such as support groups and youth friendly services. The USG will develop a comprehensive strategy on adolescent HIV care including disclosure which will be implemented by clinical partners.

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. EGPAF also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyze performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	135,000	0

Narrative:

EGPAF has been asked to place 1 M&E Advisor in Gaza and Nampula provinces as part of their overall support to clinical services in these Provinces.
While strengthening systems for M&E and Health Information Systems (HIS) remains a priority, the model of providing assistance is currently under review in a joint process by USG and MOH. During FY12, these discussions should provide updated guidance on the most effective model for providing technical assistance that results in greater MOH ownership and capacity (e.g. via seconded technical advisor or another model of technical assistance.) The overall objectives of this technical assistance continues to be to strengthen MOH systems at provincial level
*To coordinate routine activities related to M&E and HIS at the Provincial Directorate of Health, giving priority to endemic diseases, including HIV.
*To reinforce and support the implementation of the decentralization of HIV services including related routine data collection systems.
*To strengthen MOH 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.
*To support the Provincial Directorate of Health in the analysis and dissemination of data (for example, to the site level, Ministry of Health, and partners.)

While the primary focus of this technical assistance is to strengthen HIV-related M&E, by strengthening systems and human capacity at the provincial level, this technical assistance should also positively impact M&E systems in other MOH systems beyond HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,174,500	0

Narrative:

EGPAF supports Ministry of Health (MOH) priorities outlined in the Human Resources National

Development Plan (2008-2015) and is coordinating with other PEPFAR implementing partners and other donors in the provinces of Maputo Province (Ariel), Cabo Delgado, Gaza e Nampula. In 2012 will continue to support in the following activities:

• Given the urgent need for increasing the number of qualified health care workers at all levels, PEPFAR funds are used each year to pay the entire course expenses associated with training for clinical officers, general nurses, MCH nurses, laboratory technicians, and pharmacy technicians from both basic (3 semesters) and middle level training programs (5 semesters) at the provincial Health Institutes. The goal of this activity is to increase the production of healthcare workers and decrease the numbers who drop out of training due to financial constraints. The partner will provide annual support to health training institutes in their province areas through the Provincial Health Directorate (DPS) per the needs identified by the province.

• Based on the laboratory program model of support, in FY12 partners will continue to provide support to supply chain management of medicines and reagents at the periphery by supporting the position of a pharmaceutical supply chain advisor for the province. This advisor will work with the DPS and DDS to incorporate pharmacy supervision visits into joint integrated supervisions visits; coordinate with the provincial advisors in other areas, CMAM, MoH laboratory section, and SCMS around bottlenecks or problems with essential commodities, including laboratory reagents; help coordinate and support trainings in collaboration with the DPS an CMAM.

• Laboratory services are integral service component to support optimal care and treatment to HIV patients. FY12 funds will continue to support Laboratory Technical Advisors based at the DPSs. The laboratory advisor will liaise with and coordinate activities with NGOs and partners, MoH, SCMS, APHL, and others. The advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at provincial and district levels.

• Minor renovations and infrastructure. FY12 funds will support rehabilitation of existing infrastructure to accommodate the decentralization process. Partners will have funds to support minor rehabilitation to facility and district pharmacies, including paint, ventilation or air conditioning systems, racking and other material/infrastructure requirements for improved storage conditions for medicines.

• Supply chain & commodities support. Partners will receive OHSS funds to provide additional support to the supply chain system below provincial level, in collaboration with SCMS and SIAPS. Partners will provide general support to strengthening quality of pharmaceutical management services, including ARV dispensing services through improved monitoring of the MMIA system, monitoring pharmacies and adherence to standard operating procedures, and participation in joint supervision visits with the DPS/DDS. Partners will also support the expansion of the logistics management information system (SIMAM) to additional districts.

In GAZA and NAMPULA, EGPAF will expand its performance based financing (PBF) initiative to include all districts in those 2 provinces.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	139,500	0

Narrative:

Prevention of medical transmission of HIV is addressed through the MOH Infection Prevention and Control program, which goal is to reduce the risk of transmission of HIV and other blood borne pathogens at health facilities. Activities include: compliance with Infection Prevention and Control/Injection safety (IPC/IS) standards; reinforce of biomedical waste management; Post Exposure Prophylaxis (PEP) to HIV and work place safety. The program started in 2004 with PEPFAR technical and financial support. Since 2010 USG/PEPFAR supported Clinical partners are requested to mainstream IPC/IS activities at their sites.

In alignment with PEPFAR FY 2012 goals, EGPAF will continue to reinforce IPC implementation including: compliance with IPC standards and guidelines; adequate sharps and other infectious waste disposal; PEP scale-up and M&E; dissemination and implementation of the National waste management plan. In FY12 EGPAF will pilot a model waste management approach using autoclaves in 3 facilities (Xai-Xai provincial hospital and Chokwe Rural Hospital in PEPFAR focus province Gaza and in Ndlavela health Center in Maputo province), with support of JHPIEGO and in close coordination with CDC Mozambique and support of CDC HQ – International medical waste Program manager.

FY 12 Key activities include: 1) Strengthen and expand implementation of PEP services for victims of sexual or gender based violence as well as occupational exposure in clinical settings and including monitoring and evaluation 2) Strengthen implementation and compliance of IPC standards and support regular measurement of good performance using Standards-Based Management and Recognition approach, and improve M&E system for IPC and work place safety 3) improvement of the waste management system including assessment, implementation and supervision of a non burning waste management system using autoclaves

As part of provincial team EGPAF will continue to participate in the provincial planning and district technical working groups and in monitoring implementation of the activities with the DPS and other existing partners in their geographic area.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,731,009	0

Narrative:

EGPAF will continue its support to MOH through an alignment of FY 2012 activities with overall PEPFAR Counseling and Testing goals and strategies, with a focus on strengthened linkages from HTC to other services.

EGPAF will target populations for HTC in health-care setting: provider Initiated testing and Counseling (PICT) for all patients accessing health care services and their partners as well Voluntary CT for all patients wanting to access CT services with a special focus on men, adolescent girls, partners of PLHIV and couples

EGPAF will also be instrumental in the regional CT campaigns planned for FY12 as demand creation activities will be carried out in Gaza. The target population for the HTC regional campaigns will be mainly partners of PLHIV, couples and men, as these particular groups have had low coverage in years past.

SYSTEM STRENGTHENING AND CAPACITY BUILDING:

Quality assurance is a priority and EGPAF will continue using on-going supportive supervision including direct observation approach to be sure that each counselor performs HTC service delivery correctly. Additionally, all of EGPAF's counselors will participate in a training designed by the National health Institute to improve the quality of HIV rapid diagnostic testing.

INTEGRATION AND LINKAGES:

Whereas in previous years, counselors simply gave referral slips to HIV positive clients, with COP 12 funds, EGPAF's counselors and health care service providers will have a stronger role supporting newly diagnosed clients by personally introducing them to existing peer educator/peer navigator/case manager volunteers who will navigate or escort clients to enroll or register for follow up services, including positive prevention or the new MOH pre-ART service delivery package and support groups. For those newly diagnosed who do not enroll in HIV care and treatment services, CT counselors will continue using the door to door approach to re-visit already diagnosed HIV positive to monitor their enrollment and adherence to recommended treatment and care through the positive prevention or pre-ART support groups. HIV negative clients will be encouraged to bring their partners in for testing and reduce their risk through condom use and partner reduction. Where available, counselors will refer HIV negative men to medical male circumcision services.

MONITORING AND EVALUATION

EGPAF will work closely with the USG and partner Strategic information teams to develop and utilize instruments to document and measure CT service uptake as well as service-to-service and facility-to-community linkages to ensure follow-up, retention and adherence of clients diagnosed with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	546,300	0

Narrative:

The USG portfolio on MARPs has been growing in the last year with interventions focused on different

population groups, particularly female sex workers and their clients, men who have sex with men, incarcerated populations and injection drug users (IDUs). These population groups (with the exception of IDUs) have been reached through a comprehensive package of information and services that include behavior change, risk reduction activities and bio-medical interventions. In the coming year, more attention will be given to exploring innovative ways to increase the number of MARPs using care and treatment services in order to ensure linkages between prevention and clinical partners including humanization of care and treatment services for MARPs through dissemination of national guidelines for care, treatment and follow-up with the goals of reducing and removing barriers to the access of services and information and decreasing stigma and discrimination of MARPs. In coordination with the prevention partners in the province of Inhambane, the activities will include the strengthening of linkages between community and care and treatment facilities through the establishment of effective referral mechanisms with functioning tracking systems in place (referral charts, monitoring instruments). Activities might also include support the implementation of surveillance system at designated night clinics (to be determined by Ministry of Health after approval of protocol and data collection forms) for FSW and other MARP groups in order to provide much needed qualitative and quantitative information around specific MARPs needs in the clinical setting. In addition, collaborate in the training of clinical partners and health center staff on appropriate STI diagnosis, treatment and MARP friendly services and provide support to the clinical interventions for HIV/STI prevention and care, based on local protocols.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,462,200	0

Narrative:

EGPAF priorities in FY 2012 is coordination with MOH for accelerating the scale up of effective PMTCT interventions within an integrated maternal, neonatal and child health (MNCH) system towards the goal of virtual elimination of mother-to-child transmission of HIV by 2015.

In FY2012 EGPAF will support the following activities:

1) Prevention of HIV in women of childbearing age:

a. Re-enforce provider initiated counseling and testing for women and couples in all components of MCH services;

b. In coordination with community partners, develop IEC activities and promote health fairs focusing in areas with high concentration of women.

2) Prevention of unwanted pregnancies among HIV+ women:

a. Re-enforce targeted family planning and contraception for HIV+ women in both HIV care and treatment as well as FP settings;

b. Integration of family planning component in routine mobile brigades;

3) Prevention of mother-to-child transmission

a. Scale up training of Option A;
b. Scale up exposed child follow up to all facilities with PMTCT services;
c. Develop strategies to increase institutional delivery.
4) Care and support for HIV+ women, infants and families including support for safe disclosure within families to reduce risks of HIOV disclosure related gender based violence :
a. Training of MCH nurses for provision of ART in ANC settings;
b. Increase delivery of ART to eligible HIV+ pregnant women and infected children;
c. Support positive prevention and family planning at HIV care and treatment sites;
d. Scale up mothers support groups interventions and community involvement including male involvement to reduce gender inequities in HIV counslling and testing.
Additionally, EGPAF will support implementation of the following cross cutting activities:
5) Develop interventions to strengthen capacity of networks, civil society and support groups of women living with HIV. Collaboration with communities and traditional birth attendants to increase facility-based deliveries.
6) Develop interventions to ensure continued availability of supplies and commodities for PMTCT;
7) Support PMTCT related training activities;
8) Nutrition - safe infant nutrition interventions integrated into routine services;
9) Support dedicated personal with M&E expertise to directly work with DPS and health facilities for ensuring quality M&E system; support roll out of new M&E tools; support implementation of supervision, QA/AI cycles, strengthening data flow and data entry at facility level.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	975,891	0

Narrative:

EGPAF supports adult ART services in Maputo Province (TA and Capacity building to Ariel, DPS and DDS),Gaza, Cabo Delgado and Nampula provinces.
Priority areas are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, pre-ART services, and prevention with positives. Gender distribution of access to treatment shows that currently about 66% of patients on ART are female. There are alsocomparytively more females teting HIV positive than men. Continued efforts to promote family centred approached to treatment and care will be promoted to ensure gender equity in access to service. FY 12 targets are 46,913 patients on ART
The strategies that will be employed to address these challenges are:
• Intensification of testing and recruitment strategies
• Universal ART for TB/HIV co-infected patients
• Implementation of the 350 cells/mm3 CD4 count threshold

• Test and treat strategy for all HIV-infected pregnant women accessing antenatal care at ART sites, irrespective of CD4 count
• Mobile clinics to bring services closer to patients living in rural isolated areas (in Gaza)
• Scale-up of Community Adherence and Support Groups
• Standardizing and universalizing peer educators in all PEPFAR supported health facilities
• Standardized quality improvement program
• Scale-up of POC CD4 count technology
• Implementation of a pre-ART package
• Additional task-shifting to include nursing cadres and medical assistants

On-site peer educators and follow-up of patients using community volunteers, electronic patient tracking systems, diary/agenda systems and home visits are conducted to trace defaulters or lost to follow up cases and to improve retention rates. The peer educator program will be standardized in all sites in FY12.

Programmatic efficiencies are increased by deployment of multi-disciplinary teams of clinicians, psychosocial support, M&E to provide technical assistance in ART program management and capacity building in finance and administration management to site and district health teams. Each team is assigned to 3-4 districts.

The following are systems strengthening and capacity building activities supported by EGPAF:

1) DPS sub agreements to finance staff priority activities
2) Performance based financing pilot in Gaza and Nampula
3) Task shifting ART to nurses, middle-level health and mentoring of providers
4) Hiring provincial Clinical Advisors for Maputo Province, Cabo Delgado and Gaza province.
5) Joint EGPAF/DPS supervision visits that are linked to Continuous Quality improvement (CQI) program activities.
6) Participation in development and implementation of a national QI system. EGPAF participates in the periodic HIVQUAL program activities

In FY12 clinical services management responsibility in Maputo Province and Cabo Delgado shall transfer from EGPAF to Ariel Foundation, EGPAF shall provide managerial capacity building to DPS, districts and to Ariel foundation.

In Nampula province ICAP shall be provide site level clinical technical assistance while EGPAF will provide all Systems strengthening support.

Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. EGPAF also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	2,295,041	0

Narrative:

During FY12 EGPAF will support Pediatric ART services in Maputo Province (for TA and Capacity building to Ariel, DPS and DDS), Gaza, Cabo Delgado and Nampula provinces.
Scale-up of pediatric HIV is a national priority that EGPAF will support MoH work towards including ensuring implementation of new guidelines within supported provinces, districts and sites. EGPAF will support sites to achieve pediatric new ART enrollments rates of at least 15% of all new patients on treatment and ART retention of 85%. The following are the expected pediatric treatment targets for the next two years: FY12 targets are 4111 currently on treatment.
Activities to expand pediatric enrollments and access to diagnostic services include:
1) improving patient flow and specimen referrals to increase access to EID
2) POC CD4 testing
3) implementation of continuous quality improvement programs
4) early initiation of treatment
5) An active case finding model
6) Improved linkages between services (i.e.: TB, MCH, inpatient wards etc)
7) Increased community awareness of the importance of testing children and accessing care early

The systems strengthening and capacity building activities that will be supported in FY12 to enhance capacity of sites and health care providers include: in service training on pediatric HIV care and treatment, supportive supervisions and mentoring; provision of job aids, implementation of new national Pediatric Treatment Guidelines; assistance in monitoring stocks of ARV drugs and support distribution systems within the province.

Routine supervision, monitoring and collection of data on pediatric treatment will be ensured through implementation of QI activities, Patient tracking systems and strengthening of district and provincial ART management committees.

The USG will develop a comprehensive strategy on the management of HIV-infected adolescents which will be implemented and supported by the clinical implementing partners.

Adherence and retention strategies are provision of psychosocial support, improved quality of care, caregiver counseling, support groups, and community follow up. There will also be emphasis on the importance of disclosure.

Strategies to ensure increased integration and linkages of HIV services with the existing child health and other programs to reduce loss to follow and improve retention include: prioritization of children in ART clinics, assuring same day consultations for mother and child in PMTCT services, developing formal

referral systems between ART clinics with TB, PMTCT, Counseling services, CCR and EPI programs and with the community; ART initiation within CCR clinics. Clinical outcomes will be tracked routinely on paper and electronically. Monthly reports will be submitted to MoH as well as quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data and the TBD partner will also partcipate in these meetings.

Implementing Mechanism Details

Mechanism ID: 14792	**Mechanism Name: ISCISA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: ISCISA- Superior Institution of Health Sciences	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Under this mechanism PEPFAR funds will support the strengthening of the Superior Institute of Health Sciences (ISCISA) to train nurses and surgical instrumentalists at Zambezia Province. ISCISA activities align with the Partnership Framework objective of strengthening the Mozambican Health System through human resources development, and, GHI principles with a broader engagement of improving retention and quality of health care and management capacity in a most sustainable approach.

Investment to ISCISA will support the decentralization effort of the MOH production of highly qualified and quantified health workers that will eventually improve health service delivery including national HIV

coverage treatment. ISCISA is based in Zambézia-Quelimane and will have a national reach by accepting students from all the Mozambican provinces.

PEPFAR will support the startup costs for the early phases of the program. Once the program is settled some of the startup costs and expenses will not occur and the program will increase cost efficiency, reducing the average cost per class trained overtime.

ISCISA program is held in coordination with CDC and MOH therefore, MOH building institutions will be used to held ISCISA classes. As the program gets settled in the province the need for external technical assistance will be reduced. The program will gradually be absorbed into the ongoing training activities of the MOH and ISCISA.

PEPFAR indicators for human resource development will be used to monitor the success of the program on an ongoing basis. This will include monthly meetings and site visits.

Program has just started, so there is no pipeline to consider. PEPFAR funds will not be used to buy vehicles.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	137,960

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14792**		
Mechanism Name:	**ISCISA**		
Prime Partner Name:	**ISCISA- Superior Institution of Health Sciences**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	200,000	0

Narrative:

FY2012 funds will be used to improve Capacity of the superior level training at ISCISA by establishing a similar institution in the Central Region of Mozambique including; managementand administrative support, provision of training/reference material for library, equipment for the computers lab and support of communication and accommodation for students. Additionally ISCISA will use USG funds to support scholarship for students for the entire training. Trainings will be in the areas of superior-level nursing and instrumentation (surgical aide).

Implementing Mechanism Details

Mechanism ID: 14794	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14797	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14806	**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	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 700,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Small Grants Program is to deliver HIV prevention, care and support activities via grants made directly to small, entirely local organizations, while strengthening the technical and institutional capacity of these organizations. Small grant recipients will be chosen based upon their stated ability to achieve these goals through innovative, yet cost-effective approaches. The ultimate goal is to continue moving towards the full "Mozambicanization" of the response to HIV in country. The Small Grants Program will directly contribute to Goal 1 of the PF by reducing new HIV infections in Mozambique through utilization of a multifaceted approach that addresses issues of peer education risk reduction, alcohol abuse reduction, condom distribution and promotion, positive prevention, discordant couples, counseling and testing, multi-level behavioral strategies structural/policy interventions and linkages to clinical care and treatment. Reduction of sexual transmission of HIV will be facilitated through comprehensive prevention interventions that increase knowledge and awareness of safer sexual practices. Targeted activities to prevent HIV infections in HIV positive persons and most-at-risk populations (e.g., CSW and mobile populations such as police, border guards, customs guard polices and other uniformed services) will be developed and implemented. The Small Grants Program will address Goal 3 of the PF by strengthening the Mozambican health system through the establishment of scholarship programs for medical students in country. These scholarships will help produce more doctors which will then be added to the healthcare infrastructure of Mozambique. Small Grant Program through the funding of community-based groups and FBO that provide care and support to OVC.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	12,500
Economic Strengthening	50,000
Education	50,000

Food and Nutrition: Policy, Tools, and Service Delivery	75,000
Gender: Reducing Violence and Coercion	100,000
Water	12,500

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	**14806**		
Mechanism Name:	**P/E Quick Impact Program**		
Prime Partner Name:	**U.S. Department of State**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	0

Narrative:

The Small Grants Program will solicit proposals from local organizations providing a range of care and support services for HIV-affected households. Activities may include a range of interventions including psychological, social, spiritual, and prevention. The interventions prioritized under this activity are social support (including economic strengthening to improve food security) and prevention services.

Social support activities proposed may include: vocational training, social and legal protection, support for caregivers and reducing stigma and discrimination. Successful proposals will demonstrate meaningful involvement of PLWH in the activity implementation and design.

While proposals will be accepted nationally, proposals from Cabo Delgado and Northern Inhambane provinces will be prioritized; PEPFAR clinical partners in these areas are providing services with little community-based care and support services to complement these interventions. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the communities' needs. Priority interventions are sustainable food and nutrition support and viable economic strengthening interventions.

Wherever feasible, this activity will link with Peace Corps Volunteers who may provide implementation, M&E, technical support to the grantee as well as facilitate linkages to other PEPFAR partners, and crosscutting services such as social and economic strengthening, malaria prevention, safe water, minor construction/rehabilitation and nutrition. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the communities' needs.

Small Grants program will work with organizations that have a proven record of accomplishment. Thesse organizations will receive capacity building support helping to ensure the grantee's sustainability beyond the end of the one-time grant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	200,000	0

Narrative:

The Small Grants Program will solicit proposals from local organizations that focus on strenghening of the family/household enviroments. Small Grants will support activities which provide a range of care and support services for households with Orphans and Vulnerable Children (OVC). Activities implemented may include:

1) Food and nutritional support
2) Shelter and care
3) Protection
4) Health care, including prevention and care for HIV positive children
5) Psychosocial support
6) Educational and vocational training
7) Economic opportunity/strengthening.

Successful proposals will have clearly defined objectives and activities which are family centered and that ensure the well-being of the OVC and family. Successful proposals will also be harmonized with the National Action Plan for OVC as well as with guidelines for the minimum service standards defined by the Ministry of Welfare and Social Action. All proposals must also demonstrate meaningful involvement of OVC, including HIV positive youth.

While proposals will be accepted nationally, proposals from Cabo Delgado and Northern Inhambane provinces will be prioritized; PEPFAR-supported clinical partners in these areas are providing services with little community-based care and support services to complement these interventions. Priority interventions are sustainable food and nutrition support and viable economic strengthening interventions.

Wherever feasible, this activity will link with Peace Corps Volunteers who may provide implementation, M&E, technical support to the grantee as well as facilitate linkages to other PEPFAR partners, and wraparound services such as malaria prevention, family planning, safe water and nutrition. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the communities' needs.

Small Grants program will work with organizations that have a proven record of accomplishments. These organizations will receive capacity building support helping to ensure the grantee's sustainability beyond the end of the one-time grant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	100,000	0

Narrative:

The Small Grants Program will address the lack of human resources for health that serves as a significant health systems barrier. This barrier will be addressed by continuing to support individual scholarships for priority cadres, such as nurses, clinical officers, pharmacy and nutrition at Catholic University, Lúrio University, ISCISA (the superior health sciences institute), as well as other training institutions. Support will also be provided for equipment and teaching materials (practicum kits, lab equipment, manuals).

In alignment with PEPFAR II and the Partnership Framework's focus on sustainability, this activity will provide more direct support to training institutions in order to enhance their management and increase the number of health workers in Mozambique. There will be a positive spillover effect, since the

scholarships will train health workers who will support the overall health system. These scholarships enable underprivileged students to undertake course related to HIV/AIDS control in Mozambique. The program will benefit students from northern provinces, with the main goal to thereafter assign them, upon completion of their studies, to HIV/AIDS related positions in their home districts.

The relevant indicators are: number of new health care workers who graduated from a pre-service training institution, and number of health care workers being supported in a pre-service training institution.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	0

Narrative:

The Small Grants Program will support innovative community-based interventions that are line with Mozambique's realigned prevention strategy. Activities funded by Small Grants will include sexual prevention interventions that use effective behavior change techniques and target young people and adults. Activities will focus on messaging to reduce multiple concurrent partnerships and correct and consistent condom use.

Successful proposals will be innovative, culturally appropriate, and tailored for the specific needs of the target group (i.e. adults vs. sexually active older youth and high risk youth).
While the geographic scope of Small Grants is national, the focus of this activity will be the Mozambique transport corridors, to be in line with the Mission's new prevention strategy.

Wherever feasible, this activity will link with Peace Corps Volunteers to provide implementation, M&E and technical support to the grantee as well as facilitate linkages with other PEPFAR implementing partners, and crosscutting services such as economic strengthening, education, malaria prevention, safe water, minor construction/rehabilitation and nutrition. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the communities' needs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	0

Narrative:

The Small Grants Program will support innovative community-based interventions that are line with Mozambique's realigned prevention strategy. Activities funded by Small Grants will prioritize sexual prevention interventions that use effective behavior change techniques and target young people and adults. Activities will focus on messaging to reduce multiple concurrent partnerships and correct and

consistent condom use. Successful proposals will be innovative, culturally appropriate, and tailored to the specific needs to target the MARPs. While the geographic scope of Small Grants is national, the focus of this activity will be the Mozambique transport corridors, to be in line with the Mission's new prevention strategy. Wherever feasible, this activity will link with Peace Corps Volunteers to provide implementation, M&E and technical support to the grantee as well as facilitate linkages with other PEPFAR implementing partners, and wraparound services such as malaria prevention, family planning, safe water and nutrition. These key local partners will facilitate the implementation of modest, yet sustainable interventions which respond appropriately to the communities' needs.

Implementing Mechanism Details

Mechanism ID: 14807	**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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

There are an estimated 15,000 military personnel dispersed throughout Mozambique with the greatest concentrations in Maputo, Nampula, and Sofala provinces. However, the strategic concentration of troops is changing a lot due to the geo-political circumstances in some neighboring countries such as Malawi

and Zimbabwe. The Mozambican Armed Forces (FADM) is divided into Army, Navy, and Air Force. Most military facilities are located in remote areas and some are stationed along some international borders for the aforementioned reasons. Enlisted recruits are trained in facilities located in districts with relatively good infrastructure and accessibility, which could increase their behavioral risk for HIV as they can easily access alcoholic beverages and commercial sex workers. In line with the Government of Mozambique National Accelerated HIV Prevention Strategy to implement evidence-based and comprehensive prevention interventions targeted towards the general population and most-at-risk populations (MARPs), the USG supported the FADM in completing the second round of the Behavioral and Prevalence Study within their personnel and have already supported the collection of data related to MC prevalence among young recruits. The collection of such information was critical to ensure evidence-based interventions targeting the armed forces. PSI will continue implementing general prevention activities as well as continue implementing biomedical prevention through MMC services, all in collaboration and coordination with other USG agencies, Mozambican Military Health and other partners implementing similar interventions. The main goal of these interventions is to continue assisting the FADM's effort to reduce HIV incidence among soldiers and their families and increase capacity.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Military Population

Budget Code Information

Mechanism ID:	**14807**
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
Prevention	CIRC	0	0

Narrative:

USG will support PSI to open one more MC site contributing to the scale-up efforts to offer the interventions to even more people.
The funding requested will enable PSI to maintain the two existing sites, open the new one, increase staff and the number of surgical beds in more demanding areas such as the Beira site. We are also expecting high numbers from the new site to opened in Chimoio as patients from here have to travel to Beira to access the services.
The target set for PSI is 10,000 males to be counseled, tested and circumcised.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	0	0

Narrative:

Unprotected heterosexual sex is the primary route of HIV transmission among Mozambicans. A recent study conducted with Mozambicans between the ages of 15 and 24 found that only 33% of males and 29% of females reported using a condom during their last episode of sexual intercourse, suggesting that low rates of condom use may be a major factor in the spread of HIV. Multiple concurrent partners, stigmatization, gender inequality, and misinformation about HIV also impact the spread of HIV infection among the general population. Additional factors (e.g., mobility, sex workers, separation from family) contribute to the even higher prevalence of HIV among members of the Mozambique Armed Defense Forces (FADM). It is clear from these findings that developing effective risk reduction programs is critical to limiting new infections in Mozambique. The military population's age group ranges from 18 - 45+ years old. Based on this information and using the behavioral and prevalence study data, PSI will continue implementing activities that address the major drivers of the epidemic within the Mozambican military. Some of those are multiple concurrent partners, low condom use, heavy drinking, low CT. All aspects of risky behavior will be addressed and explored during peer education sessions and, funds will be allocated to PSI to implement this comprehensive program. The peer education program will have a particular piece targeting around 4000 recruits (men and women) during their military basic training. As

they complete the training, it is expected that these new soldiers will be agents of behavior change within the barracks and in the communities surrounding the units where they will be assigned to serve. The military HIV focal points and their respective peer educators will work hard to promote HIV status disclosure among their peers. During prevention campaigns soldiers LHIV will give testimonies to fellow soldiers about their life. PSI will help the military to create alcohol free resource centers, equipped with entertainment devices/services (satelite TV, board games, music, etc), snaks and sodas available for sale. The HIV focal point/peer educators will talk about an HIV related theme everyday at the same time for one hour and, during this period all entertainment will stop so that people can focus on the presentations, explanations and participate on the discussions. GBV and sexual violence related topics will also be part of the discussion themes. HIV TC will be available in back rooms strategically located and arranged for that particular purpose. Murals, pamphlets and liflets will continue being painted, printed and distributed to all military members. In relation to GBV, the military code of conduct will be reviewed and distributed to all military members so that they are all aware of what the document says.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

PSI will continue ensuring that the existing CT sites are well functioning, the counselors receive refresher courses to ensure reliable quality of testing, and IEC materials (printed and video) are available in each site and in all military bases. M&E tools will be in place. Mobile testing and counseling campaigns will be reinforced and increased to target military bases without local CT services. The remote bases and the training camps will be highly considered . During the campaigns and especially during each CT session, the counselors will be trained to assess information about the clients' status in regards to MC and, educate the ones that test negative about the advantages of the intervention. The testing will follow the national algorithm and HIV positive clients will continue being referred for care and treatment as usual. 2 CT campaigns are planned to occur and testing among military leadership will be encouraged. The PICT strategy will be introduced in all military health units. HIV status disclosure will be emphasized as well as discordant couples counseling. CT will continue being provided to young people (male and female) that are required to undergo medical check-ups in order to assess their ability/physical fitness for military basic training.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

USG will continue funding Population Services International (PSI) to procure, buy and promote the use and distribution of the camouflage condom within the Mozambican Armed Forces. With the MMC scale

up program, it is expected that condom distribution will increase due to the level of counseling that patients will go through before and after the intervention. Condoms will also be available in all MMC sites (fixed and mobile) as well as in all 71 military identified condom outlets. Part of this funding will also support the training of peer educators to promote positive living strategies as well as discuss issues related to stigma and discrimination to encourage TC and disclosure. Therefore, peer educators will be trained to reinforce and intensify research-based communication aproaches to increase service utilization by creating an enabling environment, minimizing risky sexual behaviors.

Implementing Mechanism Details

Mechanism ID: 14821	**Mechanism Name: EGPAF 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
Central GHP-State	4,500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

EGPAF's program goal is access to quality HIV prevention, care and treatment with emphasis on treatment and PMTCT scale-up in the GHI focal province of Gaza. The Track 1 award complements other USG funded EGPAF activities.

EGPAF's overall targets: 17,756 new ART enrolments and a total of 51,024 alive and on treatment. In Gaza province, EGPAF will provide support to the DPS, Districts and local NGO partner (Ariel Foundation) as part of USG's transition strategy. Key activities include: training and mentoring of Ariel and District Health management teams in clinical competency, financial management, M&E, planning and data quality monitoring; scale-up of a mobile clinic strategy to provide ART and other essential health

services. This approach is projected to increase the number new ART enrollments and improve retention. EGPAF will expand performance based financing (PBF) initiative to all districts. PBF results have demonstrated significant improvement in the quantity and quality of HIV-related services in participating district health facilities. These activities contribute to PF GOALS to : 1) Scale up CT, PMTCT and ARV treatment; 2) Promote community mobilization and linkages 3) Increase Provincial and District Ministry of Health capacity to manage ART programs; 4) Support quality assurance and quality improvement activities. GHI areas addressed are expanded access and uptake of quality MNCH services and helping to Strengthen Governance in the Health Sector. CROSS CUTTING AREAS are Food and Nutrition and Gender.
EGPAF has acceptable unit expenditures compared to all clinical partners. Program costs will reduce through USG transitions of programs. MONITORING AND EVALUATION will collect standard data related to quality and impact of HIV clinical services and system

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	135,000
Gender: Reducing Violence and Coercion	67,500
Human Resources for Health	450,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Malaria (PMI)
Child Survival Activities

Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**14821**
Mechanism Name:	**EGPAF Track 1**
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	4,500,000	0

Narrative:

EGPAF supports adult ART services in Maputo Province, Gaza, Cabo Delgado and Nampula provinces. Central funds will be used to supplement EGPAFs treatment activities in Gaza province.

Priority areas are increased treatment access; ART retention; ART Quality assurance; program linkages and integration especially with CT, TB, PMTCT, nutrition, pre-ART services, and prevention with positives. The key strategies to increase treatment access willl be through implementation of Mobile clinics to bring services closer to patients living in rural isolated areas, Scale-up of Community Adherence and Support Groups, Standardizing and universalizing peer educators in all PEPFAR supported health facilities, Standardized quality improvement program, Scale-up of POC CD4 count technology , Implementation of a pre-ART package, Additional task-shifting to include nursing cadres and medical assistants. Gender distribution of access to treatment shows that currently about 66% of patients on ART are female. There are also compartively more females testing HIV positive than men. Continued efforts to promote family centred approached to treatment and care will be promoted to ensure gender equity in access to service.

Programmatic efficiencies are increased by deployment of multi-disciplinary teams of clinicians, psychosocial support, M&E to provide technical assistance in ART program management and capacity building in finance and administration management to site and district health teams. Each team is assigned to 3-4 districts.
Adherence strategies include: Patient support groups, Pre- and post-ART adherence counseling, decentralized drug distribution and family centered care and treatment services.

On-site peer educators and follow-up of patients using community volunteers, electronic patient tracking systems, diary/agenda systems and home visits are conducted to trace defaulters or lost to follow up cases and to improve retention rates. The peer educator program will be standardized in all sites in FY12.

The following are systems strengthening and capacity building activities supported by EGPAF:
1) DPS sub agreements to finance staff priority activities
2) Performance based financing pilot in Gaza and Nampula
3) Task shifting ART to nurses, middle-level health and mentoring of providers
4) Hiring provincial Clinical Advisors for Maputo Province, Cabo Delgado and Gaza province.
5) Joint EGPAF/DPS supervision visits that are linked to Continuous Quality improvement (CQI) program activities.
6) Participation in development and implementation of a national QI system. EGPAF participates in the periodic HIVQUAL program activities

In FY12 clinical services management responsibility in Maputo Province and Cabo Delgado shall transfer from EGPAF to Ariel Foundation, EGPAF shall provide managerial capacity building to DPS, districts and to Ariel foundation.
In Nampula province ICAP shall be provide site level clinical technical assistance while EGPAF will provide all Systems strengthening support.
Clinical outcomes are tracked routinely on paper and electronically. Monthly reports are submitted to MoH. EGPAF also reports quarterly, semi and annual PEPFAR reports. USG Clinical partners meetings take place every 6-8 weeks to review and analyse performance data.

Implementing Mechanism Details

Mechanism ID: 14822	**Mechanism Name: ITECH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,065,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	5,065,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ITECH's primary focus is on providing TA in the areas of in-service and pre-service curriculum design, strategic planning for health worker education, task shifting, faculty development, and clinical mentoring. Their activities align with the PF goal of strengthening the Mozambican health system including HRH and social welfare in key areas to support HIV prevention, care and treatment. They will also support GBV programming by incorporating information on GBV directly into the pre-service curriculums - ensuring that all new graduates have been educated on the topic. The geographic coverage is national with emphasis on select pre-service institutions for faculty development activities. ITECH is working to streamline their costs as they have participated in the expenditure analysis exercise and strive to reduce investment costs as they move into their recurrent cost implementation phase. Most of their curricula development activities are ending which will also reduce their costs. ITECH is committed to transfer skills to their staff and has developed a timeline for mentoring their Mozambican staff to move into positions that are currently held by an expatriate. A further demonstration of their cost savings is through a reduction of over 2 mill from their last year's budget. ITECH has a robust M&E plan in place. They record and report on PEPFAR indicators robustly, and conduct periodic outcome evaluations to measure changes in student performance under new curriculums, following faculty training, and after in-service trainings. They are also conducting a PHE to formally assess the skills and knowledge of recent graduates from the ITech developed medical technician curriculum as compared to graduates from the old curriculum. ITECH does not plan to purchase vehicles.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	3,325,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**14822**
Mechanism Name:	**ITECH**
Prime Partner Name:	**University of Washington**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	2,375,000	0

Narrative:

I-Tech supports Ministry of Health (MOH) priorities outlined in the Human Resources National Development Plan (2008-2015).
In 2012 will continue to support the following activities:
• I-Tech wil significally scale up Faculty Development efforts and conduct Distance Trainings in 15 Pre-service Training Institutes (IdFs) including 4 of the largest health training institutions (Maputo, Beira, Quelimane, Nampula).This includes the development, piloting and implementation of a new teacher training course for new HTIs teachers as well as roll-out to existing faculty in a modular form outside of work hours; the establishment of a new training data base linked to the central level to better track students; the on-going capacity building of the existing faculty and administration thorugh the establishment of pedagogic nucleos; day to day technical support to the faculty; purchasing training materials and support for the teachers as they implement the new TM pre-service course. I-Tech will Conduct baseline assessments for measuring the impact of 6 months training programs and adapt the existing pedagocgic trainig materials to 6 months, certificate-level for faculty. Also provide management and leardership training, clinical upadates, and pedagogic training via distance lerning and on-site

follow-up and mentoring.
• Clinical mentoring, QA/QI, warmline
I-tech will expand its Continuing Medical Education program for clinition and mentors to all provinces . I-TECH will provide HIV/AIDS training to newly graduateted medical doctors before their placement in the field. I-TECH will provide training on the Pediatrics ART to mentors, then will assist mentors to conduct training to TMs. The training will be followed by one-week intensive support to mentors and TMs. I-TECH will maintain a mentor consultation line so that mentors can phone if/when they have difficult mentoring or clinical case while visiting TMs. I-Tech will also ensure the integration of positive prevention in all I-Tect and Misau pre& in-service training.
• Clinical officer curriculum revision
This activity will continue by a combined effort of 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). M & E plans are a required component of each I-TECH activity and include process (i.e., draft curriculum piloted), output (i.e., numbers trained), and outcome indicators (i.e., measureable improvement in quality of HIV care provided by Clinical Officers). Prior to any training program, each curriculum undergoes a rigorous evaluation that consists of an external clinical review (by a pre-tested Portuguese-speaking clinical expert) followed by a review of language and cultural appropriateness, and finally a pilot training using the draft curriculum. Gender-based violence (GBV) materials are being incorporated directly into the new curriculum with the use of extra GBV funds alloted for this purpose.
• Continuing education. Jhpiego will partner with ITech and the MoH Human Resources Directorate to create a national plan for continuing education for mid- and basic-level nurses, MCH nurses, and tecnicos de medinca. Partner will also work on promotional courses for Agentes de Medicina (basic level) to become Tecnicos de Medicina (mid-level)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	290,000	0

Narrative:

ITECH priority in FY2012 is to support the MoH to address the gaps in trainings for MNCH service providers as a result of adoption of recent policy developments whereby task shifting was authorized for MCH nurses start prescribing ART in MCH services. Main interventions will be focused in central level coordination for training MCH nurses, using curriculum that MISAU developed with other partners support.
In FY2012 ITECH will implement the following Key activities:
1) Coordinate with central level MISAU for organization of training of trainers (TOT) in ART provision by MCH nurses;
2) In collaboration with MISAU, conduct TOT in ART provision for MCH nurses.

ITECH's role will focus on the in-service training component of ART task shifting for MNCH service providers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,400,000	0

Narrative:

With the PEPFAR funds for FY12, ITECH will develop the following activities as part of quality improvement of HIV care and treatment and related conditions in Mozambique:

1. Develop, pilot, and maintain a national telemedicine and continuing medical education for HIV care and treatment and related conditions program for clinicians:

• Develop and operate a low-cost national telemedicine service for clinicians, used for virtual mentoring, clinical case discussions, new protocols dissemination, etc; work towards developing a decentralized model at the provincial level.

• Maintain a telemedicine website where case discussions and teaching sessions are archived for public use

• Expand I-TECH's Continuing Medical Education program for clinicians and clinical mentors in all provinces using both on-site and distance learning technologies; archive sessions on the telemedicine website and address common issues or questions in trainings

• Continue with assistance on dissemination of clinical protocols/guidelines of the different clinical programs (STI syndromic management per the request of CDC and DNAM).

2. Provide technical assistance to DNAM for developing and implementing the new national strategy for Quality Improvement and Humanization that covers HIV and non- HIV health conditions:

• Continue to provide TA to DNAM and the DPSs supporting the implementation of Quality Standards of HIV care and treatment by the clinical teams in the Health Units

• Continue to train and mentor Provincial Health Management Committees and focal points at the provincial level in management, implementation, and supervision of the prioritized quality improvement goals (virtually and on-site)

• Continue to provide HIV/AIDS training for recently graduated medical doctors before their placement in the field

• As per DNAM's request, provide TA to adaptation of HIV/AIDS ART content and technically support the training of Agentes and Nurses in their new ART task-shifting roles; provide follow up through an integrated quality improvement approach;

• Continue to provide assistance on the implementation of clinical protocols/guidelines of the different clinical programs (STI syndromic management per the request of CDC and DNAM).

• Continue to support the implementation of the classification of clinical staff (quantity and skills) per

health unit

3. HTXS funds will complement task shifting for MCH nurses to start prescribing ART in MCH services as described in the MTCT budget code narrative. Main interventions will be focused in central level coordination for training MCH nurses, using curriculum that MISAU developed with other partners support.
In FY2012 ITECH will implement the following Key activities:
1) Coordinate with central level MISAU for organization of training of trainers (TOT) in ART provision by MCH nurses;
2) In collaboration with MISAU, conduct TOT in ART provision for MCH nurses.

ITECH's role will focus on the in-service training component of ART task shifting for MNCH service providers.

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	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		406,400			406,400
ICASS		1,018,000			1,018,000
Institutional Contractors		1,231,120			1,231,120
Management Meetings/Professional Developement		602,000			602,000
Non-ICASS Administrative Costs		1,709,687			1,709,687
Staff Program Travel		761,000			761,000
USG Renovation		20,500			20,500
USG Staff Salaries and Benefits		4,648,324			4,648,324
Total	**0**	**10,397,031**	**0**	**0**	**10,397,031**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		406,400
ICASS		GHP-State		1,018,000
Management Meetings/Professional Developement		GHP-State		602,000
Non-ICASS Administrative Costs		GHP-State		1,709,687
USG Renovation		GHP-State		20,500

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		100,000			100,000
Computers/IT Services		673,520			673,520
ICASS		1,547,447			1,547,447
Management Meetings/Professional Developement		20,000			20,000
Non-ICASS Administrative Costs	255,599	1,108,574			1,364,173
Staff Program Travel		1,225,897			1,225,897
USG Staff Salaries and Benefits	2,081,401	5,043,643			7,125,044
Total	**2,337,000**	**9,719,081**	**0**	**0**	**12,056,081**

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		GHP-State		100,000
Computers/IT Services		GHP-State		673,520
ICASS		GHP-State		1,547,447
Management Meetings/Professional Developement		GHP-State		20,000
Non-ICASS Administrative Costs		GAP		255,599
Non-ICASS Administrative Costs		GHP-State		1,108,574

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		8,500			8,500
ICASS		120,000			120,000
Institutional Contractors		33,210			33,210
Management Meetings/Professional Developement		36,000			36,000
Non-ICASS Administrative Costs		14,500			14,500
Staff Program Travel		42,500			42,500
USG Staff Salaries and Benefits		328,224			328,224

Total	**0**	**582,934**	**0**	**0**	**582,934**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		8,500
ICASS		GHP-State		120,000
Management Meetings/Professional Developement		GHP-State		36,000
Non-ICASS Administrative Costs		GHP-State		14,500

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Non-ICASS Administrative Costs		69,500			69,500
Peace Corps Volunteer Costs		1,316,800			1,316,800
Staff Program Travel		9,200			9,200
USG Staff Salaries and Benefits		357,800			357,800
Total	**0**	**1,753,300**	**0**	**0**	**1,753,300**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHP-State		69,500


PEPFAR
U.S. President's Emergency Plan for AIDS Relief