Country Operational Plan (COP 2022)

Strategic Direction Summary

PEPFAR Mozambique

April 19, 2022

Contents

1.0 Vision and Goal Statement

This past year, despite the challenges of COVID-19, Mozambique achieved tremendous progress in the fight to control HIV and is now able to foresee epidemic control. According to the most recent Spectrum and Naomi models mapped to the programmatic number of people on antiretroviral therapy (ART), Mozambique has almost reached UNAIDS' former 90-90-90 target at the national level as of December 2021. Of an estimated 2.1 million people living with HIV in Mozambique, almost 1.7 million are on life-saving ART, resulting in reductions in both HIV-associated mortality and new infections. A few years ago, the 90-90-90 goal seemed a distant dream, as Mozambique struggled with only half of the estimated population of people living with HIV (PLHIV) on treatment and less than 70% of patients retained on treatment after twelve months. That dire situation pushed the country team to pivot the portfolio and investments in Mozambique through the "Analyzing Joint Underperformance and Determining Assistance" (AJUDA) approach in COP19, with a more focused footprint and intensified services at a subset of sites (now 636), while continuing to support the remaining sustainability sites (~1,055) with human resources for health (HRH), commodities and technical assistance channeled through local government institutions. In COP20 and COP21, we furthered our progress, identifying and adopting evidence-driven, people-centered changes to the portfolio, all of which led to a remarkable achievement of an absolute net growth of more than 250,000 people on treatment in COP20. This plan will continue that trajectory through COP22.

COP22 supports the UNAIDS' Global AIDS Fast Track Strategy to end the AIDS epidemic as a public health threat by 2030, which is fully aligned with PEPFAR's equity-focused priorities. This includes maximizing equitable and equal access to comprehensive, people-centered HIV services, breaking down legal and societal barriers to achieve HIV outcomes, and also sustaining HIV responses by integrating them into systems for health, social protection and humanitarian settings. The plan is consistent with Mozambique's National HIV Strategic Plan 2021-2025 to achieve epidemic control, is aligned with Sustainable Development Goal 3.3 to end HIV as a threat to public health, and Goal 3.8 to achieve universal health coverage. COP22 has been developed in close collaboration with the Government of the Republic of Mozambique (GRM), Mozambican civil society, and multilateral and donor partners. Additionally, we have developed a strong and effective system of partner management to make implementing partners part of the solution.

COVID-19 significantly impacted Mozambique, hitting the economic sector especially hard andstraining the healthcare system. It reduced face-to-face, close site support monitoring, which had been at the heart of our most successful case-finding and retention interventions. Despite these challenges, Mozambique achieved historic growth rates of active patients on treatment and has seen an increase in patient retention, in part due to rapid scale-up of differentiated service delivery models, a rapid transition to dolutegravir-based treatment regimens (TLD), and efforts to continue service delivery to HIV and TB patients during the pandemic. Longstanding PEPFAR-supported systems were leveraged for the COVID-19 pandemic response, including infection prevention practices, patient triage, public awareness-raising, and the use of diagnostic platforms and information systems for COVID testing and results return.

The plan presented herein is based on in-depth study of the epidemiology, geography, and demography of the HIV epidemic and focuses on reaching populations with the most critical gaps and needs. For Mozambique, the focus and challenges of COP22 are similar to those of COP21: reaching and serving young people, children, men, and populations who have been impacted by violence and instability. We are reinforcing program areas where we see impact and expanding those in the sub-populations with highest HIV incidence to continue growth in the number of people identified, initiated, retained on treatment, and virally suppressed. Strategies to reach these populations are being scaled in COP22, including adolescent youth mentors, male engagement and champions, and Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe (DREAMS) programming for adolescent girls and young women (AGYW). A new strategy called Accelerating Progress in Pediatrics/Prevention of mother-to-child transmission (PMTCT) (AP3) will help further reduce HIV and will be rolled out in select sites. We will also use data-driven interventions for harder to reach populations – whether that is increasing access to youth-friendly health services and school health corners, or mobile brigades and use of community health workers to reach key populations (KP) and internally displaced persons (IDP). Finally, we have increased investments in some populations in greatest need, including the expansion of our support for advanced HIV disease (AHD) and comprehensive AHD package delivery at more sites and PEPFAR, in collaboration with the Global Fund (GF), to support harm reduction for people who use drugs.

To achieve greater equity, and as we get closer to epidemic control, we have built into COP22 important innovations to reduce stigma and discrimination. This includes efforts to improve patient literacy and coordinated community-led monitoring (CLM) to identify and resolve issues at the level of the health facility and community and put the locus of action with the populations most affected by, and in need of, quality HIV services for prevention and treatment. As Mozambique gets closer to epidemic control, we will need to consider how the program shifts to adjust for rising ART coverage and fewer undiagnosed positives. COP22 targets are designed to ensure that Mozambique reaches the populations and geographies that are furthest from epidemic control and to exceed 95-95-95 at a national level by the end of FY23. Our systems investments align closely with identified program priorities, including increasing coverage and improving quality for viral load testing.

Although our focus remains on achieving high coverage of HIV diagnosis, treatment and viral load suppression, we are actively working to prepare the Mozambique PEPFAR portfolio for sustainability. PEPFAR has transitioned 29% of its portfolio to local partners, and in COP22 will continue efforts to build capacity for local partners, including transition of select programmatic activities from PEPFAR-funded clinical implementing partners to local government partners. Under the leadership of the GRM and together with GF and UNAIDS, we will lay out a short-, medium-, and long-term roadmap to achieve sustainability. We expect important updates this year from the Population-based HIV Impact Assessment (PHIA), the bio-behavioral surveillance surveys (BSS) in men who have sex with men (MSM) and female sex workers (FSW), and completion of the HIV Stigma Index 2.0. This critical information will allow us to assess how well our interventions are working and guide future programming and investments to ensure maximal impact.

Details of how PEPFAR/Mozambique will achieve its goals are explained throughout this document. Our vision is to support Mozambique to continue the progress realized over the last two years towards reaching epidemic control and continue laying the foundation that will create better, sustainable programs in the future, so that epidemic control can be maintained.

2.0 Epidemic, Response, and Program Context

2.1 Summary statistics, disease burden and country profile

Mozambique has a population of 32.7 million people, of which 44% are aged <15 years. At $460 USD (2020), the per capita gross national income (GNI) is the third-lowest in the world, and has fallen 39% since 2015 (World Bank).[1] In 2020, the United Nations Development Programme (UNDP) ranked Mozambique 181 out of 189 countries on the Human Development Index.[2] Seventy percent of Mozambicans are estimated to be poor and 37 percent destitute, with substantial variation by region and province.[3] The 2019/20 household budget survey noted a 17% inflation-adjusted reduction in average monthly per capita household expenditures over the previous five years, to 1,695 MTS ($51 USD).[4]With an estimated 2.1 million people living with HIV (PLHIV) in 2022, Mozambique has the third greatest number of PLHIV in the world (sources: NAOMI 2022[5], UNAIDS, 2021). Of these, around 224,000 are aged 15-24. Adult (15+) HIV incidence is estimated at 4 per 1,000, and new HIV infections have fallen steadily since it peaked to 74,000 in 2000 (NAOMI 2022). AGYW aged 15-24 account for 28% of new HIV infections and have some of the highest age-sex-specific HIV incidence rates. Zambezia and Nampula, the two most populous provinces, along with Sofala Province have the highest number (>10K) of new HIV infections per year in FY22 (NAOMI 2022).

The national HIV program has made great strides in expansion of HIV services. In FY21, nearly 8 million HIV tests were performed, resulting in 319,689 newly diagnosed PLHIV, of whom 301,659 initiated ART. These achievements have contributed to impressive gains in the 95-95-95 cascade. Estimated knowledge of HIV+ status (1st 95) is 90%, though it varies by age and sex, with young males aged 15-24 having the lowest knowledge of status at 78% (Spectrum 6.14, 2022 (draft)[6]). ART use among those previously diagnosed was 89% (2nd 95), corresponding to

[1] The World Bank (2020). GNI per capita, Atlas method (current US$) https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=MZ

[2] United Nations Development Programme (UNDP) (2020). Human Development Index. https://hdr.undp.org/en/countries/profiles/MOZ

[3] Oxford Poverty and Human Development Initiative (2020). Global multidimensional poverty index (MPI), based on data from 2011 Demographic and Health Survey. https://ophi.org.uk/multidimensional-poverty-index/

[4] National Institute of Statistics (INE) (2019/20). *Inquerito de Orcamento Familiar* (IOF) [Family Budget Survey]. http://www.ine.gov.mz/operacoes-estatisticas/inqueritos/inquerito-sobre-orcamento-familiar/iof-2019-20/inquerito-sobre-orcamento-familiar-iof-2019-20/view

[5] Naomi is a sub-national estimation tool developed by UNAIDS that is used in combination with Spectrum to create HIV estimates annually. All references to NAOMI 2022 throughout the SDS refer to preliminary projections for Fiscal year 2022 (ending September 30, 2022) which have not yet been validated by the Govt of Mozambique and may change prior to finalization. In addition, results from INSIDA 2021/22, anticipated to be released later in 2022, are expected to impact future HIV estimates.

[6] Knowledge of status estimated using the Shiny90 tool developed by UNAIDS. See previous note regarding draft status of 2022 HIV estimates.

an ART coverage among all PLHIV of 81% (81% among adults ≥15 and 76% among children <15) at the end of December 2021. Young males again are lagging other age/sex bands with only 44% on ART. Viral load suppression at AJUDA sites reached 92% among those on treatment (3rd 95), though children <15 years on treatment had only 75% viral load suppression (VLS) (December, 2021). Although challenges remain, 12-month retention in care has improved steadily from FY19 (83%) to FY21 (90%) (MozART database). Results from bio-behavioral surveillance surveys in MSM and FSW conducted in 2020-21 and the 2021-22 PHIA are expected in 2022 and should provide further insights into progress towards reaching the UNAIDS FastTrack objectives.

Regarding PMTCT of HIV, there are an estimated 1.2 million births each year in Mozambique. Among pregnant women, 93% attended antenatal care (ANC) at least once (AIDS Indicator Survey 2015). Ninety nine percent of ANC attendees know their HIV status (Fig 4.3.1), and 99% of HIV+ pregnant women receive ART during pregnancy. Although the proportion of positive HIV tests among HIV-exposed infants has fallen from 5.6% to 3.1% from FY19Q1 to FY22Q1 at AJUDA sites, the final population MTCT rate is still estimated at 10.8% for FY22 (NAOMI 2022), well above the <5% elimination target in spite of impressive gains in ART use during pregnancy. Reductions in HIV-exposed infant (HEI) positivity have stalled over the last three quarters, likely due to a combination of late diagnosis, incident infection in pregnant and lactating women (PLW), and interruptions in ART during pregnancy or breastfeeding.

As of September 2021, coverage of voluntary medical male circumcision (VMMC) had reached 72% among 15-49 year-olds and 81% among males aged 15-29, the target population for PEPFAR's VMMC program (Source: Decision Makers' Program Planning Toolkit, Version 2 (DMPPT2) estimates). However, coverage varies by province and district so additional work is required to ensure all areas have reached the 80% target, and to maintain coverage due to aging-in of 14 years old boys in the future. The PHIA will provide additional information about VMMC coverage by province.

GRM has made impressive strides in recent years in terms of policy adoption, a process that has accelerated in response to the challenge of ensuring access to services during COVID-19. In terms of diagnosis, Mozambique has one of the largest index case testing programs in the world, with ~40% of pediatric diagnoses provided through index testing in FY22Q1 (minimum program requirement [MPR] 6). Mozambique offers a comprehensive package of differentiated service delivery based on client needs, including three-month drug dispensing (3MDD) as a current standard of care, and 6MDD recently approved and in process of national roll out as of April 2022 (MPR3). National pre-exposure prophylaxis (PrEP) expansion began in FY22Q1 (MPR7). Although 74% of clients at AJUDA sites have either completed or are currently on TB preventive treatment (TPT), further work is needed (MPR4). The ability to monitor morbidity and mortality outcomes for PLHIV is still a gap (MPR15). An HIV case surveillance assessment funded in COP21 is underway, though availability of unique identifiers for healthcare is a continuing challenge (MPR16). Mozambique state budget allocations to HIV have been level rather than increasing in recent years, though the extraordinary COVID-19 economic impact should be noted (MPR14).

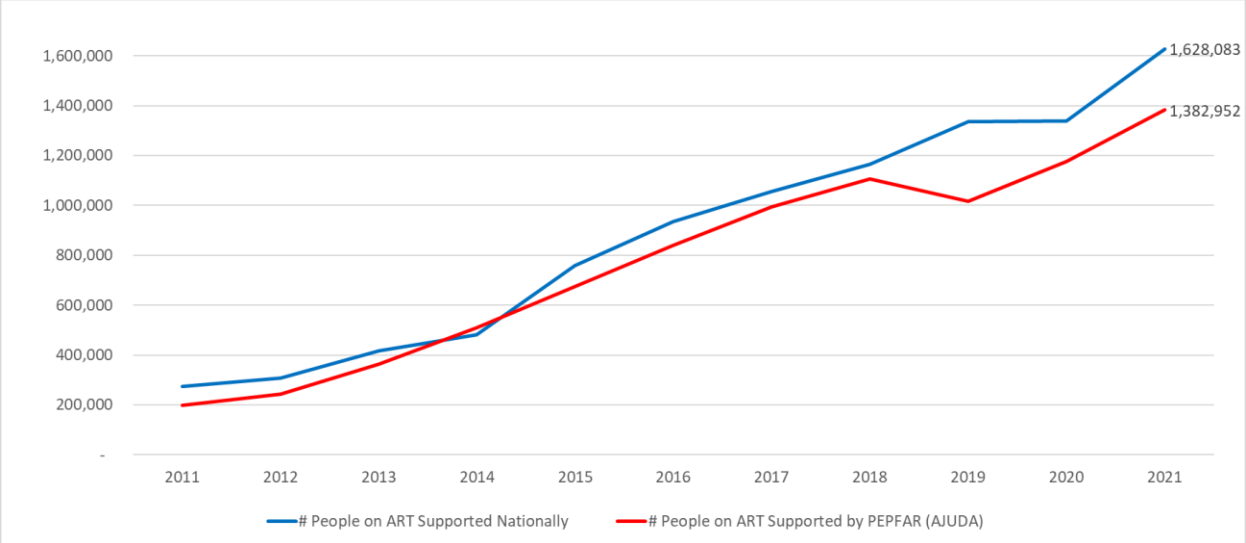
Table 2.1.1 Host Country Government Results															
	Total		<15				15-24				25+				*Source, Calendar Year*
			Female		Male		Female		Male		Female		Male		
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	
Total Population	32,705,909	100%	7,245,989	22%	7,320,882	22%	3,328,687	10%	3,346,733	10%	6,064,530	19%	5,399,088	17%	NAOMI Q3 2022 (draft)
HIV Prevalence (%)		6.36%		0.81%		0.82%		4.96%		2.36%		17.9%		11.7%	NAOMI Q3 2021 (draft)
AIDS Deaths (per year)	36,315		2,470		2,531		2,595		1,633		13,979		13,107		Spectrum v6.14, 2022 (draft)
# PLHIV	2,079,611		58,770		59,899		165,095		78,931		1,084,912		632,004		NAOMI Q3 2022 (draft)
Incidence Rate (Yr)		0.24%		0.07%		0.07%		0.66%		0.24%		0.41%		0.32%	NAOMI Q3 2022 (draft)
New Infections (Yr)	73,896		4,683		4,809		20,910		7,846		20,500		15,148		NAOMI Q3 2022 (draft)
Annual births	1,224,790														Ministry of Health, SISMA 2021
% of Pregnant Women with at least one ANC visit		93%													IMASIDA (AIS) 2015
Pregnant women needing ARVs	90,222	7.36%													Spectrum v6.14, 2022 (draft)
Orphans (maternal, paternal, double)	2,509,800														Spectrum v6.14, 2022 (draft)
Notified TB cases (Yr)	74,411														PEFPAR AJUDA data from 2021
% of TB cases that are HIV infected	22,648	31%													PEFPAR AJUDA data from

															2021
% of Males Circumcised	6,886,259	79%							3,104,350	93%			3,781,909	70%	DMPPT 2. 2022
Estimated Population Size of MSM*	63,552														Estimativa do Tamanho de População chave, 2020
MSM HIV Prevalence		6.8%													Estimativa do Tamanho de População chave, 2020
Estimated Population Size of FSW	223,753														Estimativa do Tamanho de População chave, 2020
FSW HIV Prevalence		18.4%													Estimativa do Tamanho de População chave, 2020
Estimated Population Size of PWID	13,802														Estimativa do Tamanho de População chave, 2020
PWID HIV Prevalence		37.5%													Estimativa do Tamanho de População chave, 2020
Estimated Size of Priority Populations (specify)	17,202														SERNAP, 2020
Estimated Size of Priority Populations Prevalence (specify)		24.0%													Ministry of Justice, Assessment of the Situation of HIV, STI's and TB and Health Needs in Prisons in Mozambique, 2013

Table 2.1.2 95-95-95 cascade: HIV diagnosis, treatment and viral suppression* (MER January 2021-December 2021)										
Epidemiologic Data					HIV Treatment and Viral Suppression			HIV Testing and Linkage to ART Within the Last Year		
	Total Population Size Estimate (#)	HIV Prevalence (%)	Estimated Total PLHIV (#)	PLHIV diagnosed (#)	On ART (#)	ART Coverage (%)	Viral Suppression (%)	Tested for HIV (#)	Diagnosed HIV Positive (#)	Initiated on ART (#)
Total population	32,705,909	6.4%	2,079,611	1,875,639	1,674,377	81%	92%	8,344,765	330,767	307,591
Population <15 years	14,566,871	0.8%	118,669	97,969	90,204	76%	75%	970,681	15,940	18,399
Men 15-24 years	3,346,733	2.4%	78,931	61,953	34,885	44%	87%	813,639	16,354	12,837
Men 25+ years	5,399,088	11.7%	632,004	547,132	469,751	74%	93%	1,458,258	109,134	97,548
Women 15-24 years	3,328,687	5.0%	165,095	149,309	157,798	96%	88%	2,457,662	58,022	55,297
Women 25+ years	6,064,530	17.9%	1,084,912	1,019,276	921,740	85%	94%	2,644,525	131,317	123,510
MSM	63,552	6.8%	4,290		3,093	72%	94%	14,070	2,823	1,417
FSW	223,753	18.4%	41,241		13,738	33%	98%	39,647	9,551	6,065
PWID	13,802	37.5%	5,181		401	8%	93%	2,378	457	457
People in prisons and other enclosed settings					3,085	49%	94%	11,604	1,307	910
TG								65	18	

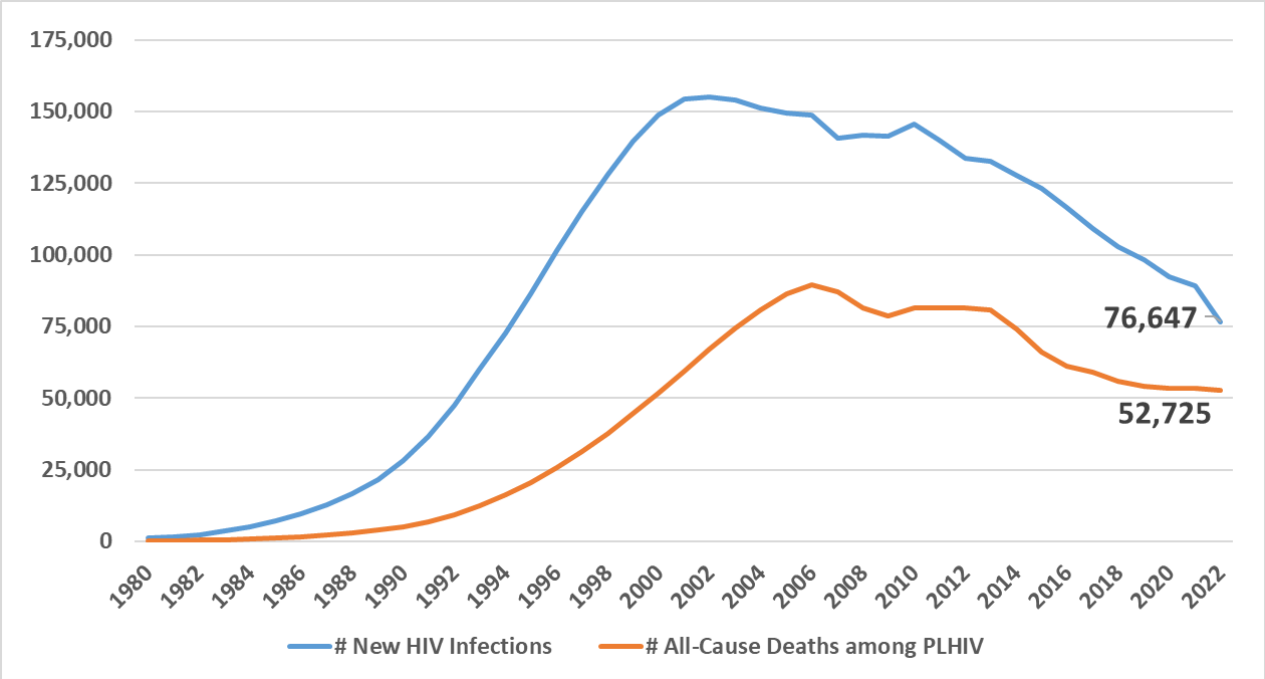
**Epidemiological Data: NAOMI Q4 FY22 and Spectrum v6.14 for Q3 FY22* (draft)*; Key population estimates from Estimativa do Tamanho de População chave, 2020*
HIV Treatment (All Indicators, excluding Viral Suppression): January 2021-December 2021
Viral Suppression: MER Q1 FY22, AJUDA Sites Only

Figure 2.1.3 National vs AJUDA Trend of PLHIV Currently on Treatment , as of FY21 Q4



**Uses National SISMA total and MER AJUDA only results for comparing PEPFAR and national programs.*

Figure 2.1.4 Trend in New Infections and All-Cause Mortality Among PLHIV



⋆ *Mid-year estimates, Spectrum v6.14, 2022 (draft)*

Figure 2.1.5 Progress in Retaining Individuals on ART from Q1 to Q4 FY21 (4 Quarters)

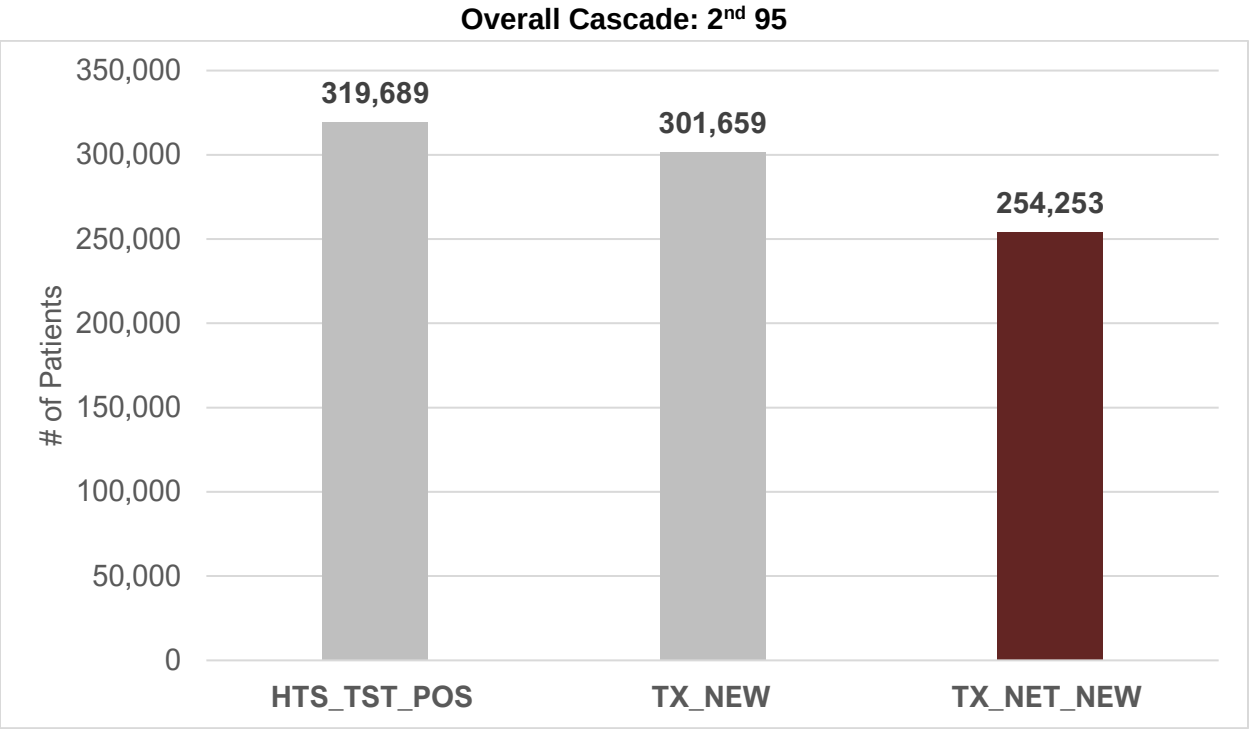


Figure 2.1.6 Clients Gained/Lost from ART by Age/Sex, FY22 Q1

**MER TX_ML excluding patients that Transferred Out, EPTS Sites Only*

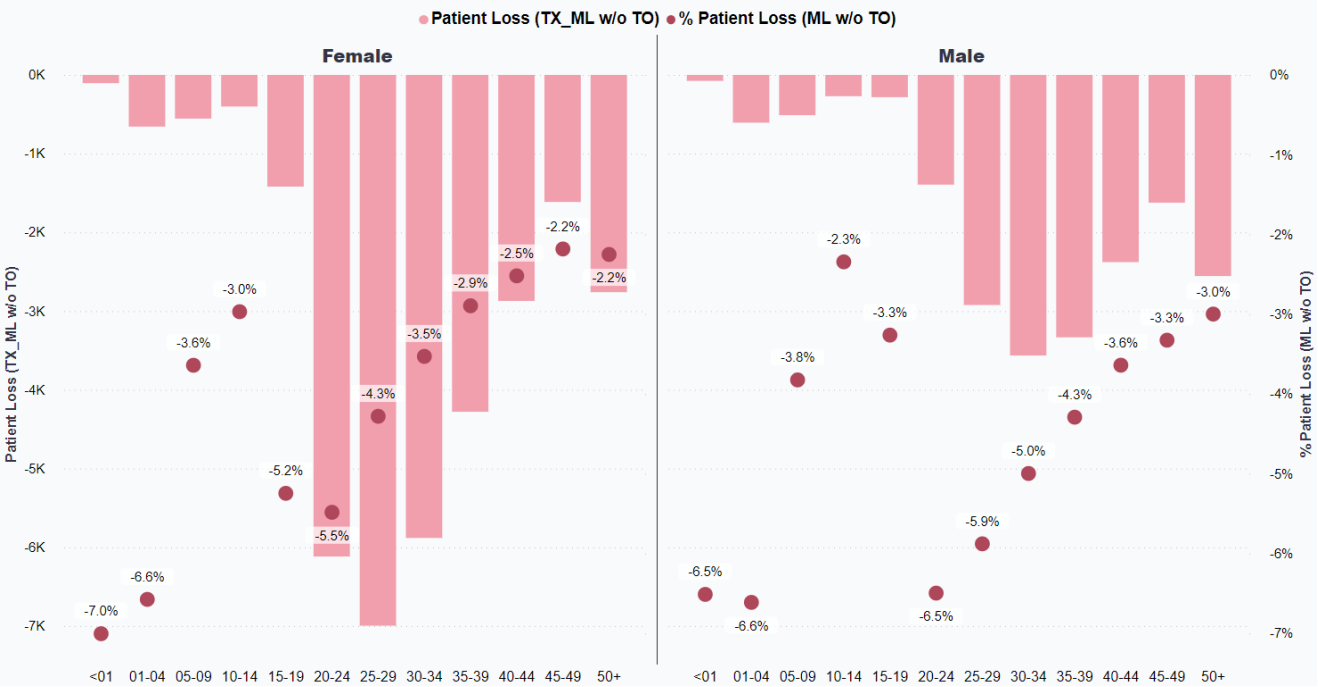


Figure 2.1.7 Epidemiologic Trends and Program Response for Mozambique

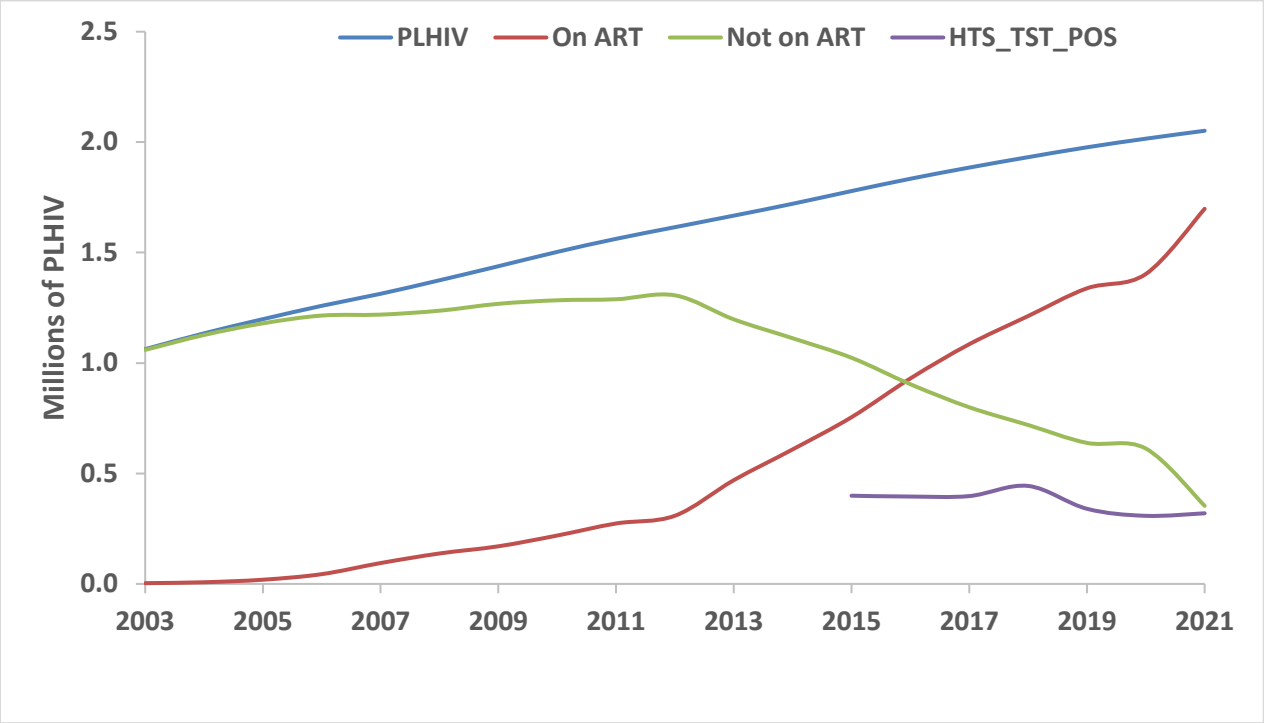
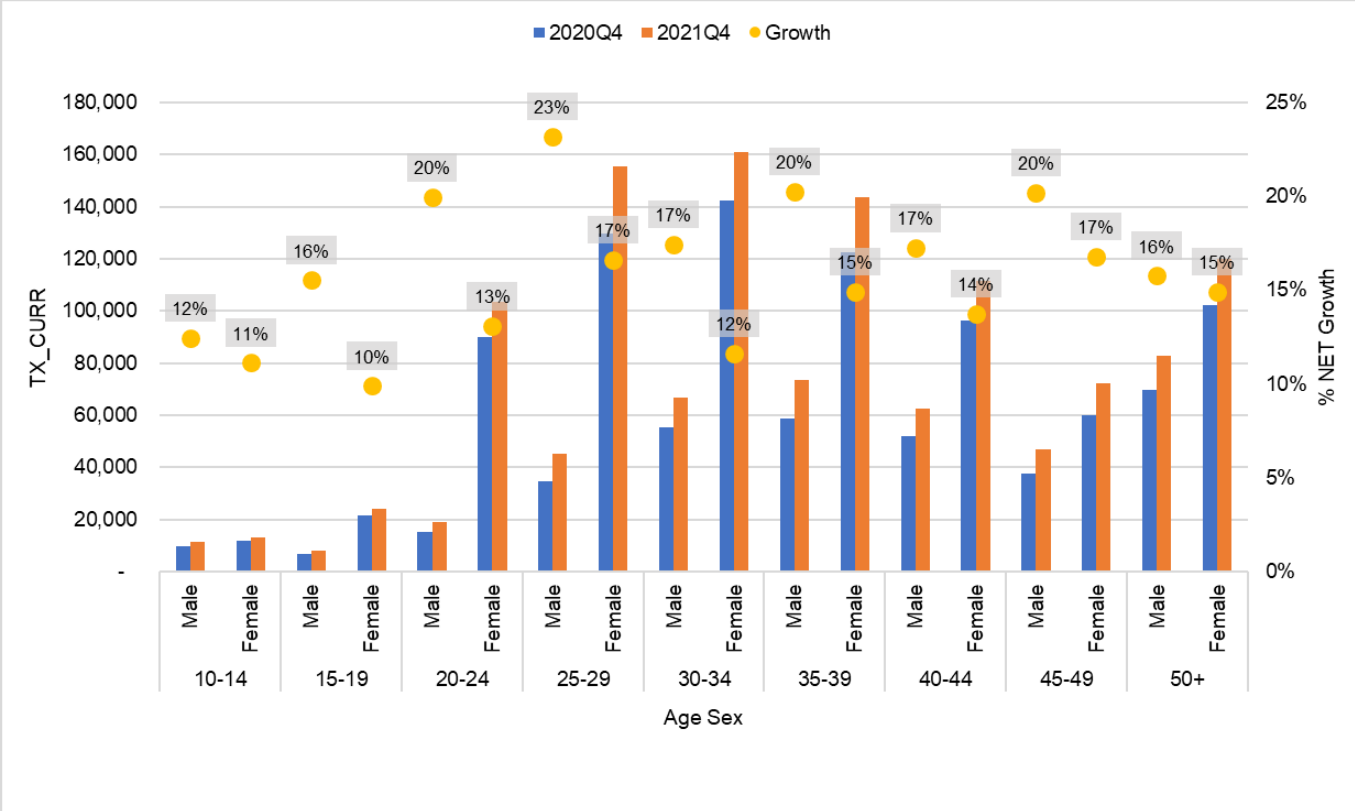


Figure 2.1.8 Net Change in HIV Treatment by Sex and Age Bands, 2020 Q4 to 2021 Q4



2.2 New Activities and Areas of Focus for COP22, Including for Client ART Continuity

COP20 ushered in a new era of interventions and momentum, with improved retention despite the new challenges of COVID-19, ~19% growth in our TX_CURR to reach more than 1.6 million people on treatment, and clear progress towards the three 95s. However, gaps in case finding and retention remain, especially for children, adolescents, PLW, young men, and key and vulnerable populations, including IDPs. At the end of 2021, 86% of female and 71% of male PLHIV were estimated to be on ART (89% coverage amongst diagnosed PLHIV) (MER FY22 Q1). The gap between males and females has been narrowing—and remaining gaps are driven by differences in estimated case finding—but estimated ART coverage remains lowest for adolescents and youth aged 15-24. We expect that PHIA data will further improve our understanding of the epidemic and program gaps when it becomes available later this year. Six-month retention among PLHIV newly initiating ART (excluding transfer outs) is represented in the MozART database from sites in Mozambique with the Electronic Patient Tracking System (EPTS). It has improved from 61% in FY18 to 86% in FY21, with largest gains in the last year and in provinces with the lowest ART coverage. Gains were noted for all age and sex bands, but children <10 remain furthest behind, with 74% six-month retention for those under five and 84% for those ages 5-9 in FY21. Amongst *all* 1,059,896 PLHIV active on ART in September 2020 and in the MozART database, 90% were still active as of September 2021 (an improvement from 83% two years prior), though there is still much work to be done. Within this cohort, highest rates of not being retained were noted amongst PLHIV ages 0-4 (13%), males 20-34 (17% for ages 20-24, 15% for ages 25-29, 12% for ages 30-34) and females 15-29 (15% for ages 15-19, 14% for ages 20-24, 11% for ages 25-29).

In late 2021, the Mozambique Ministry of Health (MISAU) and GF published an important report called “Porque Parou”, looking specifically at qualitative reasons why PLHIV in Mozambique are lost or retained in care, based on 1:1 interviews with 159 patients in seven districts in Nampula, Zambezia and Maputo, including 104 people who had abandoned treatment at least once, as well as focus groups with healthcare workers and lay staff (otherwise known as activistas). The final report explained barriers to retention and made recommendations, highlighting the importance of HIV literacy (including making sure people are aware of the benefits and availability of ARVs and their options for differentiated HIV services); stigma reduction at the individual, interpersonal and societal level; specific interventions targeting men and other vulnerable populations; targeted psychosocial support for patients who deny their HIV status to address their underlying fears and closely follow them for ongoing early retention; strengthened capacity for activistas and other lay counselors to ensure high quality counseling; and mental health screening and service provision by trained/licensed staff. In COP22, PEPFAR-Mozambique will continue to expand access to, and availability of quality psychosocial support (APSS) to reach all PLHIV. This will include strengthening of the mentorship package provided at the health facility level and the introduction of the mentorship program for community-based services. Community-based APSS will include support for parents and other caregivers.

In COP21, PEPFAR Mozambique is working GRM to launch, scale and adapt several synergistic, differentiated, client-centered interventions that are intended to address challenges for the people and geographies being left behind, including packages of services for advanced HIV disease,

adolescent youth mentoring, male engagement, mental health, PrEP, and pediatric ARV optimization; interventions to improve HIV literacy and reduce stigma, discrimination, and structural barriers to care including through partnership with civil society and faith-based organizations and through community-led monitoring (CLM); and differentiated approaches to HIV testing and ARV delivery in facilities and communities to address the unique barriers to diagnosis and lifelong treatment for different patients and populations (including KP and IDPs).

In COP22, we will further *expand* (in scope and site footprint) and *refine* these retention-focused interventions in an effort to reach epidemic control, increase focus on quality of implementation and the patient experience down to the site level, and simultaneously take meaningful steps towards program sustainability. COP22 case-finding targets have been deliberately set to differentiate testing modalities based on estimated geographic and demographic 1st 95 coverage. This includes a plan to identify more 15–24-year-old adolescents and young adults through targeted, non-index, community-based modalities in 50 high-burden districts, and expanded self, index case and social network testing strategies to reach men and KP. We plan to *newly launch* an intensified HRH and mentorship program to better serve children and pregnant mothers as part of the AP3 Initiative, additional comprehensive DREAMS and OVC services as well as surveillance for IDPs in Cabo Delgado and Nampula, and support in collaboration with GRM and the GF for opiate substitution therapy for people who use drugs. We will also strengthen implementation of the essential package of services at sustainability sites by shifting additional resources and technical/financial responsibility to provincial governments. PEPFAR will provide technical assistance to provincial authorities to ensure that they are fully capacitated to manage these additional responsibilities, whilst ensuring better patient outcomes. Details on many of these retention-focused interventions planned for COP22 will be further described in Section 4.0.

2.3 Investment Profile

National Health Budget[7]

Mozambique had its highest ever annual budget allocation for health in calendar year 2021, with the GRM very successful in mobilizing external support for the national COVID-19 response. The health sector accounted for 10.2% of the state budget, amounting to approximately $534 million in 2021, an increase of nearly 20% compared to the previous budget year. This increase allowed the GRM to mount a robust COVID-19 response, as well as to finance a substantial increase to the health workforce, with 6,000 new positions created in the past budget year.

The health sector budget is primarily internally funded, with on-budget external resources contributing 15%. When compared to the 2008 ratio (48% internal in 2008 versus 54% in 2020), it is evident that the GRM has steadily increased its contribution to the health sector. It is important to note that the above-referenced ratios of external financing do not reflect off budget-resources. Vertical donor programs that do not directly finance the health sector budget (“off-budget”) represent between a third and half of total expenditures per annum in the health sector. The largest ‘vertical’-budget donor in Mozambique is PEPFAR.

[7] Relatorio de Execucao Orcamental, DAF/MISAU, Fevereiro 2022

Health sector spending in Mozambique remains highly centralized. Since 2008, the majority of health resources have been executed at a central level, with central level institutions receiving an average of 59% of the overall health budget. The 2022 budget allocated 59% of health resources to central level institutions (i.e., MISAU, central hospitals, central medical stores), 21% to the provincial level (i.e., provincial health directorates, provincial hospitals) and 22% to the district level (district health directorates). This is in large part due to lower levels (provinces, districts and sites) receiving a substantial portion of their inputs (drugs, essential supplies, etc.) from the central level.

HIV expenditures

Currently, Mozambique is conducting a National AIDS Spending Assessment (NASA). The most recent Global AIDS Monitoring Report indicates that total HIV expenditures in 2016 amounted to $545 million, an increase from $343 million in 2015 and $333 million in 2014. PEPFAR Mozambique and GF are the main sources of funds for the HIV response, accounting for approximately 83% of HIV expenditures in 2020. Government expenditures on HIV programming in 2018 were $12.1 million (2% of all expenditures), essentially covering program costs such as operations, logistics, limited equipment, trainings, etc. (Note: this figure does not include salary and benefits to HIV service delivery providers, pharmacists, laboratory technicians, or other health care staff.)

Expenditure by cost category

Seventy nine percent of the GRM's health budget is dedicated to recurrent expenditures (salaries, procurement of goods and services, operating costs, transfers, and financial operations). Only 21% of the health budget is spent on investment (capital expenditure) aimed at improving access to health services and quality of care. As a result, resource limitations severely constrain Mozambican health sector capacity to increase health care access and improve infrastructure.

Donors will procure one hundred percent of antiretrovirals (ARVs) between 2021-2023 (equivalent to the current Global Fund allocation period). Global Fund will procure 84% and PEPFAR Mozambique will procure 16%. These antiretrovirals are sourced through international pooled procurement mechanisms [Global Health Supply Chain Procurement and Supply Management (GHSC-PSM), and Global Fund Wambo]. The GRM also relies on donors, particularly the United States Government (USG), for other HIV commodities such as viral load and early infant diagnosis (EID) reagents.

The GRM covers health care worker salaries (estimated at $140 million per annum) and costs related to implementation of health care services (facility maintenance, transport, provision of other essential commodities, and operational costs). To date, 100 percent of ancillary health worker staff salaries (e.g., lay counselors and data clerks who are not officially recognized government cadres) are paid by donors, principally PEPFAR.

Planned Government Contributions

The GRM has committed to spend $5 million/annum on commodities for HIV in COP 2022, a symbolic step towards reducing reliance on international partners for the HIV response. Prior

pledges to contribute towards HIV commodities did not materialize for a variety of reasons, including insufficient funds and procurement bottlenecks, among others. The GRM is currently focused on revising and improving government compensation scales, with a view to improve motivation and retention of health workers.

Data availability and Estimations

Health sector expenditures are estimated from annual MISAU budget execution reports (Relatório de Execução Orçamental), complemented by estimations made by the United Nations Children's Fund (health sector budget briefs). It is important to note that the health sector does not track or report spending by disease category. Reporting on HIV-specific expenditure is based on the NASA and the Global AIDS Monitoring Report, as tracked by Mozambique's National AIDS Council (CNCS), which details HIV funding and expenditure by source, programmatic area, beneficiary population, and geographical location. Available data spans 2004-2020.

Next Steps

The GRM will not be able to fully cover the costs of its response to HIV and will require substantial support from international partners for the medium term. The current implementation approaches are unaffordable for the host country government. Nevertheless, PEPFAR Mozambique and the GRM have agreed to initiate a high-level dialogue on sustainability (Chief of Mission level), with a view to identifying programmatic efficiencies across all areas to facilitate long-term transition to GRM and other local entities.

Table 2.3.1 Investment Profile (Funding Landscape) for HIV Programs

Table S1. Investment Profile (Budget Allocation) for HIV Programs, 2022

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2022
Care and Treatment	$387,819,074	0%	37%	63%	0%	
HIV Care and Clinical Services	$309,214,401	0%	46%	54%	0%	
Laboratory Services Incl. Treatment Monitoring	$46,370,602	0%	0%	100%	0%	
Care and Treatment (Not Disaggregated)	$32,234,071	0%	0%	100%	0%	
HIV Testing Services	$27,898,296	0%	48%	52%	0%	
Facility-Based Testing	$9,532,480	0%	34%	66%	0%	
Community-Based Testing	$7,373,763	0%	73%	27%	0%	
HIV Testing Services (Not Disaggregated)	$10,992,053	0%	43%	57%	0%	
Prevention	$80,739,797	0%	25%	75%	0%	
Community mobilization, behavior and norms change	$10,560,863	0%	60%	40%	0%	
Voluntary Medical Male Circumcision	$22,763,562	0%	0%	100%	0%	
Pre-Exposure Prophylaxis	$2,528,943	0%	3%	97%	0%	
Condom and Lubricant Programming	$4,744,487	0%	79%	21%	0%	
Opioid Substitution Therapy	$242,760	0%	100%	0%	0%	
Primary Prevention of HIV & Sexual Violence	$15,927,959	0%	19%	81%	0%	
Prevention (Not Disaggregated)	$23,951,223	0%	29%	71%	0%	
Socio-economic (Incl. OVC)	$21,385,887	0%	36%	64%	0%	
Case Management	$4,623,948	0%	0%	100%	0%	
Economic Strengthening	$6,348,148	0%	0%	100%	0%	
Education Assistance	$2,220,431	0%	0%	100%	0%	
Psychosocial Support	$0					
Legal, Human Rights, and Protection	$4,802,868	0%	97%	3%	0%	
Socio-economic (Not Disaggregated)	$3,390,492	0%	87%	13%	0%	
Above Site Programs	$40,708,563	0%	37%	63%	0%	
HRH Systems	$7,379,499	0%	42%	58%	0%	
Institutional Prevention	$0					
Procurement and Supply Chain Management	$11,002,659	0%	33%	67%	0%	
Health Mgmt Info Systems, Surveillance, and Research	$15,221,313	0%	43%	57%	0%	
Laboratory Systems Strengthening	$4,386,276	0%	0%	100%	0%	
Public Financial Management Strengthening	$286,289	0%	14%	86%	0%	
Policy, Planning, Coordination and Management of Disease Ctrl Programs	$2,432,527	0%	62%	38%	0%	
Laws, Regulations and Policy Environment	$0					
Above Site Programs (Not Disaggregated)	$0					
Program Management	$59,353,993	0%	20%	80%	0%	
Implementation Level	$59,353,993	0%	20%	80%	0%	
Total (incl. Commodities)	**$650,381,116**	**5%**	**33%**	**62%**	**0%**	
Commodities Only	**$215,317,385**	**0%**	**68%**	**32%**	**0%**	
% of Total Budget	33%					

Source: HIV Resource Allignment; Note: Domestic Gov't and Other Funders data included where available. Aggregated Domestic Gov't data has been included where disaggregation is not available. PEPFAR regional program data were not available disaggregated by country for 2018-2019.

Table 2.3.2. Investment Profile (Funding Landscape) for HIV Commodities

Table S2. Investment Profile (Budget Allocation) for HIV Commodities, 2022

	Total	Domestic Gov't	Global Fund	PEPFAR	Other Funders	Trend
	$	%	%	%	%	2018-2022
Antiretroviral Drugs	$133,016,577	0%	84%	16%	0%	
Laboratory Supplies and Reagents	$35,712,475	0%	13%	87%	0%	
CD4	$0					
Viral Load	$26,503,013	0%	0%	100%	0%	
Other Laboratory Supplies and Reagents	$9,209,462	0%	51%	49%	0%	
Laboratory (Not Disaggregated)	$0					
Medicines	$5,701,355	0%	98%	2%	0%	
Essential Medicines	$2,956,094	0%	97%	3%	0%	
Tuberculosis Medicines	$354,685	0%	100%	0%	0%	
Other Medicines	$2,390,576	0%	98%	2%	0%	
Consumables	$14,498,371	0%	67%	33%	0%	
Condoms and Lubricants	$2,513,593	0%	68%	32%	0%	
Rapid Test Kits	$11,119,328	0%	71%	29%	0%	
VMMC Kits and Supplies	$725,250	0%	0%	100%	0%	
Other Consumables	$140,190	0%	100%	0%	0%	
Health Equipment	$1,474,249	0%	64%	36%	0%	
Health Equipment	$126,849	0%	0%	100%	0%	
Service and Maintenance	$1,347,400	0%	70%	30%	0%	
PSM Costs	$24,914,359	0%	57%	43%	0%	
Total Commodities Only	**$215,317,385**	**0%**	**68%**	**32%**	**0%**	

Source: HIV Resource Alignment; Note: Domestic Gov't and Other Funders data included where available. Aggregated Domestic Gov't data has been included where disaggregation is not available. PEPFAR regional program data were not available disaggregated by country for 2018-2019.

Table 2.3.3 Annual USG Non-PEPFAR Funded Investments and Integration - FY2021

Funding Source	Total USG Non-PEPFAR Resources	Non-PEPFAR Resources Co-Funding PEPFAR IMs	# Co-Funded IMs	PEPFAR COP Co-Funding Contribution	Objectives
USAID MCH	$19,420,000	$2,390,000	6	$9,618,052	Focus on end-to-end supply chain strengthening, including procurement of essential commodities for maternal and child health. Funds will bolster the medical commodities delivery systems, focusing on ensuring the accessibility and availability of maternal and child health commodities. Support to the provincial government through G2G to support interventions in the priority areas of maternal, neonatal, and child health.
USAID TB	$6,435,000	$425,000	3	$1,465,665	Support G2G in providing capacity building and strengthening the supervision and procurement of medical supplies.
USAID Malaria	$26,904,700	$14,315,000	5	$67,305,450	Increase the availability of essential health supplies by strengthening supply chains, commodity procurement, and creating more supportive environments for commodity security. Funds will support forecasting, procurement, warehousing and distribution of key malaria commodities, including commodities for diagnosis, prevention and treatment of malaria. The PEPFAR co-funding contribution will support trainings of trainers sessions for religious leaders to disseminate key messages to segmented audiences in their communities and create a referral and counter referral system between health units and religious leaders.

USAID Family Planning	$18,495,300	$2,286,000	5	$10,970,716	Increase access to and use of voluntary family planning (FP) contraceptive methods; procure and deliver commodities for FP and reproductive health (RH). Design and produce high quality, evidence-based social and behavior change communication resources for local and community-based partners that provide FP. Funds will bolster the medical commodities delivery systems, focusing on ensuring the accessibility and availability of family planning commodities and support to the provincial government through G2G to support interventions in the priorities areas of FP/RH.
USAID Nutrition	$6,888,000	$400,000	3	$1,169,645	Support the supply chain for nutrition commodities. Nutrition resources will improve the management of nutrition commodities throughout the system and in target provinces. Funds will bolster the medical commodities delivery systems, focusing on ensuring the accessibility and availability of nutritional commodities.
USAID (Global Health Security)	$2,700,000	$1,600,000	2		Prevent avoidable epidemics, detect threats early, and respond rapidly and effectively to disease outbreaks and other critical infectious disease threats; Strengthen country systems and capacities to identify and address threats at the national, regional, and community levels; Strengthen laboratory and surveillance capabilities to detect infectious disease threats; Improve risk communication; Help to prevent, detect, and reduce the spread of antimicrobial resistant pathogens.
Other (USAID)				$1,767,652	Improve USAID/Mozambique's monitoring, evaluation and learning systems and improve capacity building of local partners.
CDC FY21-FY22 COVID Response (incl ITF, CARES, GlobalVax ARPA)	$5,170,443	$5,170,443	8	$10,763,096	Strengthen local capacity to prevent, detect, and respond to COVID-19 cases, including receiving timelier and more accurate data to inform public health decision-making; Mitigate COVID-19 transmission in communities and across borders; Prevent transmission of COVID-19 in healthcare facilities and minimize disruptions to essential health services, particularly for people living with HIV; Strengthen Mozambique's public health workforce.
CDC (Global Health Security)	$ 450,000	$450,000	1		Strengthen National Public Health Institutes (NPHI); One Health disease prioritization with CDC support by bringing GHSA-related workstreams under one umbrella: currently NPHI support, POE support, and influenza surveillance, with close coordination with FETP
CDC (National Public Health institute-NPHI)	$1,446,000				Focus on surveillance, sentinel and integration of several systems; Focus on mortality surveillance with verbal autopsy; Strategic and operational public health emergency response preparedness planning

CDC (Malaria)	$675,000				The IAA is used to support two FETP malaria-focused fellows, CDC TDYs, and the CDC In-Country Staffing and Administration
Total	**$88,584,443**	**$27,036,443**	**33**	**$118,776,776**	

2.4 National Sustainability Profile Update

During FY21 Q4 and FY22 Q1, Mozambique conducted the Sustainability Index and Dashboard (SID)21 exercise, with active engagement and participation of key stakeholders, such as PEPFAR, UNAIDS, MISAU, GF, CNCS, and civil society. Those stakeholders noted that the increased number of questions in the new SID tool could have caused the scores to decrease for some elements. Therefore, the SID21 results might not have a perfect correlation with results from previous years, due to changes in the tool. The table below summarizes the evolution of SID scores over time:

	2015 (SID2.0)	2017 (SID3.0)	2019 (SID4.0)	2021 (SID5.0)
Governance, Leadership, and Accountability				
1. Planning and Coordination	7.33	8.62	7.83	8.33
2. Policies and Governance	3.76	7.36	8.30	8.02
3. Civil Society Engagement	2.83	3.17	4.17	3.33
4. Private Sector Engagement	2.36	1.21	4.47	5.96
5. Public Access to Information	3.00	6.00	5.89	3.89
National Health System and Service Delivery				
6. Service Delivery	4.91	5.83	5.28	6.23
7. Human Resources for Health	7.83	6.74	7.26	6.49
8. Commodity Security and Supply Chain	4.99	6.18	4.95	7.15
9. Quality Management	3.52	6.76	8.76	8.76
10. Laboratory	3.24	2.83	3.92	4.74
Strategic Financing and Market Openness				
11. Domestic Resource Mobilization	2.50	5.24	5.14	5.56
12. Technical and Allocative Efficiencies	4.44	0.89	3.56	3.40
13. Market Openness	N/A	N/A	8.56	9.46
Strategic Information				
14. Epidemiological and Health Data	4.70	4.90	4.47	5.03
15. Financial/Expenditure Data	4.17	7.50	5.83	5.83
16. Performance Data	7.78	7.17	5.78	5.89
17. Data for Decision-Making Ecosystem	N/A	N/A	3.67	5.48

Color Legend:
Dark Green Score (8.50-10.00 pts): sustainable & requires no additional investment at this time
Light Green Score (7.00-8.49 pts): approaching sustainability and requires little or no investment
Yellow Score (3.50-6.99 pts): emerging sustainability and needs some investment
Red Score (<3.50 pts): unsustainable and requires significant investment

Governance, Leadership, and Accountability

Strengths

The National Strategic Plan is developed with participation of the GRM, civil society, private sector, donor organizations and multilateral partners. The legal framework is favorable to the participation of civil society in planning processes. The implementation plans are specific for each of the focus areas and clear objectives are delineated. Mozambique has laws and policies in place that follow the most recent World Health Organization (WHO) guidelines to protect victims of domestic violence and protection against discrimination, and there are efforts to promote equality of rights to access health services. The private sector participates in planning processes for the strategic plan and has made progress on implementation of HIV prevention messages at the workplace level.

USG collaborates with a range of local partners in Mozambique, including non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs). The program is transitioning responsibility for selected program components to local partners, whenever technically feasible. PEPFAR Mozambique has also established partnerships with all 11 sub-national provincial health directorates and will consolidate and expand partnerships with existing local government partner organizations (the Mozambique National Institute of Health [INS], MISAU, CNCS and Central Medical Stores [CMAM]).

Challenges

There is space for increasing the participation of the private sector during the early stages of activity planning, to ensure the alignment of stakeholders with the needs of the target populations. For example, despite the noticeable leadership of GRM, the coordination among stakeholders could be improved for the efficient and effective implementation and monitoring of activities. There are challenges for implementing policies aimed to protect children. Moreover, stigma and discrimination against the LGTBQ+ community continues to exist.

Transition to local partners continues to show positive trends overall; however, the SID21 results evidenced a substantive drop in civil society engagement and reduced access of information by the public. These challenges will be addressed in COP22, as PEPFAR Mozambique continues with its trajectory to strengthen the engagement with local partners and with our continued commitment to empower civil society.

National Health System and Service Delivery

Strengths

MISAU has developed and rolled out several quality management/quality improvement tools to improve the HIV response. AJUDA health facilities (HF), accounting for >85% of the PLHIV on ART, have intensive quality improvement (QI) sessions. Even HFs that do not implement all the QI guidelines executed some QI interventions (mentorship and clinical services management).

Despite relative gains in supply chain management, in COP22 PEPFAR Mozambique will continue to support MISAU with implementation of a pharmaceutical logistics strengthening plan,

with a specific focus on operationalization of intermediary warehouses, supply chain end-to-end data visibility, and strengthened last mile distribution of HIV commodities through private-sector outsourced contracts. These efforts will improve the effectiveness of the supply chain, as well as improve site level availability of ARVs, while providing TA to CMAM to manage outsourced contracts. By the end of COP22, PEPFAR Mozambique will continue to support advocacy efforts with other donors, such as the Global Fund, Clinton Foundation, and World Bank, for MISAU and CMAM to complete the implementation of the "Comando Unico" reform, which aims to consolidate supply chain activities to improve efficiency and end-to-end visibility. PEPFAR Mozambique will also continue to strengthen support for rollout of alternative ART distribution models (community, private sector pharmacies) and multi-month scripting. Improvement of the supply chain element is associated with “last mile” distribution of HIV commodities outsourced to the private sector, expansion of SIGLUS (Portuguese acronym for Logistics Management Information Systems for Health Facilities) that allows for end-to-end visibility of stocks at the health facility level, and improved management and monitoring of the health commodities supply chain.

There have been substantial improvements in laboratory services due to the diagnostic network optimization (DNO) exercise, improvement of facilities, and construction of new VL laboratories based on the optimization exercise. Equipment, HR, and quality improvement programs have been supported through PEPFAR-funded laboratory partners. This has resulted in an expansion of viral load and EID coverage. Improvements and expansion of the electronic information system has reduced turnaround times significantly and improved results reporting to providers, patients, and for program monitoring and evaluation.

Challenges

The Human Resources element received a lower SID score mainly driven by the reduction in support to pre-service training. There are also challenges for the strategic distribution of personnel at HFs based on the demand of services. However, it is worth noting that despite the reduced fiscal space to provide training to new health professionals, MISAU has doubled its annual HRH budget to hire personnel.

There are remaining challenges for laboratory services. The External Quality Assessment (EQA) programs do not cover all testing sites at the lower tier of the laboratory network. Most of the lower tiered laboratories have poor infrastructure, limited testing capacity, and insufficient human resources. The PEPFAR program, in coordination with Global Fund, will work with MISAU to decentralize EQA programs to expand the program and will strengthen the capacity of the DPSs to provide TA and corrective actions at participating testing sites. PEPFAR will prioritize infrastructure investments for HFs that will benefit most patients on ART.

Strategic Financing and Market Openness

Strengths

The GRM has a comprehensive financial framework that addresses domestic needs and accounts for donor investments. Since 2019, the GRM has contributed approximately $80,000 per year for the procurement of ARVs. The private health sector is regulated and both private and public facilities require licenses for operating.

Challenges

The GRM is highly dependent on external donors for the procurement of commodities, which has been increasing over the years to accompany the enrollment of new patients on ART and increasing use of VL tests for monitoring the efficacy of treatment. PEPFAR Mozambique will continue to advocate for increased domestic contributions for ARVs, and discuss options with other donor organizations to increase contributions for other commodities.

Strategic Information

Strengths

The national household survey, PHIA, was completed and will provide updated HIV prevalence, incidence and viral load suppression data by province, gender and age. Results from the National AIDS Spending Assessment (NASA) were used to guide the Global Fund continuation application and for the National Strategic HIV and AIDS Response Plan V (PEN V).

The Unique Civil Identification Number (NUIC) is being rolled out and is available free of charge to newborns. The interoperability between the Hospital Data Management Module (MGDH) and the civil registration and vital statistics system is being rolled out.

Challenges

There are delays in transferring civil registration and vital statistics data, hindering analysis. Moreover, there is a possibility of duplicating the NUIC due to the decentralization of the system. There is a fee for registering adults with a NUIC, which will cause long-term delays for rollout implementation. Data quality will remain a challenge since Mozambique is not moving toward using EPTS as a source of information.

2.5 Alignment of PEPFAR Investments Geographically to Disease Burden

In COP19, to maximize the impact of finite PEPFAR resources and urgently address persistently low treatment retention rates, an effort was made to concentrate PEPFAR Mozambique investments in a smaller number of health facilities. A total of 628 sites (out of 1,365) with direct clinical IP support were prioritized based on having historically provided ART to 90% of Mozambique's patients on ART (referred to as AJUDA sites). The remaining 737 sites were classified as sustainability sites to continue receiving PEPFAR Mozambique support through government-to-government cooperative agreements, both at the national- and provincial-levels. In addition, PEPFAR Mozambique agreed to continue supporting human resources, reproduction of materials, last mile drug delivery, and lab sample transport at all ART sites in the country. In this way, PEPFAR Mozambique struck a balance between focused interventions for maximum impact and equity.

AJUDA sites are health facilities in which PEPFAR Mozambique provides a comprehensive package of HIV services designed to support the clinical care cascade. There are five primary pillars of support. They include the following:

1. Direct service delivery staff both at the health facility and community levels;

2. A core minimum clinical and preventive services package, which includes support for multi-modality HIV testing services, adult and pediatric treatment, PMTCT, viral load monitoring, cervical cancer prevention, gender-based violence (GBV) prevention and care, TB/HIV programming, and KP-friendly services;
3. Electronic systems (EPTS, DISA, iDART, SIGLUS, etc.) to facilitate data collection and reporting for >35 MER indicators, as well as infrastructure improvements and supply chain technical assistance;
4. Intensive, granular site-level IP oversight, including supportive supervision and continuous quality improvement activities based on site performance; and
5. Additional differentiated services based on level of service (e.g., referral facilities), unique provincial contexts and/or provincial negotiations, or specific evidence-based need driven by site-level program performance.

AJUDA site selection was driven primarily by site-level treatment population but was also informed by contextual factors. In consultation with IPs and MISAU, the final list was adjusted to consider the number of districts supported, roads and their condition, site infrastructure, and geographical factors such as rivers. Other factors included proximity to existing AJUDA sites and a desire to include specific prisons as well as smaller sites that serve as referral hospitals that provide higher levels of care.

Clinical IPs began working intensively in these sites in a phased manner under the auspices of the “AJUDA response” in February 2019. The original AJUDA site list has largely remained unchanged, although some sites have closed due to instability in Cabo Delgado, some prisons no longer report as satellite sites but rather as standalone health facilities, a few small referral hospitals were added, and one site split into two separate clinics. The sustainability site list has expanded quite dramatically, however, with new ART sites launched every quarter. As of FY22 Q1, there were 1,649 sites reporting TX_CURR – 1,023 as sustainability sites and 626 as AJUDA sites (noting that eight AJUDA sites in Cabo Delgado did not report TX_CURR in FY22 Q1). Sustainability site data quality, given high discrepancies with ARV consumption data, suggest that the total number of reported active ART clients at the >1,000 sustainability sites may be over-reported. Based on the existing data across all sites nationally, AJUDA sites currently represent 86.6% of TX_CURR, serving 1,406,633 clients on ART.

The AJUDA site designation has helped to focus the efforts of clinical IPs in a way that maximizes impact. However, not all program areas are best served when constrained to sites that were initially selected based on treatment client volume. The following areas of HIV programming use geographical distribution strategies distinct from the AJUDA site selection logic:

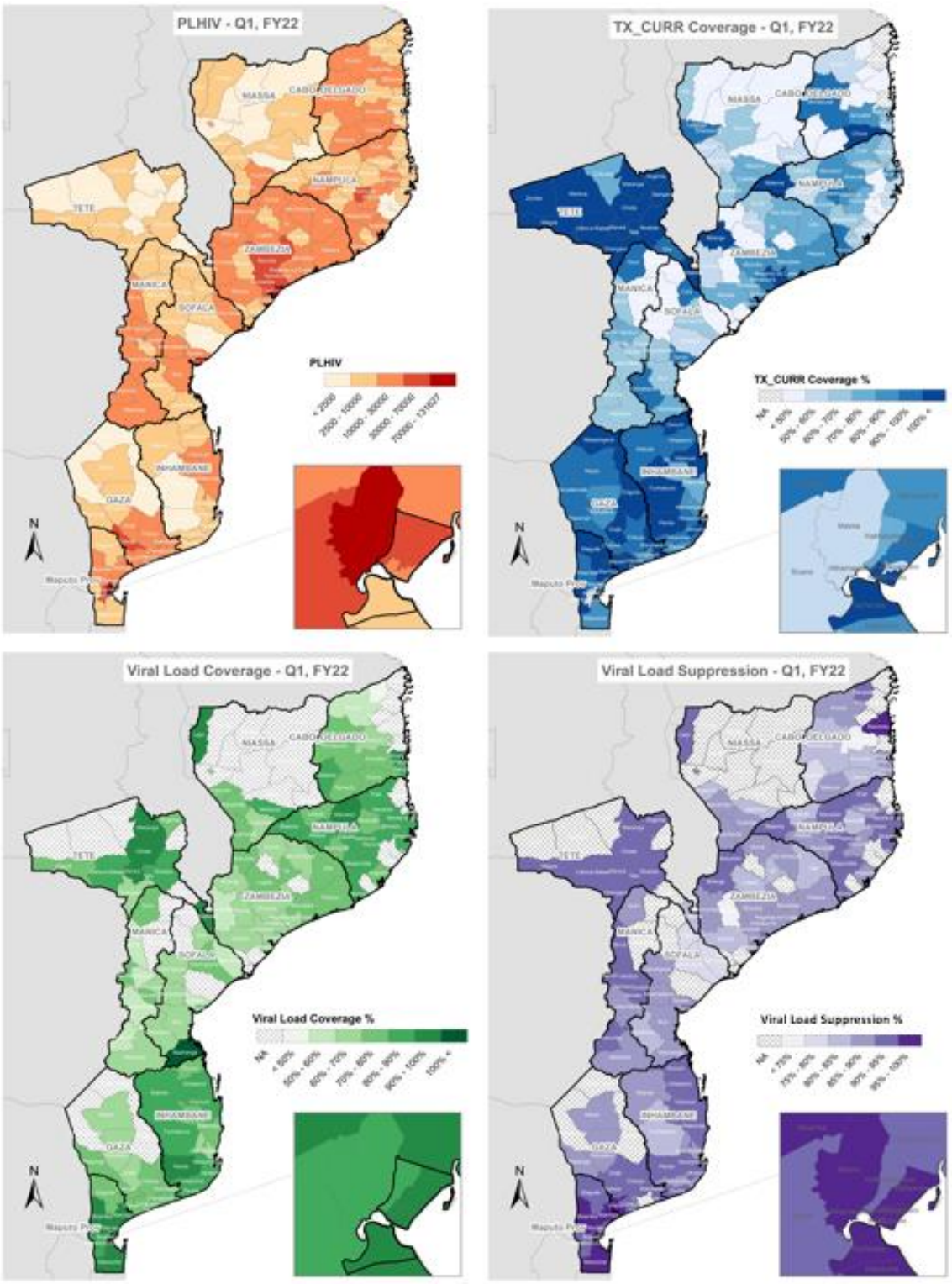
A. As a preventive intervention, VMMC operations are guided by a quantification of how many people could benefit from the intervention rather than simply the numbers of people on treatment for HIV. As such, the number of uncircumcised men aged 15-29 is the primary determinant of site selection;
B. Although informed by the distribution of PLHIV, key population targeting is guided by a joint consideration of the distribution of key populations themselves and HIV prevalence within those specific populations; and

C. Systems interventions, such as ART supply chain and lab sample transport, are more efficiently and effectively run by a single entity. In these cases, PEPFAR Mozambique IPs support the entire country, though the frequency of service aligns with the frequency of demand.

In COP22, provincial funding allocations for the above defined minimum clinical and preventive services package were based on a combination of the provincial proportion contribution to the FY22 Q1 TX_CURR result as well as the provincial proportion of all FY23 TX_CURR targets. Provinces further from epidemic control, of which six provinces are not projected to reach 90% treatment coverage by the end of FY22, have higher TX_CURR growth potential in FY23 and thus were assigned a greater proportion of the COP22 targets. This results in funding shifts between provinces, with proportionally more resources allocated to those provinces with more intensive efforts needed to reach key treatment coverage benchmarks. These shifts resulted in >10% budget increases and decreases for core clinical service delivery by clinical IPs in some provinces. Clinical IPs working in provinces with more substantive budget cuts will be asked to reconsider how to maintain progress to date, which may include refining direct services delivery staffing approaches.

In summary, it is important to clarify that PEPFAR Mozambique: (a) continues to support sustainability sites in last mile drug delivery and lab sample transport through PEPFAR partners as well as supervision visits, trainings, reproduction of materials, and human resources through direct government to government agreements; (b) provides the aforementioned comprehensive package of HIV services only at AJUDA sites; and (c) implements some specific technical area interventions regardless of AJUDA site designation. Based on the uncertainty of sustainability site data and district-level PLHIV estimates, PEPFAR Mozambique opted to not significantly expand the AJUDA site footprint and instead expand joint USG-GRM program priorities at the current AJUDA sites while working to strengthen the ability of GRM to support these small and remote sustainability sites in COP22. In addition, the COP22 includes budgetary increases for every provincial government and resources continue to be invested in building the technical and financial capacity of provincial government authorities. However, in response to a request from civil society, and with additional funding from OGAC, we have added five new AJUDA sites with estimated TX_CURR >1,000 in new catchment areas in Nampula, Sofala and Zambezia.

Figure 2.5.1 Percent of PLHIV by SNU, total PLHIV by SNU, coverage of total PLHIV with ART, and viral load coverage by SNU.



2.6 Stakeholder Engagement

Civil Society

As a fundamental stakeholder of the Mozambican national HIV/AIDS response, civil society was actively engaged in the COP22 development process. In addition to routine quarterly meetings to present and discuss PEPFAR partner's programmatic results, which result in important feedback for adjusting programs, PEPFAR Mozambique ensured the participation of representatives of Mozambican civil society, including PLHIV and KP constituencies and faith-based organizations, throughout the various meetings it held with its stakeholders to prepare for COP22. DREAMS Ambassadors and adolescents and young adults living with HIV were also represented in the discussions. Civil society took part in the technical working groups and presented its priorities in dedicated plenary sessions, including the People's COP, an advocacy position paper developed by local and international organizations.

PEPFAR Mozambique engaged civil society through the Civil Society Platform for Health (PLASOC-M), the major coalition of civil society organizations working with health-related activities, which includes organizations representing PLHIV and KP constituencies. In addition to PLASOC-M members, whose participation was facilitated through virtual meetings, PEPFAR also involved civil society organizations not affiliated with PLASOC-M. Faith-based organizations were also in attendance and represented by a religious leaders' committee, which was recently created, bringing together all of the major faith communities that are present in Mozambique.

Following recommendations from civil society and multilateral partners, in FY21, PEPFAR Mozambique initiated a direct grant to PLASOC-M to support its institutional capacity, facilitate the engagement of civil society organizations represented in all 11 provinces, and to improve its advocacy capacity for advancing key HIV/AIDS priorities of Mozambican civil society. This grant will be maintained in COP22 and will complement other existing civil society capacity building initiatives being supported in Mozambique, including the USAID Local Empowerment to Advance Development (LEAD) program that was launched in COP21 and which will provide comprehensive capacity building for ten Mozambican community-based organizations, some of which are led by PLHIV and KP, to assume a greater role in the implementation of HIV/AIDS programs in Mozambique.

PEPFAR Mozambique is committed to ensure the voices of PLHIV, youth, key and priority populations, people living with disabilities and other populations affected by HIV are heard at all the stages of its programming development, implementation, and monitoring. To that end, throughout COP21 and COP22 implementation, PEPFAR will continue to create opportunities to actively engage and collect feedback from representatives of these groups. PEPFAR will also continue to meet regularly with PLASOC-M, other civil society representatives, and faith-based organizations, and will create opportunities that can increase the capacity of these stakeholders to engage and inform PEPFAR-supported programs.

Partner Country Government

PEPFAR has made a concerted effort over the years, and most certainly again in developing COP22, to ensure a clear alignment with national policies, GRM priorities and national response

plans. Engagement of stakeholders through the leadership of CNCS, MISAU and PEPFAR started early and resulted in a smooth process of negotiations and agreements. Throughout the year (FY21), several meetings between leadership of these entities ("Directors' Meetings") helped to ensure that policy and strategy decisions related to COP planning and implementation were fully communicated and resulted in action to allow the successful implementation of GRM priorities towards HIV epidemic control in Mozambique.

The COP22 in-country virtual stakeholder retreat began on January 31, 2022. COP22 guidance was shared and discussion of the Planning Level Letter (PLL) early in the process was followed by a two-week period of intense discussions of key priorities and targets. These negotiations took place through technical working groups, which included key government stakeholders, to develop a joint COP22 plan. Agreements and key decisions were formally documented in a "GRM engagement tool" and presented to GRM National Directors at a COP22 stakeholder meeting outbrief in mid-February. GRM stakeholders have continued to be consulted as the COP22 planning process has progressed, including participation in the COP22 Virtual Planning Meeting.

PEPFAR Mozambique includes G2G engagement as a central tenet of COP22 plans, including through national government-to-government (G2G) Cooperative Agreements with CNCS, MISAU, CMAM, INS, and the provincial health authorities such as the Provincial Health Services (SPS) and the Provincial Health Directorate (DPSs). In COP22, direct funding to the SPS and DPS will be increased to ensure provincial health authorities take on more technical and financial responsibility for select programs that are currently under implementing partners. PEPFAR Mozambique staff are active participants in MISAU technical working groups and engage with MISAU and SPS/DPSs to oversee program implementation and partner support through regular site visits, sharing quality assurance and quality improvement (QA/QI) results, Site Improvement through Monitoring Systems (SIMS) reports, and shared program results (quarterly, semi-annual and annual). PEPFAR Mozambique also collaborates with the Ministries of Gender, Child, and Social Action (MGCAS), Education and Human Development (MINEDH), Defense (FADM), Foreign Affairs and Cooperation (MINEC), Justice and Constitutional and Religious Affairs (MJCR), the Secretary of State for Youth, and Economy and Finance (MEF). During implementation of COP22, PEPFAR Mozambique will initiate a negotiation of a G2G agreement with MEF, critical to advance the sustainability agenda, especially as it relates to increasing government contributions for the HIV response and contribution to improved financial transparency and funding flow to the provinces.

In regard to advancing an ongoing sustainability dialogue, it was agreed that in FY22 a GRM-led stakeholder meeting will be held to discuss the short-, medium-, and long-term vision for HIV program sustainability in Mozambique.

Global Fund and Other External Donors

PEPFAR Mozambique engaged with Global Fund and other key multilateral partners such as UNAIDS and WHO throughout the development of COP22. Global Fund incoming and outgoing Fund Portfolio Managers (FPM) as well as other stakeholders attended virtual planning retreats by helping PEPFAR Mozambique with the facilitation of key meetings and/or providing inputs on key elements during the technical working groups consultation. PEPFAR Mozambique's 2022

stakeholder's retreat and virtual planning meetings, included PEFAR and stakeholders' technical staff, agency leadership, MISAU and CNCS members.

PEPFAR Mozambique staff also participate in the Global Fund National Dialogue Meeting and in Global Fund Technical Working Groups and workshops to assist in developing the proposals for the new Grants. This approach assures the optimization of both donors towards the support to controlling HIV and TB in Mozambique.

Discussions are ongoing with technical staff and the FPM to coordinate and harmonize activities to ensure that PEPFAR Mozambique and the GF are fully aligned in terms of COP22 and NFM3 plans. GF staff, including the FPM, strategic information (SI) advisor, and commodity/supply chain leads meet with PEPFAR Mozambique during their periodic programmatic visits in Maputo. PEPFAR Mozambique staff attend GF meetings in-country, including Country Coordinating Mechanism (CCM) General Assembly and sub-group meetings, communicate with the FPM, coordinate USG technical assistance to the GF, and work to harmonize the PEPFAR Mozambique and Global Fund programs. In COP22, PEPFAR Mozambique will continue to engage with the GF to ensure that both programs leverage their respective comparative advantages and eliminate duplication. PEPFAR Mozambique will continue to share information and solicit feedback before and after technical assistance visits and quarterly reporting, and to work closely with the GF to coordinate commodities planning.

Private Sector

PEPFAR Mozambique has engaged with the private sector to support the HIV response. Although there was limited private sector engagement in the planning process, the program has opted to leverage private sector capabilities to accelerate achievement of UNAIDS' 95/95/95 goals. A key element of the differentiated service delivery strategy involves using private pharmacies as dispensing/collection points for ARV pickups. To date, the program is collaborating with 73 of 77 eligible private pharmacies. PEPFAR Mozambique, under the stewardship of MISAU, has also signed a memorandum of understanding with private sector partners to provide HIV services, particularly with companies that have large workforces (sugar and paper mills). The PEPFAR Mozambique program has also engaged with private sector logistics providers to support last mile commodity distribution (nationwide), as well as integrated lab sample transport being implemented in a phased approach that will cover all provinces. Moving forward, PEPFAR/ Mozambique aims to deepen its engagement with private sector entities, such as the national private sector federation and the chamber of commerce, to support the national HIV response, as well as to strengthen host government capacity to contract with and leverage private sector capabilities in pursuit of 95 95 95.

2.7 Stigma and Discrimination

Stigma and discrimination remain a critical barrier for the uptake of HIV/AIDS prevention and treatment services in Mozambique, hampering the country´s progress towards achieving HIV epidemic control. Recent findings from a qualitative study conducted by MISAU and the Global Fund - "Porque Parou" - emphasize the significant impact that stigma and discrimination play in individual choices for discontinuing lifesaving ART. The findings were also reflective of commonly reported experiences of PLHIV interacting with HIV/AIDS service providers and community-led

monitoring partners working with PEPFAR. The first round of the HIV Stigma Index conducted in 2013 reported that more than half of the respondents had experienced some form of discrimination due to their HIV status in the previous year. In the same study, about 60% of the participants expressed negative feelings about themselves (self-stigma) for being HIV-positive. With Global Fund's financial assistance and the leadership of a national network of PLHIV, the HIV Stigma Index 2.0 is currently in the development phase and is expected to provide updated and comprehensive information about the situation of stigma and discrimination in the country to inform COP23.

While supporting the scale-up of effective HIV evidence-based interventions in Mozambique, PEPFAR has also made important contributions to advance a human rights-centered approach that can tackle health inequalities while addressing the root causes of HIV stigma and discrimination. Framing its approach under the UNAIDS' recommended seven program areas to address stigma and discrimination, PEPFAR has provided funding and technical support to initiatives that raise individual and community awareness of the impact of stigma and discrimination and that normalize HIV; train health providers in human rights and medical ethics; contribute to the development and implementation of national policies that help to overcome barriers for accessing health services, including for key populations; increase patient health and legal literacy; promote community-led monitoring programs that identify and address violations of patient health rights; and change harmful gender norms that increase the vulnerability of women to HIV. Since 2020, PEPFAR's technical staff have also participated at the national level with Mozambican civil society and the GRM within a HIV-specific human rights technical working group established at the CNCS. Throughout this period, the group has successfully mobilized Global Fund resources to support human rights and stigma and discrimination interventions - including for HIV/TB-related legal services, legal literacy, training of health providers on human rights and medical ethics, and sensitization of lawmakers and law-enforcement agents - and made significant contributions to the development of the National Strategic Plan for HIV/AIDS 2020-2025 (PEN V). This resulted in opportunities for PEPFAR to strategically plan stigma and discrimination initiatives that complement national plans and interventions funded by the Global Fund. In collaboration with other multilateral partners and local civil society organizations, PEPFAR is also working with CNCS' Human Rights technical working group to develop and implement a set of indicators that can help monitor key human rights and stigma and discrimination interventions.

As part of a joint effort of the Global Fund, UNAIDS and PEPFAR, in early 2022, Mozambique was selected to take part in the focal countries' collaboration, which intends to measurably reduce stigma and discrimination through increased coordination, collaboration and planning with communities, governments, and national partners, in a set of focal countries over three-to-five-year period. Building on COP21 activities and other existing human rights and stigma and discrimination interventions, throughout the COP22 development process, PEPFAR Mozambique engaged with UNAIDS, Global Fund, GRM and Mozambican civil society to prioritize interventions for FY23 that can contribute to advance national efforts for reaching the 2025 UNAIDS´s 10-10-10 societal enabler targets and PEPFAR's minimum program requirement #9. In addition to funding critical activities such as stigma and discrimination awareness campaigns, health and legal literacy promotion, training of health service providers, and community-led monitoring programs, PEPFAR will also contribute to the dissemination of an updated version of the Patient´s

Bill of Rights, strengthen mechanisms for patients to file complaints related to violation of their health rights, and develop and distribute updated educational materials in local languages and adapted to the needs of people with disabilities. Additionally, to help advance rapid programmatic adjustments that address the results of the Stigma Index 2.0, PEPFAR will support national efforts to disseminate the study's findings and fund Mozambican civil society to develop recommendations that can inform future stigma and discrimination interventions, including those planned within new COP cycles.

3.0 Geographic and Population Prioritization

COP22 planning was driven by a recognition that Mozambique is reaching a new phase in its national HIV response. In response to this new phase, PEPFAR is proposing an even finer geographic and population prioritization of certain programs as well as increased tailoring of interventions to specifically address the unique needs of under-represented populations. Analyses of the clinical cascade by age-sex disaggregation reveal differentiated challenges among the various priority groups, including insufficient case identification among children and men of all ages as well as persistent loss to follow-up concerns among children 0-4, males aged 20-34, and females aged 15-29.

Details of programmatic priorities can be found in Section 4. COP22 includes a continued emphasis on improving the first 95, including expanding non-index, community-based HIV testing services to adolescents and young adults. COP22 also includes an expansion of 2nd 95 interventions, including adolescent youth mentors and male champions to 50 additional sites. And finally, carefully designed community programs and anti-stigma reduction interventions are intended to support patient retention and viral suppression.

Treatment targets were allocated according to unmet need of full ART coverage as well as NET_NEW potential as determined through a combination of the Naomi model and PEPFAR/Mozambique data. The targeting process considered unmet need at the provincial and district levels as well as within groups defined by sex and five-year age bands. These efforts ensured that the most aggressive targets went to the geographies and populations with the largest gaps to achieve epidemic control. Additional consideration was given to NET_NEW potential based on FY21 performance. In provinces and age bands where ART coverage is higher than 100% based on current estimates, treatment targets were allocated based on FY21 growth.

Provinces targeted for the highest percent growth expectation in 2023 are Niassa, Sofala, Manica, Nampula, Zambezia and Cabo Delgado. Within specific populations, treatment targets prioritized females 15-24 and males 20-35.

Similarly, VMMC targets were allocated according to the gap to reach 80% coverage among 15-29-year-old males at the district level, estimated HIV incidence among adolescent boys and young men (ABYM), and recent program performance. ABYM continues to be the focus of the VMMC program because they comprise the group where VMMC is expected to have the largest impact on HIV transmission over the medium term. The targeting approach, which accounts for future aging-in/aging-out and evolving background circumcision rates among those turning 15 years of age, resulted in allocation of the highest targets to the provinces of Manica and Tete, where the

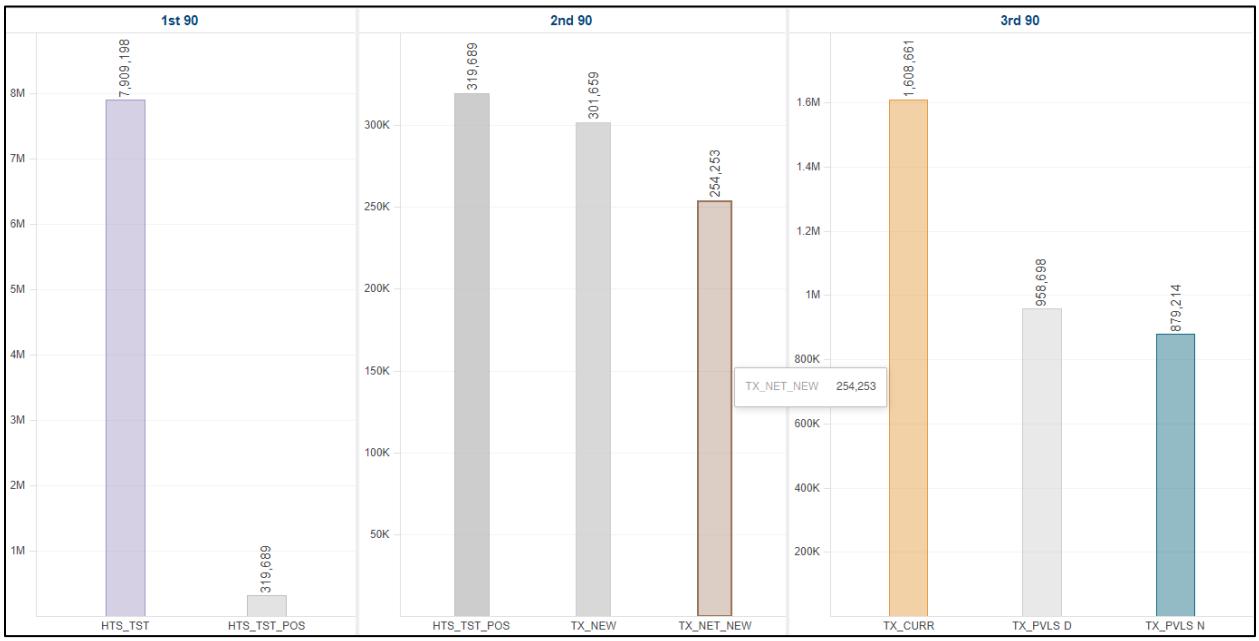
VMMC program is relatively new, and to Zambezia, where the population is large. Maputo City, Maputo Province, and Gaza, where the estimated coverage is higher, received lower targets. VMMC questions have been added to the PHIA to ensure that coverage of complete circumcision is truly high in the four provinces where traditional circumcision is thought to obviate the need for a VMMC program, namely Cabo Delgado, Niassa, Nampula, and Inhambane. The geographic focus and the current understanding of progress towards saturation of circumcision will be reassessed when PHIA data becomes available late in 2022.

Table 3.1 Current Status of ART saturation

Prioritization Area	Total PLHIV/% of all PLHIV for COP22	# Current on ART (FY22Q1)	# of SNU COP21 (FY22)	# of SNU COP22 (FY23)
Attained	10,691 (0.5%)	39,423 (2%)	1	1
Scale-up Saturation	N/A	-	0	0
Scale-up Aggressive	1,975,012 (95%)	1,557,550 (95%)	127	129
Sustained	N/A	-	0	0
Central Support	93,908 (4.5%)	50,992 (3%)	33	31

4.0 Client-Centered Program Activities for Epidemic Control

Figure 4.0.1 Overview of 95/95/95 Cascade, FY21 (Panorama- All sites)



4.1 Finding People with Undiagnosed HIV and Getting them Started on Treatment

Case finding is the gateway to effective epidemic control, and bridges HIV prevention and HIV treatment efforts. To accelerate progress towards achieving UNAIDS' 95-95-95 goals, an effective, targeted, and efficient case finding program is needed. To frame the HIV testing approach for COP22, the PEPFAR Mozambique team analyzed SPECTRUM estimates (v.6.06) to understand gaps in 1st 95 coverage by age, sex, and geography, and identified two distinct priority groups for ongoing case identification efforts:

- Undiagnosed PLHIV
- Newly infected PLHIV

The largest estimated gaps among undiagnosed PLHIV are among children, adolescents and adults aged 40 and older. Gaps among children are more pronounced within areas with historically high vertical transmission, while gaps among older adults, which include a greater share of men, reflect undiagnosed infections that occurred later in life. High estimated 1st 95 coverage among the younger adult age bands is largely a result of universal testing within ANC, which identifies a large share of newly infected young women and their male partners.

The majority of new infections are estimated to occur among AGYW aged 15-24. Provinces with the lowest estimated ART coverage (Zambezia, Nampula, Sofala, & Cabo Delgado) are also those with the greatest numbers of new infections, mostly among these younger age groups.

While Mozambique has made significant progress towards 1st 95 coverage (estimated to be ~90% as of September 2022), more work must be done to close gaps among PLHIV not yet diagnosed, including accelerated testing efforts to reach those recently infected. During COP22, PEPFAR Mozambique will modify and strengthen our targeting and linkage strategies in five (5) specific ways:

(1) Expand coverage of community and facility-based index case testing to ensure that all eligible children and sexual partners of PLHIV (those recently diagnosed as well as those showing signs of treatment interruption or treatment failure) are offered the opportunity for voluntary HIV testing services through intimate partner violence (IPV)-sensitive follow-up with indexed clients. Index case testing has proven to be effective in identifying HIV+ children, contributing roughly 40% of all new pediatric HIV cases, as well as effective at identifying younger females and older male sexual partners. Community-based programs such as OVC and Mentor Mothers will also be fully engaged to identify eligible index case children and adolescents previously untested for HIV. Implementing partners will be asked to ensure that comprehensive referrals are made from ANC to ensure the testing of all eligible biological children of consenting HIV+ pregnant women.

(2) Expand non-index, community-based testing to reach more young-people aged 15-24, especially within provinces with lower 1st 95 coverage and in districts with higher rates of new infections. This will include roughly 140,000 tests conducted outside of the health facility, in conjunction with community-led demand creation efforts targeting at-risk young men and young women, including at universities and at formal and informal workplaces.

(3) Strengthen facility-based, provider-initiated testing modalities, including inpatient and outpatient (Emergency Ward & Other PITC), to ensure that clients with risk factors or symptoms are proactively screened and tested for HIV. These modalities continue to identify the largest number of new positives in Mozambique, especially among adults age 25+. This will include an expansion of lay counselor-led, proactive screening in waiting areas of high-volume sites, using national HIV testing screening algorithms.

(4) Expand targeted, community-based distribution of self-test kits to reach at-risk individuals unlikely to access testing services at the health facility. PEPFAR will coordinate closely with MISAU and ongoing Global Fund-supported efforts to generate informed demand for self-testing among Key Populations, youth, adult men, and other priority and underserved groups, as per national policies and guidelines. Initial results from the national pilot indicate that self-test kit distribution has great potential to reach many at-risk beneficiaries and PEPFAR will continue to support the Ministry of Health to implement a three-phased national roll-out of self-testing, starting with Training of Trainer activities in March 2022.

(5) Strengthen effective linkage into ART services for PLHIV, especially among recently diagnosed adolescents and young men. This will include additional training of health providers to offer adolescent and youth-tailored screening and HIV counseling and testing services that prioritize consent, confidentiality, attentiveness, and accompanied by a comprehensive prevention package of services, including condoms, lubricants and linkage into PrEP and VMMC for HIV negative clients, and into ART services for those diagnosed as HIV positive. Effective linkage will also include youth-focused, community-based demand creation efforts designed to optimize the use of existing adolescent and youth-friendly sites (SAAJ), school-based “cantinhas escolares”, and other youth-friendly sexual and reproductive health (SRH) services.

Testing targets for COP22 reflect a more focused approach that accounts for regional and demographic differences in estimated 1st 95 coverage. As PHIA results become available during the coming year, testing strategies may be further refined to ensure that case finding is focused on addressing the most pressing gaps among newly infected and undiagnosed PLHIV. PEPFAR Mozambique will also work closely with MISAU to triangulate linkage and retesting data, to better understand how re-diagnoses are affecting overall case finding performance.

During COP22, PEPFAR Mozambique expects that index case testing will continue to contribute roughly one-third of all new HIV positive diagnoses. Policies in Mozambique provide a strong framework for voluntary partner disclosure and mitigation of the risks of intimate partner violence (IPV) related to index case testing. MISAU policy prohibits direct follow-up or communication with index case sexual contacts and requires index case client consent prior to community-level support for partner disclosure or index case contact testing. PEPFAR will support the implementation of the MISAU-approved IPV screening and safe and ethical index case testing training package, which helps to monitor adverse events and establish minimum standards for index case testing at the site-level. During COP22, PEPFAR Mozambique will continue to work closely with the National TB and HIV Programs to better leverage community-based HIV index case testing to include screening for active TB and accompanied referrals to health facilities for confirmatory TB testing.

Testing volumes in most other modalities will also remain stable during COP22, with three exceptions. First, PEPFAR Mozambique is planning to increase non-index case community-based testing among young people. Second, PEPFAR is planning to expand KP testing using both community and facility-based modalities, as part of the effort to increase coverage of underserved KP. Third, PEPFAR will continue to significantly expand maternal retesting during postnatal care, in order to support the elimination of postpartum vertical transmission.

As compared with other targeted modalities, both youth-focused community testing and post-ANC retesting return lower HIV positivity yields. As the country begins to approach 1st 95 saturation within certain demographics and within certain geographies, and as testing shifts towards younger age bands in order to address pediatric and adolescent ART gaps, PEPFAR Mozambique expects HIV testing yields during COP22 to continue to decrease.

Finding the remaining positives in Mozambique will need to be matched with enhanced efforts to improve linkage rates; especially among hard-to-reach and isolated sub-populations. The following planned activities during COP22 will support strengthened linkage into ART and other related services: (1) expansion of adolescent and youth mentoring at high-volume AJUDA sites; (2) implementation of MISAU's three-pronged male engagement strategy, including expansion of male-friendly services, promotion of differentiated service delivery models such as extended clinic hours and community ARV distribution by APEs (*Agentes Polivalentes Elementares de Saúde*); (3) community-based ART literacy activities involving community influencers and religious leaders; (4) support for an expanded EID point of care (POC) network to improve linkage to care for infants; and (5) expansion of OVC case management to support the identification, linkage and retention of children/adolescents living with HIV (C/ALHIV), including a geographic pivot towards provinces with the lowest pediatric ART and 1st 95 coverage.

Pediatric and Adolescent Case Finding

The number of children tested for HIV in Mozambique has grown over the past 4 quarters, although with a decrease in positivity. Index case testing has the highest yield followed by voluntary counseling and testing and mobile modalities. However, high proportions of HIV positive children in Mozambique (59% in FY22 Q1) are tested when already sick and identified via PICT, emergency, inpatient ward, and pediatric triage entry points.

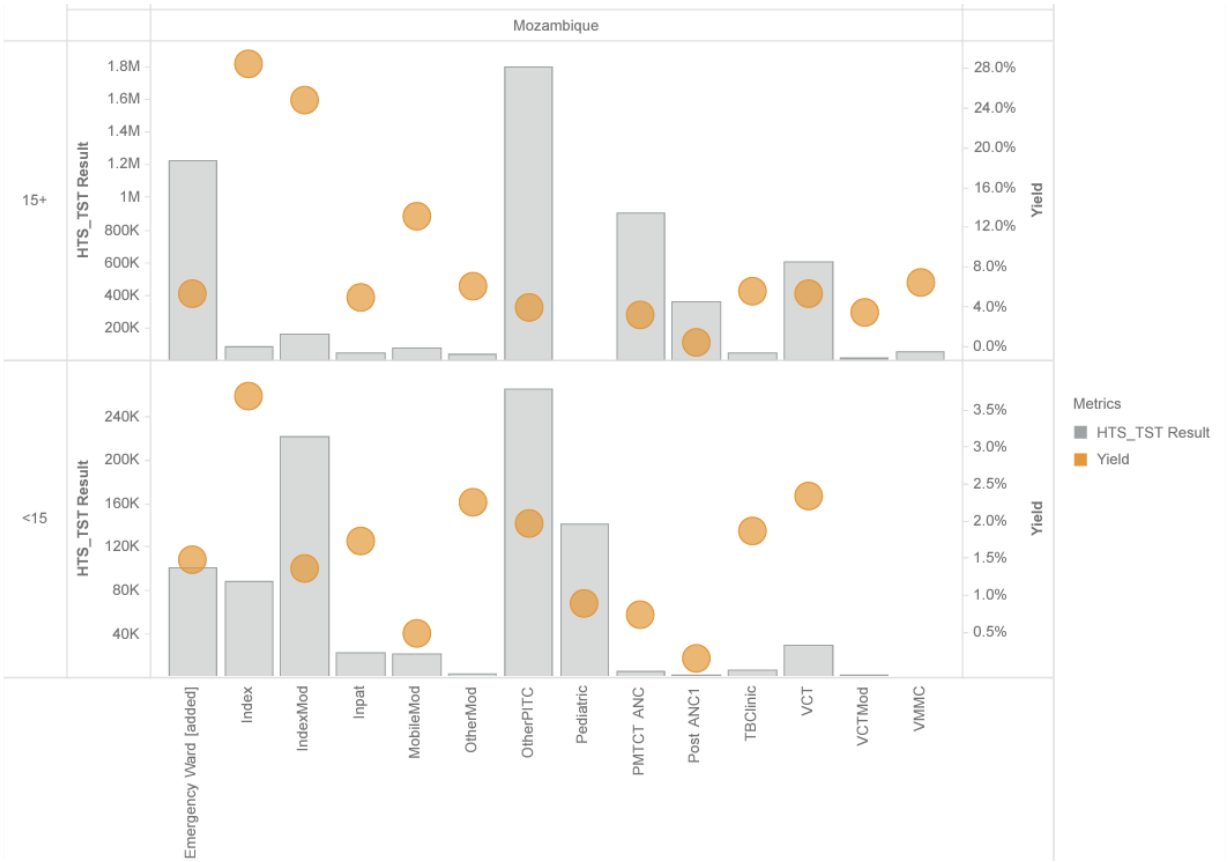
Mozambique will continue to offer safe and ethical index testing as an effective strategy for finding positive children. All biological children of PLHIV 0 to 14 years old will be offered routine testing; 15-19 years old will be offered testing if eligible in accordance with MISAU screening algorithms.

In COP22, PEPFAR Mozambique will pivot interventions to identify more children before they become ill. This includes strengthening systematic index case testing referrals for all PLHIV already on ART (including those virally suppressed) and mentoring health providers to correctly use the HIV testing algorithms at all HF entry points, including immunization clinics and pediatric triage to optimize PITC. Retesting lactating women according to national guidelines will also contribute to identification of HIV infected children.

Mentor mothers and adolescent and youth mentors will also play an important role in mobilization and demand creation to identify eligible children and adolescents either at schools or at the community level, and to refer them for testing services.

Expansion of specific and integrated youth friendly services (YFS) that offer HIV testing to all eligible adolescents and strengthen testing in sexual and reproductive health/family planning services for adolescents is also a COP22 priority and will boost identification of adolescents and young people. PEPFAR will continue to fund school corners to support referral for testing of adolescents and school aged children. Additionally, for COP22 PEPFAR Mozambique is funding community testing activities to reach adolescents outside of Health Facilities. PEPFAR Mozambique will continue working with partners and site level providers to ensure that all those identified as HIV positive are linked to treatment.

Figure 4.1.1 Testing Volume and Yield by Modality and Age, FY21 (Panorama, All Sites)



Source: testing single OU dossier; testing and yield: modalities by age/sex/modality page, all 4 quarters, coarse age bands.

4.2 Ensuring Viral Suppression and ART Continuity

Under MISAU leadership and in careful collaboration with Global Fund, PEPFAR Mozambique continues to support the GRM's six pillar retention strategy, which includes: (1) expanding and implementing differentiated service delivery models; (2) strengthening national HIV quality improvement implementation efforts; (3) expanding and strengthening psycho-social support

services; (4) combating stigma and discrimination of PLHIV; (5) empowering communities to ensure sustainability; and (6) providing quality HIV testing services to facilitate linkage to care. PEPFAR Mozambique will prioritize investments at the site and community-levels to improve treatment continuity for patients, with a particular focus on infants, young men, and adolescent girls and young women who are at higher risk of treatment interruptions.

Person-centered HIV care services are provided through a variety of options for facility- and community-based DSD models, in addition to specific interventions that target the needs of under-represented sub-populations. For adolescents and young adults (10-24 years), PEPFAR Mozambique will expand its adolescent youth mentoring program from 90 to 140 sites. For adult men aged 25-29 years, PEPFAR Mozambique will simultaneously expand its Male Champions program from 90 to the same 140 sites. The additional 50 sites will be strategically selected based on poor continuity of care performance among the targeted populations. The two interventions offer one-on-one peer mentorship to support individualized adherence plans, group support sessions, and a flexible range of services for clients referred by health providers to a trained lay staff-administered case management program. To complement the aforementioned male champion program, the implementation of MISAU's three-pronged male engagement strategy (facility, community, and workplace) will be rolled out to all AJUDA sites. Facility- and community-based efforts will provide men additional support throughout their treatment experience. Workplace programming will be specifically focused on sites and communities where large private sector operators are based.

Regardless of age/sex, PEPFAR Mozambique will continue to support MISAU's expansion of differentiated service delivery models as well as revision of the DSD guideline to include recent updates to eligibility criteria and new DSD models. At the facility, these models include multi-month scripting (three- and six-month dispensing), expansion of extended hours, one-stop shops for new ART initiates, and promotion of integrated family-based consultations. In April 2022, MISAU will launch 6MMD at 71 new sites totaling 85 approved sites across the eleven provinces. At the community level, differentiated models include promoting community ART groups (GAACs), using APEs and health providers for community-based ARV distribution, exploring provincial expansion of mobile brigades based on local priorities, and supporting the implementation of ARV distribution through private pharmacies and health professionals. In addition, IDP clients will benefit from dedicated DSD models, and health facilities will be supported to have a friendlier environment to serve key populations.

In COP22, PEPFAR Mozambique will continue to support key interventions to improve viral load coverage and suppression results. In addition to the quality improvement guidelines and the PSS activities that PEPFAR has been supporting and strengthening, these interventions include expansion of successful demand creation activities, intensification of VL monitoring in facilities, ensuring adequate laboratory services and results reporting at the provincial level, and use of health information systems (HIS) to improve viral load monitoring and use. Demand creation activities, designed and implemented with the involvement and support of PLHIV and KPs, include dissemination of undetectable=untransmissible (U=U) messages and use of local radio to increase patients' VL literacy, sending reminder messages to patients eligible for VL testing, intensifying VL sample collection and results return at mobile clinics and mobile brigades, training community and lay staff in viral load messaging, conducting daily review and flagging of eligible

patient files, intensifying in-service trainings and mentoring to strengthen implementation of the VL algorithm and interpretation of VL results as well as ARV optimization, ensuring reagents and consumable stock availability, supporting timely response to instrument breakdown, introducing patient short message service (SMS) alerts to expedite result delivery, and ensuring timely return of VL results through outsourced laboratory sample transport. DISA_EPTS interoperability will be expanded to all provinces to improve accuracy of data transfer and increase availability of results in EPTS, and a Clinical Summary App will be implemented to improve provider access to VL results in an OpenMRS database in real time. Activities to further improve viral suppression results will be achieved through implementation of a standard operating procedure (SOP) to monitor and act upon VL results in the Health Facility, consolidation of a weekly VL indicator analysis at the facility and province level, and expansion of the recently launched national AHD service package.

The national, comprehensive advanced HIV disease service package will be expanded to an additional 3 to 4 sites per province. Advanced HIV disease screening (a basic package of services) will take place at all sites, although the scale of this intervention continues to be dependent on the procurement of adequate commodities through the Global Fund grant. PEPFAR Mozambique will also continue to support mental health programming at three large AJUDA sites in each province and to implement psychosocial support interventions in all AJUDA sites, including preventive and re-integration phone calls and home visits for eligible patients. ARV optimization and maximization of tenofovir-lamivudine-dolutegravir (TLD) will continue to be a priority, as well as the support provided for implementation of national quality improvement guidelines. All these efforts will be complemented by communication interventions aiming to raise communities' health literacy and adherence to health services. The SOMOS IGUAIS campaign launched in COP20 will be in its third year of implementation in COP22. After a first phase which focused on normalizing HIV and on creating an enabling environment for men to stay on treatment, the second phase of the campaign in COP21 strategically focuses on communication needs of men, and in COP22 we will continue with a focus on men maximizing lower cost mass media platforms such as social media. Stigma reduction in the community and in the health, facility will also be addressed by implementation of the national, ongoing treatment literacy and quality improvement package program, designed by PLHIV and KPs, delivering ongoing support for PLHIV-driven peer support, demand generation for quality services for PLHIV who have fallen out of care, promoting community and societal knowledge of U=U, combating HIV stigma, and focus funding, strategies and activities with communities.

Pediatric and Adolescent Programming

A central priority for the Mozambique PEPFAR program is improving pediatric and adolescent viral load suppression at a national level. To this end, mentor mother programming will be extended to all AJUDA sites in COP22 to improve retention among CLHIV as well as PLW and pregnant and lactating adolescents. The transition from lopinavir/ritonavir (LPV/r) granules for infants and young children to pDTG-10 began in February 2022 and promises to accelerate viral suppression in infants and young children given high efficacy and ease of storage and administration. In COP22, PEPFAR Mozambique will continue supporting MISAU in offering optimized pediatric ART regimens to all children and adolescents, including Dolutegravir (DTG)-50 and pDTG-10 as first-line medications for children.

Other activities planned to improve VLS in children and adolescents specifically include improving psychosocial and disclosure support for CLHIV and adolescents, expanding Adolescents Mentors (AM) support to adolescents 10-24 years old to 140 sites nationally, improving the quality of support from Mentor Mothers to CLHIV up to the age of 10, comprehensive OVC services to improve adherence to ART for highest risk children and adolescents up to age 17 and improving health literacy for children and their caregivers and adolescents regarding ARVs. The OVC program will continue its pivot toward C/ALHIV in order to meet the COP22 mandate of offering OVC services to 90% of C/ALHIV on ART at OVC-supported sites.

Accelerating Progress in Pediatrics/PMTCT (AP3)

The PEPFAR team has collaborated with MISAU's HIV program to select 187 priority pediatric and PMTCT health facilities which will receive intensified technical assistance and prioritized site level HRH in COP22. To generate this site list, a composite scorecard was generated using PMTCT and pediatric indicators, including the number of HIV-infected infants, number of infected infants not linked to care and EID testing coverage, the number of CLHIV lacking VL testing and number of CLHIV not virally suppressed.

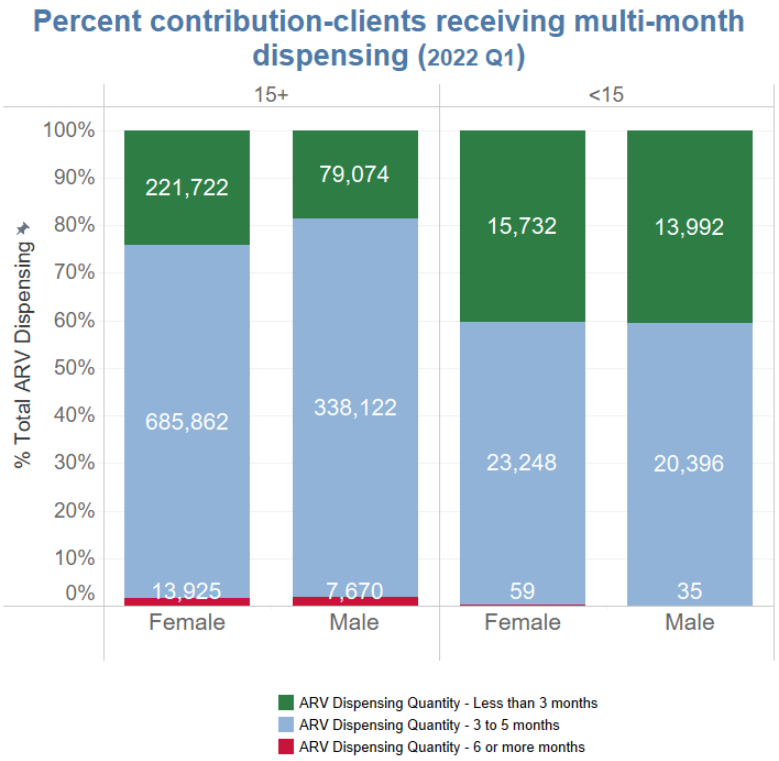
Under this initiative, PEPFAR, partners and government leadership will perform an intensified program review using various platforms, including MER indicators and monthly AJUDA dashboards to identify key programmatic gaps. The PEPFAR team, partners, provincial health leads and MISAU will conduct joint site visits and implement a surge approach at priority sites to provide mentoring TA and identify specific challenges and create targeted solutions, with the aim of adjusting IP implementation which may require shifting resources and strategies. Site visit findings, challenges and solutions will also be discussed routinely at both the provincial and central levels with MISAU, and interventions are expected to align with the national Quality Improvement and Quality Assurance strategy. MER and process indicators results will be used to monitor progress, through monthly AJUDA dashboard analyses.

In COP22, clinical partners will also support the provinces to put in place a small, multi-disciplinary pediatric and PMTCT team supporting priority sites to ensure change in the way care to PLW and CALHIV is provided. Enhancing clinical mentoring for pediatric/PMTCT services is a core activity to ensure clinicians adequately follow key clinical algorithms including weight based ART dosing and timely request of VL tests. As part of the strategy to accelerate pediatric and PMTCT quality of care, PEPFAR will enhance the existing pediatric and PMTCT mentoring program, through allocation of IP-supported mobile provincial TA teams with professionals experienced in provision of maternal and child health (MCH)/PMTCT, pediatric care, and psychosocial support. These teams are intended to be complementary to MISAU mentoring teams and will perform 1-2 week-long site visits with intensive mentoring to adjust implementation and meet nationally published guidance regarding standard of care. To ensure stronger coordination and implementation fidelity of this enhanced mentoring program, PEPFAR teams will ensure use of MISAU mentoring tools and guidelines, foster strong coordination between IP mentoring teams and DPS/SPS, reinforce site level QI/QA plans, and advocate for creation of mechanisms to ensure stability of mentored providers at health facilities (e.g., to reduce attrition/absenteeism).

Community led monitoring platforms, which already cover 55% of PMTCT/pediatric priority sites, can specifically benefit MCH sub-populations through discussions focused on MCH sectors, including revision of site level grievances and resolution strategies in priority sites.

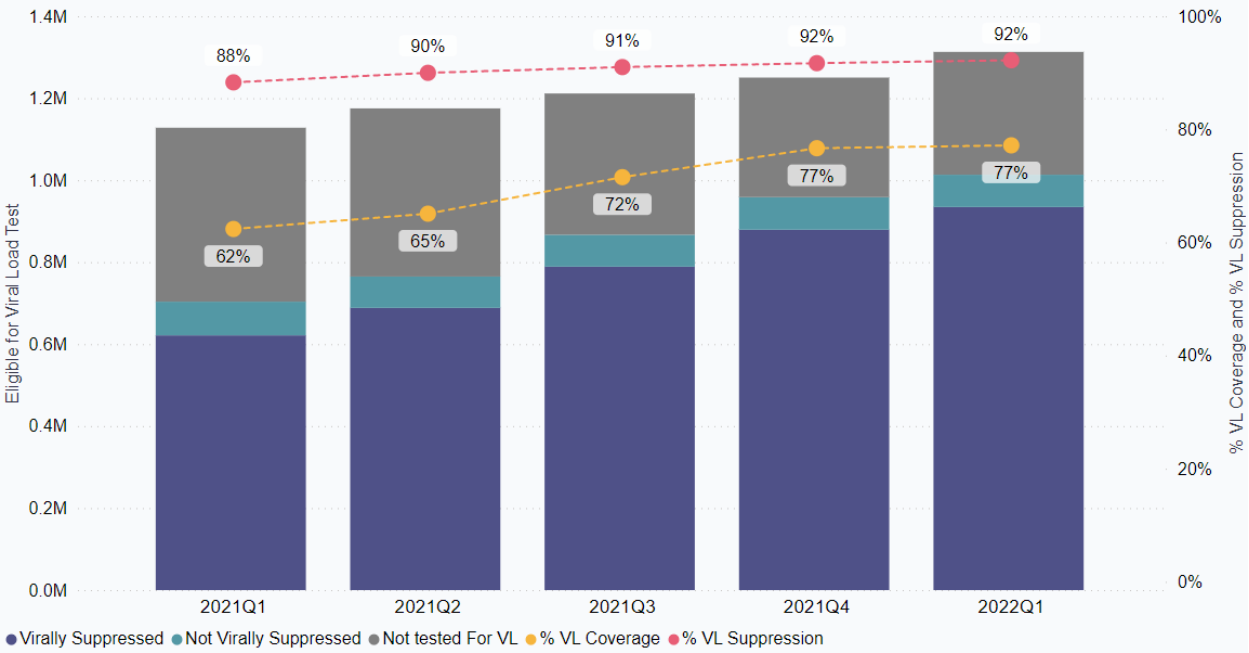
This surge approach requires a robust site level staffing footprint, prioritizing support in primary care facilities. In COP22, HRH investments for pediatric and PMTCT programming will be protected and extended as possible. PEPFAR will fund PMTCT/pediatric provincial advisors across the country and use IP budgets for placement of additional HRH for clinical services as well invest in infrastructure investment to improve access for quality MCH and pediatric care in priority sites.

Figure 4.2.1 Number and Percent Contribution of Clients Receiving MMD by Age/Sex, FY21Q4



Source: Moz MER Tableau Dashboard; Multi-Month Dispensing by Age/Sex; 2021Q4

Figure 4.2.2 Viral Load Outcomes, 2021Q1-2022Q1 (AJUDA Sites Only- MER TX_PVLS)



Source: Treatment Single OU Dossier; Treatment Overview chapter; Multi-month Dispensing by Age/Sex page; current quarter, by sex

4.2.2 TB/HIV

PEPFAR Mozambique continues to support the FAST (Finding, Actively, Separating, and Treating) strategy at all AJUDA health facilities. PEPFAR Mozambique is also committed to the development of an integrated literacy package for lay and health workers to increase demand for TB screening and diagnosis. The PEPFAR Mozambique team is working closely with MISAU and IPs to identify the root cause of the ~20% TB screening gap among active ART clients and develop action plans accordingly. Identified challenges include inadequate or lack of TB screening registered in official patient charts, and clients who screen positive yet do not have a lab follow-up registered. IPs, jointly with provincial health authorities, conduct intensive clinical mentoring and supervision for TB/HIV activities in health facilities identified with these gaps. One of the primary challenges with TB screening is that it is currently only being captured in patient charts during a clinical consultation by a clinician. TB screening done by cough officers, community health workers, or pharmacists is not captured as a clinical consultation. For COP22, we will be implementing a pilot with selected implementing partners in coordination with NTP and the National HIV Program to conduct an assessment of existing instruments at the health facility level that capture TB screening.

PEPFAR Mozambique is committed to rapidly improving the 31% follow up diagnostic rate for ART patients with symptom positive TB screening by supporting a pilot of a presumptive TB follow-up registry. This will allow providers to better follow-up clients and to ensure that they get appropriate laboratory services, while making sure this information and test results are registered

in the patient chart and are entered into EPTS. Combined with updated EPTS reports, intensive clinical mentoring of TB/HIV activity packages will also be implemented.

In COP22, PEPFAR Mozambique will work with the Health Information System team and clinical IPs to implement new EPTS reports (currently in development and being deployed in COP21) that follow the TB screening positive cascade monthly to allow for near real time data analysis. This report will generate line lists of clients that are missing TB screening in the last 5-6 months, and line lists of clients that have a positive screen for TB in the last week to ensure that they are getting the appropriate work-up, and that relevant laboratory and chest X-ray (CXR) results get into the patient charts and are digitized in EPTS.

The past year has brought notable improvements in TPT completion rates and TPT coverage. Overall TPT completion rates continue to climb, will likely be approaching 85% by the end of COP21, and are projected to reach 90% by the end of COP22, but more work remains to be done.

PEPFAR Mozambique SI teams have updated three reports to support IP efforts to strengthen TPT completion and coverage rates (the latter defined as the proportion of active ART clients with documented TPT completion or who are actively on TPT). The first report is an aggregate facility level report to understand the number of active ART clients who have completed TPT, that are actively on TPT, that are ineligible for TPT, and that do not have documented TPT completion, and either need their records updated or to be started on TPT. The second report is a line list to identify clients at a facility level that started TPT in the last seven months and that may have missed a TPT refill in the last week or may be eligible for TPT completion. This will help increase the number of clients that complete TPT and have this appropriately documented. The third report lists ART clients at a facility level that do not have documented TPT completion, so they can be prioritized.

Together these continuous quality improvement efforts will allow partners to pull client records, review them, update TPT completion if it is documented but not digitized, or flag charts for TPT initiation at the next clinical consultation. These reports will help PEPFAR Mozambique and MISAU to achieve the COP21 and COP22 Minimum Requirement of treating all eligible ART clients with TPT by the end of COP22.

TB_STAT and TB_ART continue to be consistently at or above target with low variability and this performance will be maintained in COP22.

4.3 Prevention, Specifically Detailing Programs for Priority Programming:

a. HIV Testing Services

HIV testing services will be fully integrated into PrEP, VMMC, KP, DREAMS, and GBV services. Prevention activities that do not offer HTS (e.g., OVC primary prevention activities with children age 10-14), will integrate screening and referrals for community and/or facility-based HTS for all at-risk beneficiaries.

The OVC program utilizes a primary prevention curriculum to screen adolescents for risk factors and refer them for HIV testing. Community-based OVC Case Managers have been trained to

utilize the national pediatric and adolescent screening tools to identify and effectively link at-risk children and adolescents to appropriate HTS and other clinical and social services.

PrEP-specific screening and counseling will be fully incorporated into HIV post-test counseling for all testing modalities, including community and facility-based index case contact testing, ANC, voluntary counseling and testing (VCT), and community-based KP testing. Wherever couples are found to be discordant, efforts will be made to ensure that the HIV-negative partner can make an informed decision about starting PrEP, including referrals to nearby PrEP initiation sites. PrEP services will additionally be available for AGYW, pregnant and lactating women, prisoners and truck drivers with substantial risk for incident HIV infection.

Nationally approved screening tools will be used to identify at-risk and eligible VMMC clients for HTS, and effective, male-focused linkage services will be incorporated into all VMMC testing services. KP-specific screening and HIV testing are an integral part of KP programming and will be offered for all beneficiaries reached with KP prevention interventions.

b. DREAMS

In COP22, the DREAMS program, representing 8% of the total PEPFAR Mozambique budget, will continue to focus on reaching the most vulnerable AGYW in 32 high incidence districts. The components of the comprehensive and unique layered package of community interventions and clinical services at adolescent and youth friendly clinics will be both maintained and strengthened. Integrated services offered at these sites include HIV counselling and testing, a contraceptive method mix with emphasis on dual protection, post-violence care, screening and treatment for sexually transmitted infections (STIs), prenatal care, as well as ART initiation, PrEP and psychosocial support. At the community level, the intervention packages for social asset building, financial literacy, savings groups, parenting skills, and comprehensive economic strengthening will be maintained with a focus on program quality and strengthening the referral and counter referral system.

DREAMS Geographic Footprint

In COP22 DREAMS will maintain its geographic footprint in 32 districts in order to consolidate the implementation of new interventions, focus on program quality and reach targets. It remains a challenge for the DREAMS program to project saturation when the program is lagging behind in reaching its targets. In COP22, the top priority is to reach completion rates of 90% for all age bands. The program will plan the level of effort required by each district for this purpose.

Meaningful Engagement of AGYW

The DREAMS program will continue to work with and support approximately 80 DREAMS ambassadors in all the districts where DREAMS is currently implemented. The DREAMS ambassadors program focuses on reinforcing the participation of youth and improving the quality of services they receive. Additionally, DREAMS ambassadors, many of whom were previously beneficiaries in the DREAMS program who demonstrate capacity for public speaking and advocacy, are role models for vulnerable girls and the voices of AGYW at the district and provincial level. In COP22, ambassadors will be trained in a youth engagement training package

to build capacity in SRH, comprehensive HIV prevention, GBV prevention, human rights and advocacy for AGYW. The advocacy activities aim at empowering girls facing situations such as premature marriage, early pregnancy, risky sexual behavior, school dropout, alcohol and drug use, etc. DREAMS ambassadors will receive additional support from a national-level full -time Youth Coordinator who will begin in COP21 to coordinate and provide technical support.

A group of 4 DREAMS Ambassadors will participate in a TWG under the leadership of the Mental Health Department of MISAU at the national level to review and adapt a package on vicarious trauma for mentors. The package will include a manual on how to prevent vicarious trauma, how to self-screen for signs of vicarious trauma and where to go in case they need support. The package will be piloted at the end of COP21 and rolled out to all districts where DREAMS is implemented during COP22. Building on this work in COP21, in COP22 the DREAMS program will work with the ambassadors to continue to strengthen the mental health package offered for youth regarding suicide, depression and anxiety, and drug and alcohol abuse. The mental health department will include ambassadors in adapting tools to address mental health issues in young people to ensure context specific approaches are streamlined.

During COP22 the DREAMS program will continue to meaningfully engage AGYW in the evaluation of the quality of services offered at youth friendly health clinics (SAAJ). AGYW are part of the evaluation of services both at the HF level and in the community. They will conduct exit interviews in the HF, community interviews, and be part of the team conducting questionnaires with the providers and directors of HF. They will also participate in the development of improvement plans based on results of these evaluations and will follow up on agreed actions.

Finally, AGYW in the program will also play a key role in creating demand for HTCS, STI, GBV, condom and lubrication use and PrEP services. Funds were allocated to create information, education and communication (IEC) material to support their work in the community and in the HF.

Finding and Engaging the Most Vulnerable AGYW

PEPFAR will continue to use several methods to reach AGYW in selected locations, including the Girl Roster methodology, to systematically identify the most vulnerable AGYW and collect foundational information to intentionally link them to layered services according to their vulnerability profile for HIV and GBV. Additionally, direct door-to-door promotion of DREAMS services and collaboration with community leaders and/or service providers to identify the poorest families are other approaches employed to find and engage the most vulnerable AGYW.

National and provincial teams will regularly conduct supervision visits to ensure that mentors and providers are recruiting the most vulnerable AGYW. This process will assess how the screening of AGYW is conducted and the quality of screening with MISAU tools. The program will use the data in the DREAMS Layering Tool (DLT) to further analyze existing vulnerabilities in different districts.

Additionally, DREAMS will focus on the needs of AGYW IDPs both in DREAMS and non-DREAMS districts. Efforts will be made to identify and enroll in DREAMS AGYW IDP living in the DREAMS supported districts. Coordination meetings are planned to develop a package to reach

AGYW IDP in non DREAMS districts in Cabo Delgado. The package will be implemented in collaboration with provincial authorities and may include the construction of youth friendly clinics, support for additional HF staffing, and interventions focusing on the HIV, SRH and GBV prevention and care needs of AGYW living in IDP camps. Funds will be allocated to the provincial authorities and to an IP already present in the IDP camps.

Layering & Linkages

IPs will continue to use the DREAMS Layering Tool to ensure registration of clinical and community services' uptake and completion of at least the DREAMS primary package of interventions by each AGYW. This will enable the program to monitor the referral and counter-referral system and the time taken for AGYW to complete services, and to identify bottlenecks.

Significant improvements have been made to the DLT to accommodate the quality of the registration of interventions. Monthly data review meetings will be conducted at the provincial level with the support of provincial DLT advisors. These meetings will use monthly extracts to review the quality of referrals and counter referrals and review findings of data quality assessments (DQAs). Partners will be encouraged to use DLT data to find strengths and weaknesses including for program retention and data quality. Quarterly meetings as well as in person supervision visits and meetings will be organized by the central level DREAMS TWG to review data by province and to monitor and track progress towards layering and program completion.

To further ensure effective layering and linking within the program, DREAMS will continue to reinforce the enhanced mentor package which aims to revert the high mentor turnover rate in the program. This package aims to address both financial and non-financial incentives to improve mentor retention. The former consists of opportunities for training in basic career advancement and life skills and networking, whereas financial benefits include a full-time stipend, airtime and transport subsidies. As the number of AGYW program implementers grows in the field, there is a need to find innovative ways to keep mentors in the program as there is a growing competition for competent HR at the field level. Additionally, a mobile supervision tool will be introduced to monitor and map sessions delivered, to improve support by mentors.

Enhancing the Comprehensive Economic Strengthening Package

Since COP20, the socioeconomic strengthening (SES) package has been expanded to a more comprehensive approach through the establishment of partnerships with technical institutes to provide specific services for young women (ages 18-24) focusing on raising their market-oriented employability and facilitating their access to the local labor market. Five minimum elements were deemed mandatory to implant such structure:

- District market assessment
- Gender specific training in self-entrepreneurship, soft skills and technical, vocational, educational training (TVET)
- Saving groups
- Paid internships
- Linkages to business actors and coaching

Two evidence-based models (MUVA and Siyakha) have been already implemented in 9 districts. In COP22 these models will be expanded to all DREAMS districts to include more young women. This component holds promise and has been very well received by government authorities as it addresses a key development problem – sustainable youth employment.

Sexual Reproductive Health/Adolescent Friendly Services

In COP22, the DREAMS program will continue to support different activities to improve clinical services offered to youth. The support includes improving access to youth friendly services (SAAJ) by supporting additional HR in the HF and school health corners, building 35 additional dedicated youth friendly clinics and 15 school health corners, and piloting the offer of services to youth outside of normal hours. It will also include activities to improve the quality of the services offered in the SAAJs by supporting trainings to providers on SRH services for youth, STI, and PrEP, and implementing the protocol that will evaluate the quality of services offered in 50% of the HF with DREAMS support. A mentoring and tutoring tool will be used to supervise providers working in SAAJs and school health corners, and support will be provided to improve the screening and treatment of AGYW with STIs. Funds will also be allocated to support the expansion of PrEP to all HF with DREAMS support (through training, IEC materials, registers, and supervision of activities) in alignment with the national plan. Additionally, to improve the fidelity of implementation of services offered to youth and DREAMS activities, funds are allocated to MISAU and DPS/SPSs to supervise activities, 4 advisors are allocated to MISAU in the Youth and GBV Department (implementation and monitoring and evaluation) and the DREAMS interagency team will conduct quarterly meetings with clinical IPs to collectively review activities and results and problem solve, and will conduct site visits to monitor progress and to troubleshoot issues directly with IPs.

STI Testing and Treatment

The PEPFAR Mozambique team, in collaboration with INS and MISAU, developed and implemented a protocol to use rapid tests to diagnose STIs among 2,000 sexually active AGYW. To date, approximately 950 AGYW have been enrolled in four HF supported by DREAMS. In COP21, the TWG is looking into selecting the most sensitive rapid tests, simplifying procedures, and scaling up the number of sites and AGYW that could be included in the next phase of the protocol to be implemented in COP22. At the same time the TWG will advocate to ensure that the selected tests can be included by COP23 in the list of approved material that can be used programmatically in country by the Mozambican Pharmaceutical Department.

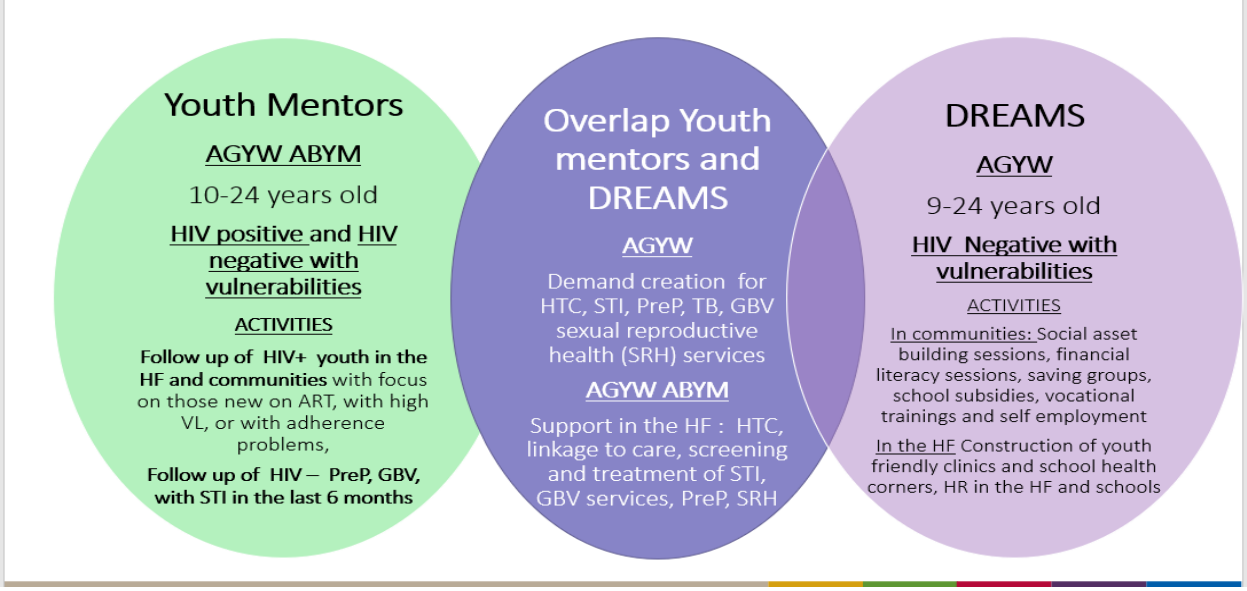
PrEP

As of March 2022, 22% of the HFs supported by DREAMS (64/283) were implementing PrEP. PEPFAR will continue to support the phased scale up of PrEP to reach additional selected DREAMS supported HF. Information on PrEP is included in the mandatory social asset building sessions for 15-24 year-olds, and a training package was developed to create demand in the community. During COP22, DREAMS will work in close collaboration with MISAU to ensure quality implementation of PrEP with funds allocated to training, supervision, printing of IEC material and registers for DREAMS and supporting demand creation activities in HFs and communities.

Finding Efficiencies

The OVC program will implement primary prevention activities among 10-14 year-olds, as well as comprehensive case management services, within 27 of the 32 DREAMS districts. Within these districts where both programs are active, AGYW ages 10-14 enrolled in one or the other of these two programs will receive the same primary prevention intervention. Main entry points for those in OVC would be through community platforms, in coordination with school councils, community child protection committees, and community health workers. This primary prevention package will also include counseling and referrals for sexual and reproductive health and other social services, disclosure counseling for CLHIV, AYLHIV, and children of PLHIV, as well as accompanied referrals for post-GBV care. As needed, additional services will also be provided to these OVC according to individual needs assessments, such as youth-led saving groups and educational subsidies.

DREAMS will also work in collaboration with MISAU to find efficiencies at the HF and communities where the national Youth Mentor Strategy will overlap with DREAMS services. The Venn diagram below highlights the differences and the overlap in services.



DREAMS/OVC Collaboration

Overlapping OVC and DREAMS programming during COP22 will offer ample opportunities for program synergies and operational efficiencies. The OVC and DREAMS programs both offer evidence-based programming that helps to prevents sexual violence, delays sexual debut, and prevents HIV among at-risk 10–14-year-olds. Both programs will engage parents, teachers, and community members, including faith and traditional leaders, in protecting children and adolescents from violence, and supporting healthy decision-making as children mature.

All DREAMS and OVC beneficiaries receiving the primary prevention package will be screened for risk factors using a vulnerability assessment, and those who require additional support will be offered enrollment in the OVC Comprehensive Case Management program component.

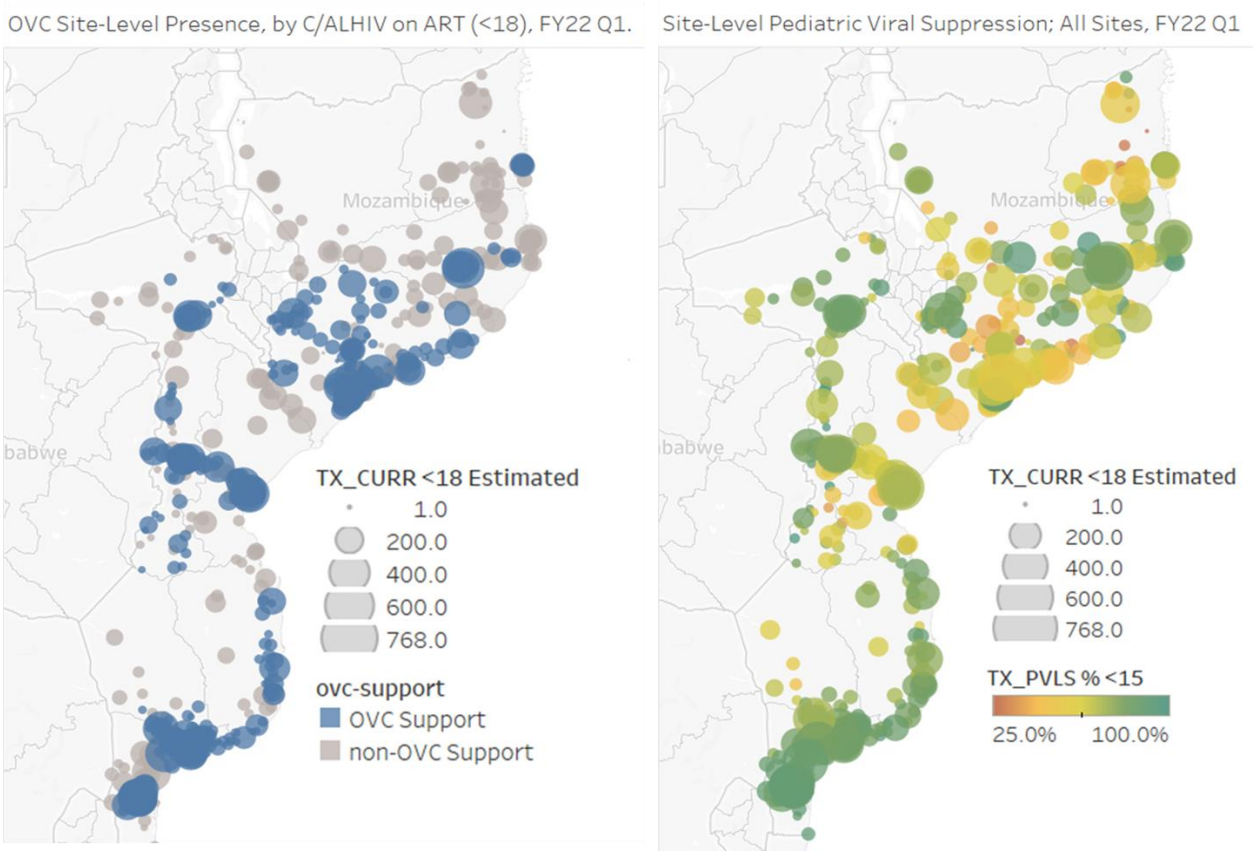
The DREAMS and OVC programs will be implemented by the same implementing partner in 26 out of the 27 overlapping districts (96%), which will facilitate programmatic and operational efficiencies, as well as cross referrals between the program components.

c. OVC

Recognizing the urgent need to improve the pediatric HIV cascade in Mozambique, the OVC program will undergo a programmatic shift during COP22 towards increased comprehensive case management services (with a focus on enrolling and supporting C/ALHIV on ART), as well as a geographic shift to support more high-volume sites with low (<75%) pediatric ART coverage and low (<75%) pediatric viral suppression, and districts with high concentrations of IDP children. PEPFAR Mozambique will continue to ensure effective support to nutritional, school and social protection vulnerabilities of beneficiaries enrolled in our OVC program.

Based on an analysis of pediatric ART data, the PEPFAR Mozambique OVC team conducted a site-level optimization exercise to align COP22 OVC comprehensive targets with pediatric ART enrollment targets (see Figure 4.3, below).

Figure 4.3 ***OVC Site-Level Optimization Exercise Showing Site-Level OVC Program Presence (left), and Pediatric Viral Load Suppression (right), March 2022.***



The OVC program will expand into 29 additional high-volume sites during COP22 (sites with more than 150 C/ALHIV on ART), including several sites with large IDP populations; mostly located in the Northern Provinces of Cabo Delgado, Nampula, Zambezia, and Sofala.

A total of 49 smaller sites with more stable OVC beneficiaries (pediatric viral load testing coverage and viral suppression rates above 75%) will also be prioritized for intensive support during the remainder of COP21. These sites will be gradually transitioned during COP22 to receive sustained support from ongoing pediatric retention initiatives, including the mentor mother strategy.

This site-level optimization will allow the OVC program to increase the number of beneficiaries who receive comprehensive case management services by 14%, from 124,763 in COP21, to 142,117 in COP22. These plans will ensure that 90% of C/ALHIV on ART will be offered enrollment into OVC case management at high-volume PEPFAR-supported sites within OVC program districts. The table below shows other highly vulnerable children and adolescents who will also be identified and enrolled into OVC comprehensive case management.

Prioritized OVC Sub-Populations	**Example Entry Points**
HIV+ children; Priority for those unstable/not virally suppressed.	Health facility ART clinics Community & facility-based testing sites Children of indexed PLHIV
Children of HIV+ caregivers	Facility, ART Clinics, PLHIV support groups
Children of HIV + Female Sex Workers	Drop in centers Facility ART clinics
AGYW (10--17) requiring services beyond DREAMS package	DREAMS program GBV/ Post-Violence services
Children Experiencing Violence	Clinics providing post-abuse care Social service providers Legal services Schools
HIV-exposed infants LTFU and those of AGYW <18yo	PMTCT programs
Children living on the street	Community Drop-in centers
Internally Displaced Persons	Referrals from resettlement camps & other NGOs

In addition to Comprehensive Case Management, the OVC program will continue to implement a primary HIV and sexual violence prevention curriculum among boys and girls aged 10-14 in all OVC-supported districts. Both in and out-of-school children will be recruited in groups from community settings, including from schools, community centers, and faith-based groups. These activities will be designed to complement (and not duplicate) DREAMS primary prevention activities within the 27 OVC-DREAMS overlapping districts.

Given that the DREAMS program will continue to expand enrollment and primary prevention services during COP22, the OVC (non-DREAMS) primary prevention activities will be reduced during COP22, allowing the share of OVC beneficiaries receiving Comprehensive services to increase, from 34% in COP21, to 50% in COP22.

d. Primary Prevention of HIV and Sexual Violence among 10-14 Year Olds

Primary prevention of sexual violence and HIV among 10-14 year-olds will be implemented in group-settings within the DREAMS and OVC districts, through the use of the same evidence-based curricula, which utilize culturally, age, and developmentally-appropriate modules focused on understanding healthy and unhealthy relationships, SRH, and principles of requesting and giving consent.

For both DREAMS and OVC programs, the primary prevention curricula will be implemented within schools and other community settings. The DREAMS program will use the "Go Girls (*Avante Raparigas*)" curricula for out-of-school girls ages 10-14 (which includes 27 sessions), and the "Go Students (*Avante Estudantes*)" curricula for in-school girls (with 24 sessions), while the OVC program will use adapted versions of the same curriculum for boys and girls age 10-14.

Given that primary prevention of sexual violence and HIV interventions discuss sensitive topics, facilitators will be trained to respond to disclosure of HIV status or experience of sexual violence, in line with Mozambican legislation and policies, current protocols for appropriate services, and information for reporting and follow up.

e. Prevention of Mother to Child HIV Transmission (PMTCT)

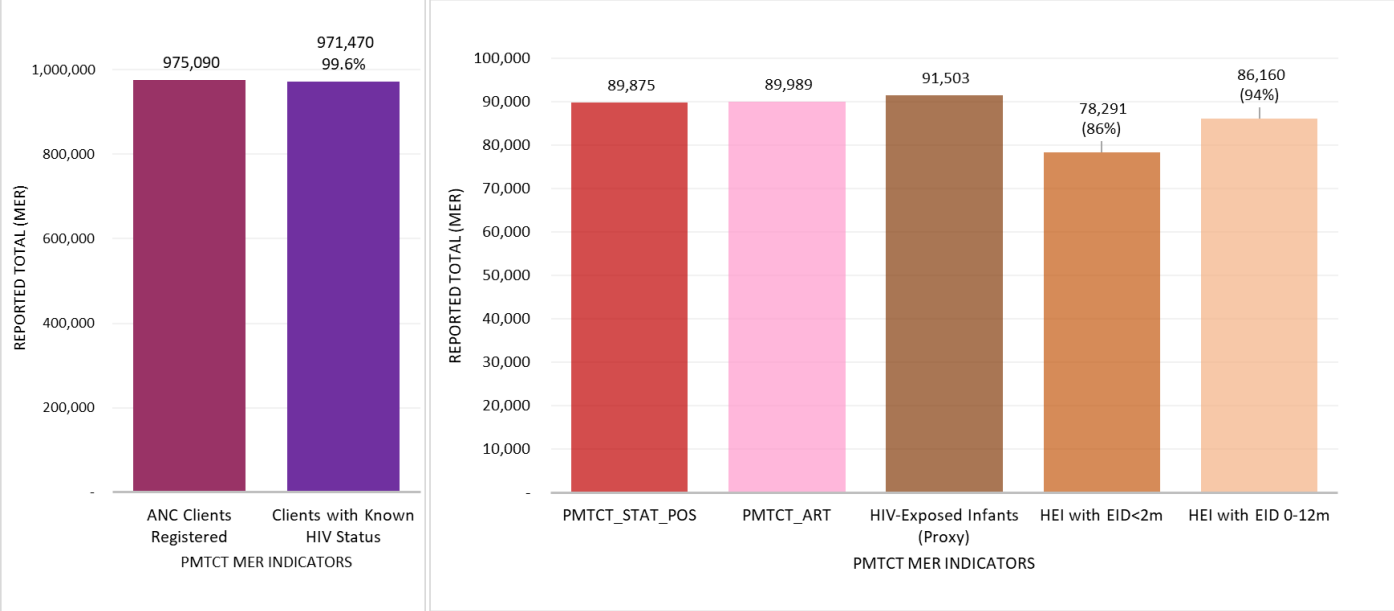
While major challenges remain, the MISAU national PMTCT program has made significant progress over the last several years. The program has consistently achieved high levels of HIV testing and ART coverage (100 percent) in ANC settings. While viral load coverage for PLW has been stable in the past three quarters at 88%, viral suppression among PLW has increased remarkably over the past two years, reaching 92% in AJUDA sites as of Q1 FY22 from 82% two years prior. This improvement is an indication that ART optimization and adherence and retention efforts are having their intended impact. The country has seen steady reductions in infant positivity over the past three years, from 5.6% positivity in exposed infants under twelve months of age at AJUDA sites in Q1 FY19 to 3.1% in Q1 FY22. These gains have been realized despite programmatic shifts in the setting of COVID-19, violent instability in Northern Mozambique, multiple natural disasters, population movement and programmatic implementation challenges. Linkage of HIV-infected infants to treatment has improved from 87% in Q2 FY21 to 91% in Q1 FY22, largely driven by programmatic support improvements at conventional testing sites. In COP21 the EID POC network will expand to 21 additional sites, which should further accelerate infant linkage.

According to recent Spectrum models, in 2021, an estimated 30% of new pediatric HIV cases are attributable to incident infections in pregnant and lactating women, highlighting the need to prevent incident infections as well as to diagnose these women in a timely fashion. To address these challenges, improved access to PrEP for high-risk pregnant and lactating women and timely identification and management of newly diagnosed HIV infections is paramount.

Current efforts are underway to improve overall program performance. As described above, in COP22, under the auspices of the AP3 efforts, Mozambique will launch improved mentoring for MCH nurses within an integrated MCH/PMTCT clinical and psycho-social support package. This mentoring initiative, coupled with the expansion of mentor mother support and launch of national mentor mother tools is intended to further improve overall quality of care, reduce vertical transmission, and strengthen case finding and linkage.

The humanitarian crisis in Cabo Delgado has posed unique and persistent challenges for the PMTCT program. In Q1 FY22, Cabo Delgado had the highest provincial vertical transmission rate (5.2%) of HIV-exposed infants under 12 months. HIV-positive refugees are particularly vulnerable to interruptions in HIV care. PEPFAR Mozambique is utilizing community DSD models to improve continuity of HIV and PMTCT care in these highly mobile and vulnerable communities including access to 3MDD for PLW and expansion of mobile brigades to unstable districts. APEs, traditional birth attendants, and mentor mothers are key community actors in these emergency settings, coupled with the offer of integrated mobile brigades and clinics.

Figure 4.3.1 PMTCT Cascade (APR21, AJUDA Sites Only)



Source: MER PMTCT Indicators APR21(AJUDA Sites Only)

Current national guidelines require HIV retesting for PLW every three months until their child is nine months of age. This places a heavy strain on the rapid test kit (RTK) supply chain and requires infrastructure adjustments and personnel. In an effort to optimize retesting resources, a risk assessment screening tool is under evaluation in COP21 that would help identify women most at risk of new HIV infections. If validated, this screening tool will be launched nationally in COP22.

In COP22, to improve early infant diagnostic capacity and linkage to care, PEPFAR Mozambique will sustain investments in both m-PIMA POC and conventional EID platforms, and continue implementing the use of POC VL for PLW at high risk for interruption in treatment. EID audits will be standardized across the country to facilitate a systematic and harmonized approach to

identification of major gaps and solutions throughout the PMTCT cascade and to advocate for elimination of new HIV pediatric cases and zero tolerance for new infant infections.

As discussed above, the mentor mother (MM) strategy will continue to be strengthened and expanded in COP22 to fully cover all AJUDA sites. The expectation is to offer complete coverage of all PLW, including PL adolescents, and infected children <10 years old, while ensuring fidelity of implementation through introduction of quality standards for MM implementation. The community-led monitoring platform will also continue to be used and strengthened to include review of site level grievances and resolution strategies to improve health services and community communication and PMTCT/pediatric health outcomes.

f. Key Populations

PEPFAR's commitment to reaching key populations and linking them to non-discriminatory HIV prevention, testing and treatment services remains strong, and we will continue to prioritize ambitious expansion of prevention, service delivery and structural interventions towards reaching the goals of 95-95-95. In COP22, PEPFAR will continue to finance PLHIV and KP led local civil society organizations to deliver services and advocate for KPs, including delivery of HIV and treatment literacy programs.

The current COP activity package reflects a consensus process led by GRM and Civil Society, who have provided invaluable inputs that resulted in a strong and comprehensive package of services that will address major barriers for KP to benefit from appropriate health services.

Targets and programmatic plans for COP22 were designed to increase the reach of services to KP and to meet case identification and treatment goals for these populations. In response to concerns of CSOs and feedback from OGAC in relation to insufficient coverage of services for key populations, the PEPFAR Mozambique team has reworked the approach to KP target setting by establishing target coverage goals, accounting for the presence of FDC/Global Fund. As a result, the joint PEPFAR Mozambique/GF KP coverage targets were set to reach 80% (FY 23) of KPs nationally.

Under MISAU and CNCS leadership, geographical coverage for KP services between PEPFAR Mozambique and GF has been agreed upon to assure that interventions are complementary and there is no overlap of KP services. PEPFAR Mozambique covers districts where GF is not present with the exceptions of major cities (urban centers) where both GF and PEPFAR Mozambique are supporting activities while coordinating to avoid overlap and duplication.

PEPFAR Mozambique and GF have already established a coordination platform (e.g., regular meetings and exchange of information) for program coordination, implementation and targeting purposes. As such, the COP22 targeting process builds on an excellent collaboration between PEPFAR Mozambique and GF. During COP22, PEPFAR Mozambique will continue to focus on improving the identification of HIV-positive KP, linkage to ART, as well as supporting adherence and retention to treatment, with regular VL monitoring. PEPFAR Mozambique will continue to reach FSWs, MSM, TG individuals, prisoners, and PWID with evidence-based and comprehensive prevention activities (KP_PREV), including demand creation and service provision of PrEP; offer or referral to HTS; targeted information, education, and communication;

provision of condoms and lubricant; offer or refer to STI screening, prevention, and treatment; offer or referral to prevention, diagnosis, and treatment of TB; offer or referral to reproductive health services (e.g., family planning or PMTCT), and/or referral to medication-assisted therapy (MAT).

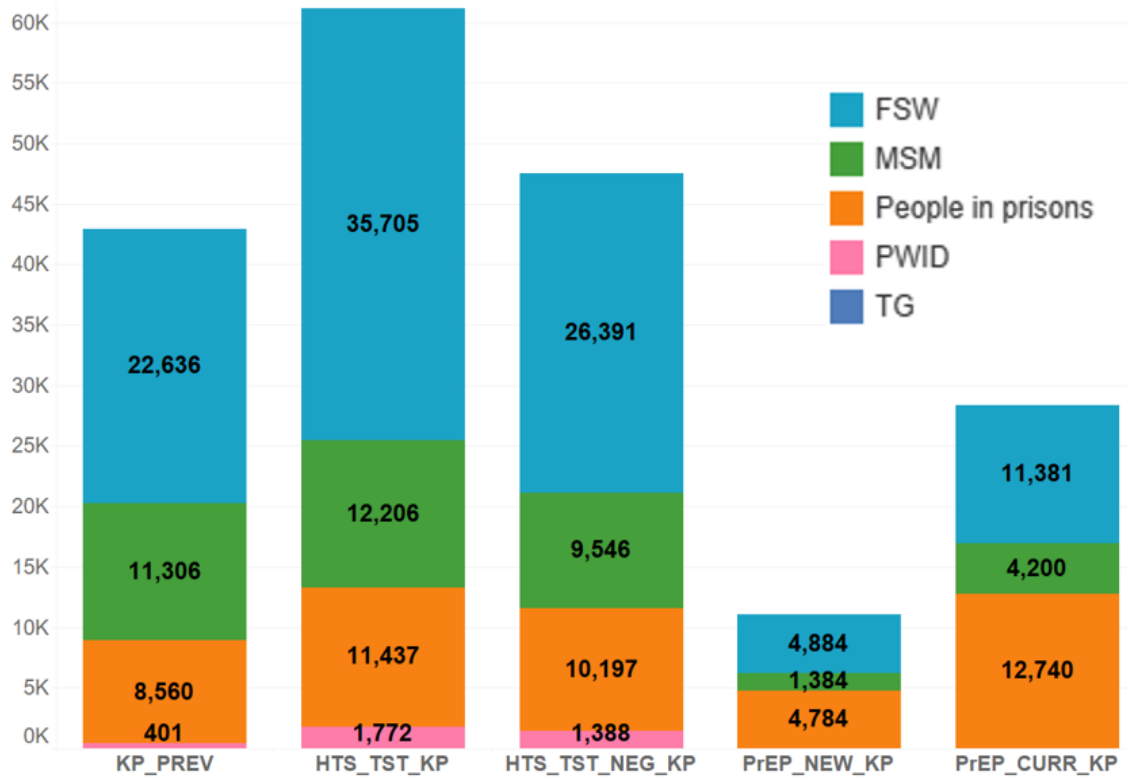
PEPFAR Mozambique will expand demand creation, testing and referrals into care and treatment services for PWID in selected provinces. Additionally, PEPFAR will support harm reduction interventions including the implementation of the new Opioid Substitution Therapy (OST) clinic in Maputo City, Beira and Nampula in collaboration with MISAU and the Global Fund. Through social media (WhatsApp groups and Facebook chat rooms), regular hotspot mapping, risk-based peer referrals, and use of KP lay counselors, PEPFAR Mozambique will collectively identify previously unreached and undiagnosed KP. For COP22, PEPFAR Mozambique will ensure that all clinical partners hire a key population focal point for all AJUDA sites and they will sit at the health facility level to coordinate all referrals from community to health facility and vice-versa and ensure that KP are well navigated at the health facility level.

MISAU is actively engaged in leading the expansion of a KP-friendly service package in all 11 provinces of the country. PEPFAR Mozambique clinical partners will continue to support the implementation of this service package during COP22. In addition, PEPFAR Mozambique will support the training and mentorship of health providers and focal points in all relevant sectors. MISAU with PEPFAR Mozambique support will actively engage with clinical partners to assure the correct use of KP-specific data collection tools to track KP service provision across the cascade via EPTS and HIV testing and linkage registers.

HIV-positive KP identified at the community-level will be linked to health services with the support of trained KP peer educators and/or lay counselors, who will offer accompanied referrals to KP friendly public health facilities described above. At these sites, community partners KP Peer Navigators will facilitate KP enrollment into ART and will use a case-management approach to monitor and detect KP defaulters early, alerting Peer Educators of the need for KP-specific follow-up and/or community-based support to identify and overcome individual and contextual barriers to treatment adherence.

The community implementing partner will monitor each KP referred from case identification through to viral load status. The KP program will continue to coordinate closely with the national HIV program to make clinical services available for KP at the community level through mobile clinics. Community KP partners will work hand-in-hand with clinical partners to ensure that KP diagnosed in the community are appropriately initiated and maintained on ART. In the case of HIV-negative KP, the program will offer the adequate prevention package offer or referral to HTS, Target population specifics and tailored, information, education, and communication (IEC), Outreach/Empowerment, condoms, lubricants, offer or referral to STI screening, prevention, and treatment, linkages and referral to ART, diagnosis and treatment of TB, offer or referral to reproductive health services, if applicable, referral to medication-assisted treatment, including referral for PrEP. During FY23 we will further strengthen the offer of PrEP for KP with (1) effective demand creation interventions; (2) improvement of KP identification and linkage to other prevention services in the HF; and (3) integration of PrEP services into existing DSD models.

Figure 4.3.2 Prevention Continuum by Key Population Group (FY21)



Peer Navigators will remain critical for expansion of quality health services for KP. In coordination with clinical partners, additional Peer Navigators will be hired and trained to be allocated in all KP Friendly Health Facilities without community Peer Navigators. Within health facilities they will work closely to ensure that all newly enrolled HIV positive KP are effectively linked to care and treatment and receive effective psychosocial support ensuring retention and viral suppression. Peer Navigators will help KP develop adherence plans, support goal setting, and provide practical advice on medication-taking cues, medication refills, clinical visits, viral load monitoring, and side effect management.

To address the specific needs of KP based on gaps in services that were identified, particularly for Transgender (TG), PEPFAR has been supporting MISAU in updating the National KP Guidelines. In addition, for COP22, PEPFAR has established targets for TG population in selected provinces, based on an estimated proportion of overall population, using the PLACE study (2017) as a reference, since there are not many sources of information available that can provide a more accurate size estimation for TG.

g. PrEP (not KP or DREAMS)

IN COP22, a focus of PEPFAR-Mozambique will be rolling out PrEP as a truly national program with a substantial increase in national PrEP targets, with national coverage for all subpopulations in particular key populations, pregnant and breastfeeding women, as well as AGYW, people under 15 years of age, and prison populations. In addition PEPFAR will work with MISAU to rapidly

pursue access to long-acting injectable PrEP as a critical new prevention option. Community-based delivery of PrEP will be pursued as a service delivery model.

During COP22, PEPFAR Mozambique will scale up its geographic reach of PrEP services to most districts in all eleven provinces, offering PrEP for key populations, serodiscordant couples, adolescents, PLW, and young women at risk 15+. PrEP targets increased from 55,000 PrEP_New clients in COP21 to 90,012 new enrollees in COP22; this target increase took into consideration HIV incidence across districts, and expansion of prophylaxis to new districts and sites. Meanwhile, the overall PrEP budget has increased by 38% from COP21 to COP22, with a higher increase in funding for commodities at 47%. During COP22 discussions, consensus was reached that MISAU will determine a phased roll out of PrEP services and, as such, the exact facilities have yet to be identified. Among targeted population groups, PrEP screening tools will be used to identify those eligible to be offered PrEP services. PrEP-specific screening and counseling will be fully incorporated into HIV post-test counseling for multiple testing modalities, including community- and facility-based index case contact testing, ANC, VCT, and community-based KP testing. Whenever couples are found to be discordant, efforts will be made to ensure that the HIV-negative partner can make an informed decision about starting PrEP, including referrals to nearby PrEP initiation sites.

A one-stop-shop model will be used for PrEP services to support retention. Clients will be able to collect medication at either ANC or HIV points of care. Additionally, PrEP will also be integrated within differentiated models of services, multi month dispensing, mobile clinics after hours and community drop-in centers where applicable. Regular adherence counseling will be part of the standard service package for all clients. EPTS will include a PrEP module and iDART and EPTS will capture dispensation of PrEP medications. The use of multiple electronic systems in COP22 is anticipated to provide greater clarity on the entire PrEP provision process.

In COP22, demand creation interventions will be consolidated to reach more eligible PrEP clients, and the following activities will be scaled: (a) PrEP video dissemination to all settings offering PrEP, including on TV; (b) effective use of PrEP IEC materials; (c) use of local radios to regularly air PrEP messages and promote radio talk shows; and (d) onsite demand creation at each health facility offering PrEP, expansion of PrEP champions to all PrEP sites and maximized use of mobile clinics to identify PrEP clients and offer them PrEP.

h. VMMC

As per COP22 Guidance, the VMMC program will continue to focus on clients aged 15 and above due to safety reasons. The program will focus on reaching at least 80 percent coverage of 15-29-year-old males in seven provinces, employing targeted demand creation activities to increase coverage, acceptability, and priority referral to services for this age band. Consistent with PEPFAR Mozambique guidance, the National VMMC program will no longer support VMMC for children below 15 years of age except in the limited setting of Shang Ring implementation as per the PLL. All PEPFAR VMMC targets are among males equal or greater than 15 years of age.

A targeted outreach strategy has been instrumental in accelerating VMMC progress in districts with slower growth and/or lower coverage. Surgical mobile units and temporary sites will continue to support program implementation in COP22 in specific areas. Demand creation activities include

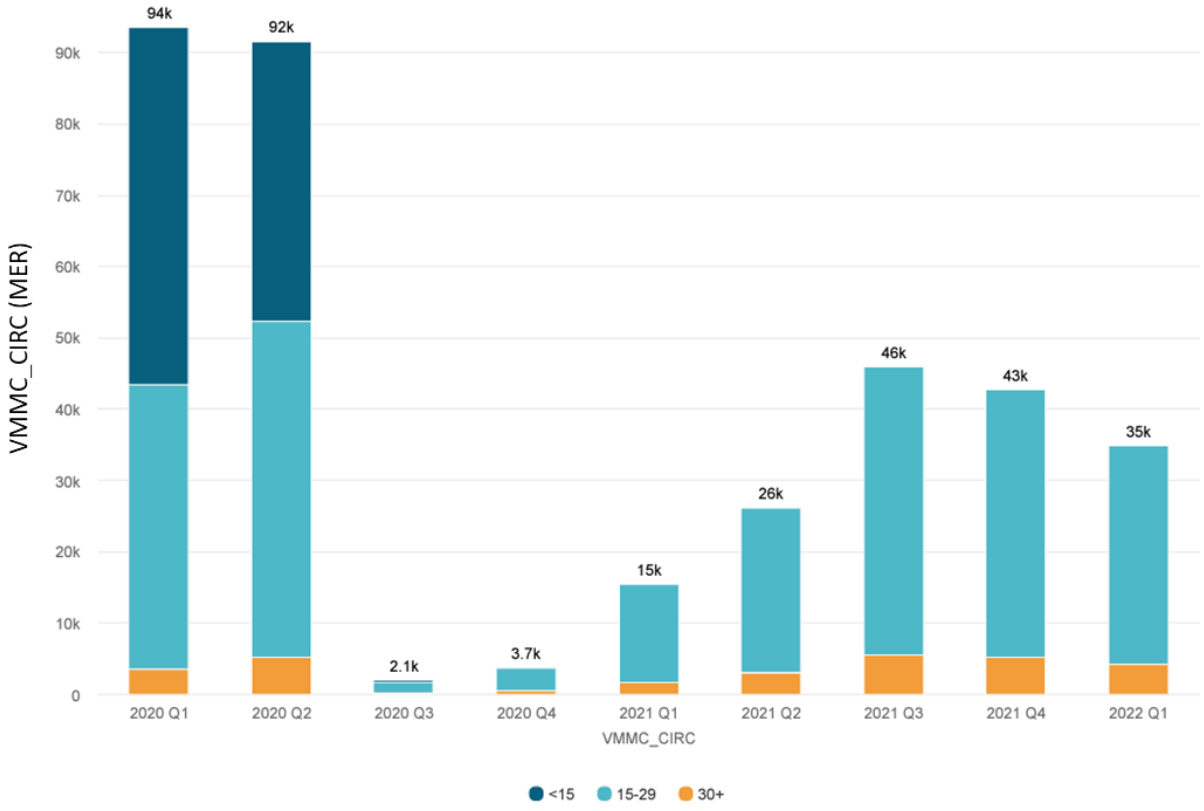
non-coercive incentives and compensation, such as transportation vouchers. A human-centered design (HCD) approach, which focuses on interpersonal communication to address the barriers to VMMC, will continue to be implemented in COP22 in all VMMC districts in combination with community-based VMMC mobilization.

VMMC targets were set using historical performance, national population surveys and program knowledge. The VMMC program is steadily moving towards reaching provincial level coverage of 80% in males aged 15-29 years. However, district analysis shows gaps to reach 80% at least in some of the districts in all of the provinces and COP22 targets move towards filling that gap of 80% saturation of VMMC service in the majority of districts. PHIA results, expected in a summary report by the end of the 2022 calendar year, will provide MC coverage rates and inform targeted program expansion in the future. Pilot and phased transition of VMMC services from PEPFAR to the GRM initiated in COP21. The process of MISAU staff training and VMMC team build-up is on course. MISAU will start VMMC services' provision in Q2FY22 in all six pilot transition sites. In COP22, PEPFAR will consolidate sustainable and phased transition of VMMC services to the GRM in selected districts/sites. The number of VMMC sites to be transitioned will increase based on MISAU's staff proficiency to perform circumcisions and overall program management. In all transitioned sites PEPFAR will keep financial support and some technical assistance if needed. Planning for efficient and effective VMMC interventions is paramount. The VMMC site optimization tool will continue to be used to improve planning by allowing the reallocation of resources, including providers, surgical beds, and other items to sites that need additional support and/or improved performance.

The national HIV testing screening tools are in use in all VMMC sites. The VMMC program will strengthen referral and documentation of clients testing positive for HIV at VMMC sites. For HIV-negative clients, whenever appropriate (based on the age band and eligibility criteria) clients will be referred for other prevention services such as PrEP, male engagement, condoms and lubricants. For COP22, we are considering testing all 15+ sexually active men who show up at VMMC clinics and not using the HIV screening tools to avoid missing testing opportunities; referral tools to other prevention/care and treatment services will continue being prioritized, as well as keeping records of those clients referred to care and treatment. During COP22, Mozambique will introduce the Shang Ring device as an alternative to surgical methods in Maputo and Zambézia Provinces, targeting 1,000 beneficiaries. The introduction of the device in the aforementioned provinces will inform MISAU and USG for expanded use of the device in COP22 and beyond, taking into consideration PLL guidance.

Emphasis will continue to be placed on adverse event (AE) monitoring and reporting and strengthening of quality assurance and quality improvement activities with the leadership of MISAU. AE monitoring will ensure reporting consistency with MISAU and PEPFAR Mozambique requirements, while simultaneously ensuring that clinical management of AEs remain under the purview of MISAU.

Figure 4.3.3 VMMC Quarterly Trends by Age: Mozambique (MER Results- Panorama)



4.4 Additional country-specific priorities listed in the planning level letter

All priorities listed in the PLL are described elsewhere in this document.

4.5 Additional Program Priorities

Recent Policy/Guideline Changes

In COP22 the overarching focus for patient centered services is expansion of existing strategies to reach a larger proportion of PLHIV. MISAU is in the process of updating national DSD guidelines to codify ongoing discussions related to DSD eligibility for prevention as well as adult and MCH sub-populations, with a consultative workshop held in early March, 2022. PEPFAR Mozambique has supported the national and provincial government of Cabo Delgado to envision and implement DSD delivery in emergency settings, including multi-month dispensing for vulnerable patients including pregnant and lactating women displaced by conflict. Pediatric DTG roll out for children weighing under 20 kg began in February 2022. MISAU is also leading expansion of 6MMD, with 71 new sites launching in COP21, bringing total coverage to 85 sites across Mozambique's eleven provinces

Plans for Implementing Safe and Ethical Index Case Testing

Policies in Mozambique provide a strong framework for voluntary partner disclosure and mitigation of the risks of IPV related to index case testing. MISAU policy prohibits direct communication with index case sexual contacts and requires index case client consent for community-level support for partner disclosure or index case contact testing. During COP22, PEPFAR Mozambique will support the implementation of the new MISAU-approved IPV screening and safe and ethical index case testing training package, which will help to monitor adverse events and establish minimum standards for index case testing at the site-level.

Use of Recent Program Performance to Drive Program Direction

COP22 strategies and priorities were developed in the setting of a comprehensive provincial, partner and site level evaluation of cascade performance across PEPFAR programs. Rising commodity costs led to a functionally reduced budget environment, requiring strategic review of data driven investments to maximize impact.

Program performance has informed site-level, regional and age band targeted interventions for all program areas in COP22. A number of specific interventions were tailored based on site level performance review including:

- Targeting maternal retesting program resources in provinces and sites with highest levels of vertical transmission
- Expanding male champion and adolescent mentoring programming from 90 to 140 sites, despite budgetary pressures, given that ART coverage remains lowest among adolescents and youth ages 15-24
- Expanding the AJUDA site footprint in Nampula, Zambezia and Sofala Provinces, which have the highest number of incident infections and the most PLHIV
- Expanding funding for mentor mothers for CLHIV <10 years of age given ongoing challenges in patient retention and viral suppression among young children
- Shifting OVC targets to comprehensive services and expanding OVC services to IDP communities to better serve CLHIV who have not achieved viral suppression
- Preserving robust testing and retention services budgets in provinces with lowest ART coverage, while seeking new efficiencies in provinces approaching epidemic control

Implementing Partner Management for Performance and Program Alignment

PEPFAR Mozambique receives quarterly MER data from AJUDA sites with age disaggregated performance across all priority program areas. PEPFAR teams review this performance submission at the national, provincial and site level with both partners and government. PEPFAR technical teams perform frequent site level visits across the country within the SIMS context and in conjunction with MISAU, as well as with focus on specific program areas in order to ensure high fidelity program implementation that is aligned with national policy and OGAC guidance, and to provide technical assistance to partner and site level staff. Official MER data submissions are supplemented by partner quarterly reports as well as a number of Mozambique-specific program implementation reports, including quarterly reporting on the scale of implementation of a range of high priority program initiatives. PEPFAR Mozambique also supports the “AJUDA dashboard” which allows PEPFAR to track monthly progress in DSD scale up and treatment growth, in alignment with the MISAU HIV Program’s quality improvement initiative.

Community-Led Monitoring

Since the development phase of COP20, in early 2020, PEPFAR Mozambique has engaged with civil society organizations, CNCS, UNAIDS and other stakeholders to advance community-led monitoring programs that can improve the provision of quality HIV/AIDS services for the Mozambican people based on the needs and priorities identified by PLHIV and other affected populations. This work is intended to support improvements in site level care, community by community, as well as the development of a national platform for CLM programs that have the voices of PLHIV and KP communities at their core. Despite the overall PEPFAR Mozambique budget reduction in COP22, financing for community-led monitoring activities will be maintained in fiscal year 2023.

Through its Community and Civil Society Technical Working Group, PEPFAR Mozambique convened several meetings with civil society representatives for the discussion and planning of concrete activities to be included in COP22 planning. The discussions have resulted in the generalized consensus that CLM remains critical in Mozambique to monitor the quality of health services and is a key strategy to respond to violations of patients' health rights, reduce stigma and discrimination, and improve the quality of service provision. The results of the various discussions held with stakeholders also reflected that CLM must be conducted at both the community and the health facility level, needs to explicitly focus on KP and MCH services, and requires synergies with Global Fund to ensure program coordination and increase geographic coverage. Discussions also emphasized a need to finalize the process of development of national indicators, and the establishment of a national database that can facilitate CLM data reporting and analysis while maintaining community ownership of CLM interventions and ensuring the independence of CLM. During COP21, PEPFAR Mozambique will continue to engage with CNCS, the Global Fund and UNAIDS to support civil society to finalize the national indicators and guidelines for CLM programs. These will be incorporated into PEPFAR's CLM programs once finalized and approved for national use.

In response to civil society recommendations, PEPFAR Mozambique has agreed to maintain the funding of the Department of State Community Grants program, under the leadership of the PEPFAR Mozambique Coordination Office, entirely dedicated to CLM programs. Additionally, PEPFAR Mozambique has agreed to extend the maximum funding amount per organization from $25,000 up to $50,000. In COP22, the program will make available a total amount for community grants of $650,000.

PEPFAR Mozambique has also agreed with civil society to maintain an additional budget of $1,000,000 available for CBOs to implement CLM programs. This funding, which was previously made available to civil society through a mechanism established at the CNCS, will now transition to a Mozambican civil society organization, in accordance with the COP22 guidance. PEPFAR has also agreed to require the grantees of these funds to adapt their program in alignment with the CLM program implementation approach, packages and tools currently being developed with the technical support of UNAIDS, HealthGAP, and Georgetown University once these are finalized and approved for being used at the national level. In addition, PEPFAR will develop eligibility criteria for the selection of the grantees in collaboration with PLASOC-M (PLHIV, KP and TB), CNCS, UNAIDS, USG technical staff, and other relevant parties. In COP22, PEPFAR

Mozambique will continue to support Namati's health advocates approach in 72 sites and provide complementary funding for N'weti to continue to co-finance community score cards implementation in 78 sites.

Analysis on Recency Testing

Although Mozambique is making significant progress towards epidemic control, it has not reached a level that would benefit from the inclusion of recency testing as a surveillance strategy. As part of COP22, PEPFAR Mozambique will begin engaging GRM, civil society, and service users on the use of recency testing and assessing the capacity for recency testing, including laboratory diagnostics and quality assurance processes. Additionally, data from the PHIA will provide current information on geographic areas and demographic groups with high rates of recent infection that can help PEPFAR Mozambique focus its plans for future recency testing implementation.

4.6 Commodities

PEPFAR Mozambique coordinates commodity investments closely with the Global Fund and MISAU, and regularly monitors commodity pipelines and funding to ensure appropriate stock levels in the country to meet consumption demands. However, in March 2022 an audit report regarding the Global Fund Grants in the Republic of Mozambique was released. At the time of the audit visit, stock outs were reported at different levels of the supply chain due to varying reasons. PEPFAR Mozambique and the Global Fund are discussing how both donors can work together to identify important ways in which the supply chain system can be improved. Supply plans are updated quarterly to account for actual consumption and inventory levels, and orders are adjusted accordingly to maintain appropriate/desired 4-9 months of stock (based on consumption) and avoid over or under stocking.

COP22 commodity investments align with PEPFAR priorities and optimized regimens and represent a 14.8% increase over the COP21 commodities budget. PEPFAR commodity investments cover 100% of the viral load, EID, PrEP, and VMMC needs, while the ARV, TB, and RTK commodities depend largely on Global Fund investments. PEPFAR funding covers 22% of the projected ARV financial need for adult and pediatric populations and PrEP, and 31% of the projected RTK need. There is also a planned GRM contribution of $5M toward ARVs in calendar year (CY)23. In COP22, PEPFAR is not procuring TB drugs due to an overstock in INH regimens. Plans for condom procurement and distribution depend on coordination with several donors, including Global Fund, MISAU, the United Nations Population Fund (UNFPA), and USAID Central Contraceptives Procurement Fund (CCP). While there are no anticipated commodity shortages, all funding gaps and potential commodity shortages depend heavily on coordination with the Global Fund and the outcome of the grant re-investment of savings and timely disbursement of funds, procurement, shipment and clearance of commodities into the country across all major funding and procurement agents. Some risks to commodity security include the COVID-19 pandemic, changes to or surpassing program targets including those for VL coverage, and product shortages on the global market. At the central level, a risk also exists in lack of systems strengthening activities focused on the commodities importation process, affecting long waiting times to authorize importation of HIV commodities.

As per PLL directives for supply chain, PEPFAR will maintain private sector engagement, including an efficient, privatized transport system to distribute commodities to the last mile (including medications, personal protective equipment (PPE), male and female condoms, and lubricants), and continue to build resilience throughout the supply chain to ensure stock availability to maintain client-centered services to all health facilities. In COP22, PEPFAR will continue COVID-19 risk mitigation strategies for commodities and supply chain activities, including leveraging strengthened shipment coordination and long-term forecasting and supply planning between MISAU Programs, CMAM, Global Health Supply Chain Procurement and Supply Management Project (GHSC-PSM), and Global Fund to mitigate supply risks. Another mitigation strategy is to leverage an early warning system (monthly commodities-at-risk report) to identify COVID-19 induced supply risks due to active pharmaceutical ingredient (API) shortages, manufacturing, and shipping delays. PEPFAR will also continue utilizing existing transportation contracts to expedite routine and surge distributions to provinces to mitigate warehouse congestion, improve efficiency of warehousing and distribution operations, and increase availability of critical commodities in provinces to ensure continuity of service delivery.

4.7 Collaboration, Integration and Monitoring

Below we describe solutions to address challenges across the entire clinical cascade with specific consideration for:

a. **Strengthening Cross-Technical Collaborations and Implementation Across Agencies and with External Stakeholders, Including the Global Fund and MISAU**

Collaboration with G2G partners at the central and provincial level has been critical to ensure the implementation of PEPFAR supported programs to address key challenges across the clinical cascade. In COP22, PEPFAR Mozambique will continue to expand support to G2G partners to ensure the continuity of HIV related services through the implementation of the HIV essential package of activities in all provinces. The package consists of interventions to ensure the provision of prevention, care and treatment services at site and community level focusing on HIV counseling and testing, linkage to care and timely access to treatment, as well as activities to improve retention and viral suppression. Investments to strengthen health systems in the areas of human resources, laboratory and supply chain will also be maintained.

Through cooperative agreements and other types of direct funding to the central level, PEPFAR will continue to prioritize its investments in some programmatic areas such as VMMC, DREAMS, GBV, cervical cancer, QI and telehealth. The emergency in Cabo Delgado requires additional technical and financial support to the local government that has been secured in COP22.

Although the next Global Fund cycle proposal development only initiates in 2023, logistical preparation for this new (NFM4) grant should start late in FY22. PEPFAR Mozambique, together with other multilaterals and civil society, will engage with GRM to provide technical assistance in this early phase of the process. PEPFAR engagement in GF proposal development is a key opportunity to maximize collective efforts to control the HIV epidemic and avoid duplication of activities.

PEPFAR Mozambique is also collaborating with the Global Fund in mapping key populations in five provinces of Mozambique. In the last Global Fund C19RM proposal, submitted in January 2022, more funding was requested to increase the number of provinces for that study. In COP22, PEPFAR Mozambique will also collaborate with the Global Fund to support Mozambique's Harm Reduction program.

In addition, in FY22, Mozambique has been selected to be part of the "focal country initiative". This initiative is a joint effort between PEPFAR, UNAIDS, the Global Fund and the host countries to create synergies and complementarity towards the elimination of HIV stigma and discrimination. In that context, these 3 entities will support GRM and civil society to elaborate new plans and activities to tackle stigma and discrimination.

Due to Covid-19 restrictions, many activities performed by GF and CCM were delayed. Finally, at the beginning of FY 2022, the GF delegation was able to visit Mozambique after almost 2 years without an in-country mission. In December of 2021, CCM re-initiated the supervision of the GF grants, visiting GF principal recipients and subrecipients in Gaza, Inhambane and Nampula provinces.

b. **Strengthening IP Management and Monitoring and the Implementation of Innovative Strategies Across the Cascade, with Fidelity and at Scale, to Improve Impact within Shorter Time Periods;**

As experienced in FY21, the COVID-19 pandemic continued to limit the ability of PEPFAR Mozambique teams across all agencies to conduct regular, focused TA and partner management site visits to underperforming sites during the first quarter of FY22. The PEPFAR team continued to make use of innovative approaches introduced in FY21 to maintain program oversight and support implementing partners in addressing and fixing site level challenges. This included the use of video-conferencing tools to jointly review performance data with provincial site level teams. Monthly data "deep-dives" with both clinical IPs and the GRM is another approach that allows for continued monitoring of site level implementation, oversight and accountability of PEPFAR Mozambique programs. This analysis was made possible through the use of advanced data visualization tools such as consolidated inter-agency dashboards.

PEPFAR teams have resumed routine visits to partner supported sites for both SIMS and technical assistance purposes. PEPFAR, MISAU provincial and district staff and clinical partners are strictly adhering to recommended infection prevention measures. The resumption of visits is supported by the ongoing massive COVID-19 vaccination campaign and continues to be informed by the evolving subnational epidemiological profile of the COVID-19 pandemic in the country. Specific improvement plans are elaborated following site visits to address identified areas of concern. Regular monitoring of these plans performed remotely through virtual platforms and through follow-up site visits ensure implementation and monitor progress towards improvement. CQI activities are developed in partnership with IPs and GRM in order to address areas of low performance.

As outlined in Section 4.5, PEPFAR Mozambique supplements quarterly MER data collection and reporting with use of a monthly AJUDA dashboard to track frequent progress on select indicators

in order to more rapidly detect and respond to problems. Program performance is reviewed in partnership with clinical IPs as well as provincial and central-level GRM partners.

In order to effectively manage IP and improve their accountability, USAID Mozambique will intensify the implementation of the Performance Based Requirements for PEPFAR introduced in COP20 which included revisions in awards documents on frequency of data reporting; introduction of greater performance accountability (with specific benchmarks and measures in case of failure of meeting targets); and, institution of a Corrective Action Plan (CAP).

In addition, since October 2019, CDC with the support of the CDC Office of Grants Services now includes performance targets in the Notice of Awards for each Implementing Partner. This additional information provides clear guidance on COP expectations and accountability. CDC is now doing, on a quarterly basis, joint performance reviews between the clinical partner and the DPS operating in the same province. The performance review addresses all key programmatic areas as delineated in the approved COP.

Based on COP22 guidance, effective financial monitoring will continue to take place to ensure that: 1) planned resources (including Human Resources for onsite regular TA) and spending is aligned with technical and geographic priorities as defined in the implementing partner work plan and 2) current spending or projected spending does not/will not exceed the approved operational plan budget. Financial monitoring will be done through rigorous monthly analysis of burn rates, pipelines, and accruals of implementing partners, and discussed during monthly partner management meetings. 3) Outlays are correlated to program implementation and progress towards goals and objectives.

c. Improving Integration of Key Health System Interventions, Including HRH and Laboratory (VL) Activities Across the Cascade

Health systems priorities continue to be identified, and activities are routinely monitored by cross-cutting working groups to ensure effective resource allocation. During FY21 Q4 an inventory of HRH was conducted and the results have been released to the PEPFAR in-country teams for review and planning for COP22. PEPFAR will continue to review and analyze the data to share findings and recommendations with MISAU, as we plan for transition of responsibilities to GRM. In COP22, we will continue to support the scale up of EPTS, iDART, DISA Laboratory Information System (LIS) and mHealth systems, as well as expand the EPTS centralization in four SNUs.

PEPFAR Mozambique will continue to scale up VL lab capacity and productivity, while focusing on quality testing through the implementation of the Laboratory Quality Management Systems (LMIS) program towards earning international accreditation and reducing wastage of reagents. Our team continues to support the laboratory system, with focus on the expansion of VL and EID coverage to reach the 3rd 95 by the end of FY23.

Although there are plans to acquire additional high throughput VL instruments to increase testing capacity, there are logistical constraints in two provinces, Niassa and Inhambane, which do not have a Viral Load laboratory, which contribute to longer turn-around times for results and higher sample transport costs. PEPFAR Mozambique will invest in the construction of a VL laboratory in Niassa province in COP22 to alleviate the problem. PEPFAR Mozambique finances 100% of VL

and EID commodities and is committed to guaranteeing access to VL for all ART patients in Mozambique. The main challenges for improving the coverage of VL testing remain the poor infrastructure of a few remaining old laboratory facilities and low demand from health care providers, which will both be addressed in COP22. Moreover, due to low efficiencies in the workflow of HFs, some VL results are not included in patients' charts. While IPs address workflow efficiencies in FY23, PEPFAR will continue to expand the interoperability between LIS and EPTS for the automated transfer of VL results, as well as provide electronic access to EPTS to health care providers using tablets or other devices.

In COP22, PEPFAR Mozambique's laboratory investments will continue to support interventions towards consolidation of gains and institutionalization of national capacity. The program will implement recommendations from the Diagnostic Network Optimization exercise, which is a continuous quality improvement process, through technical assistance for the Mozambican laboratory department.

The transfer and consolidation of the sample referral system from the different clinical IPs to a single private sector partner will continue to be scaled up in a phased and thoughtful manner using a central mechanism, to create efficiencies and facilitate transfer of ownership to MISAU in the next few years. This mechanism will integrate sample transport for multiple disease programs, as well as sample referral for TB testing on POC platforms.

Another key component of laboratory systems will be the expansion and functionality improvements of laboratory information systems through the acquisition of an unlimited license contract with the LIS provider. The enhanced LIS will allow for better monitoring and evaluation (M&E) of laboratory and clinical programs, providing real-time data to dashboard users.

Another key component of systems that will enhance and improve coordination is better integration of logistics and transportation. In COP22 PEPFAR Mozambique will continue to support the last mile distribution of ARVs and other HIV commodities to all provinces to support continuity of treatment, while providing CMAM with continued support for HIV commodities quantification, forecasting and stock management, as well as strengthening the end-to-end supply chain data availability, visibility, security, and use. Quality assurance of ARVs and other HIV commodities is crucial in ensuring that individuals are safe, they obtain the full benefit of therapy, and are motivated to stay on long-term treatment. Thus, through targeted medicines sampling and laboratory testing, we will implement the quality assurance of HIV commodities.

d. **Improving Integration of Quality and Efficiencies in Service Delivery Through Improved Models of Care Delivery Across Community and Facility Sites**

Please refer to Section 4.2.

e. **Supporting Community-Led Monitoring of Treatment Services with Minimum Quarterly Meetings to Review Reported Observations and Recommendations with Representatives and Follow up as Needed;**

Please refer to section 4.5

f. **Continue to Optimize Staffing Investments and Adjust Staffing Models to Provide Client Centered Services. Expand Local Partner and Private Sector HRH Capacity to Build a More Flexible and Resilient Workforce for HIV Services**

PEPFAR Mozambique is using the findings of the HRH inventory, expenditure report data, the HIV resource alignment analysis and additional analytics supported by headquarters to optimize and adjust staffing models. The program is continually improving alignment with host country policies (salary, staffing types), as well as leveraging differentiated staffing delivery models to rationalize staffing investments. Additionally, CDC Mozambique will engage with a local partner in COP22 to support hiring and allocation of staff to health facilities, starting in Maputo City, with plans to expand to additional CDC provinces in future years. PEPFAR will continue providing technical and financial support to MISAU for hiring of staff for sustainability sites.

g. **Ensuring Above-Site Program Activities are Mapped to Key Barriers and Measurable Outcomes Related to Reaching Epidemic Control; and Monitored in an Ongoing Manner**;

Please refer to section 5.0

h. **Use of Unique Identifiers Across Sites and Programs in Clinical Settings for Monitoring**

Mozambique has an existing National Health ID (NID) used to support PLHIV initiatives. The NID is an official, nineteen-digit client code generated at the health facility level and defined by country, province, district, facility, service, year, and numeric sequence combinations. Although unique at the time of its issuance, and despite the fact that the NID remains with the patient when transferring to another health facility, an individual could have multiple NIDs (e.g., if the patient loses their prior NID). PEPFAR's EPTS is in almost 97 percent of AJUDA sites and captures the NID as its primary ID with options for entry of other nationally assigned unique IDs (e.g., National Taxpayers Single Identification Number (NUIT), National Unique Civil Registration Number (NUIC). Other PEPFAR-supported systems, including laboratory, pharmacy, and community care also capture the NID. Linking these data sources with the EPTS will continue in COP22. The NID is a required field in the pharmacy system, iDART, to facilitate linkage between pharmacy and EPTS. It is also a required field in the laboratory system, DISA, to facilitate linking laboratory results to EPTS. EPTS generates reports to identify duplicate NIDs for reconciliation. In December 2018, Mozambique passed legislation for the electronic registration of a NUIC used for the civil registration of births and deaths and production of its official vital statistics. To date, over 1,400,000 births are electronically registered using the NUIC. In March 2019, PEPFAR HIS introduced the capability for electronically capturing the NUIC in EPTS. For COP20, PEPFAR, in collaboration with MISAU, Ministry of Justice (MOJ), and other Civil Registration and Vital Statistics (CRVS), implementing donors (i.e., UNICEF, World Bank, WHO) introduced the use of the NUIC in the health sector to use as an additional form of patient identification. PEPFAR is advancing the registration of the NUIC in two provinces, Zambezia and Sofala, by collaborating with MOJ to identify four health facilities in each province where there is a gap in registration

facilities with the goal to register a minimum of 1,000 children. In COP22, the registration will continue in both provinces. Expected investment benefits for scale include reduction of silent transfers; authentication of patient-level records and elimination of duplicates; timely exchange and storage of information at varying levels of the National health information system (e.g., DHIS); and the generation of new information derived from systems linkages for improved HIV/TB program management, case-based surveillance, death ascertainment, and policy-making (Appendix D).

4.8 Targets by Population

Table 4.8.1 ART Targets by Prioritization for Epidemic Control

District Prioritization	Total PLHIV	Expected current on ART (APR22 TX_CURR)	Additional patients required for 80% ART coverage	Target current on ART (APR23 TX_CURR)	Newly initiated (APR FY23, TX_NEW)	ART Coverage (APR 23)
_Military Mozambique	N/A	28,859	N/A	34,704	6,607	N/A
Attained	10691	42,335	>80% coverage reached	43,114	3,134	403%
Scale-Up Saturation	N/A	N/A	N/A	N/A	N/A	N/A
Scale-Up Aggressive	1,975,012	1,671,817	>80% coverage reached	1,779,613	206,387	90%
Sustained	N/A	N/A	N/A	N/A	N/A	N/A
Central Support	93,908	54,084	21,042	58,441	8,360	62%
Total	**2,079,611**	**1,797,095**	**>80% coverage reached**	**1,915,872**	**224,488**	**92%**

Table 4.8.2 VMMC Coverage and Targets by Age Bracket in Scale-up Districts

SNU	Target Populations	Population Size Estimate (SNUs)	Current Coverage (date)	*VMMC_CIRC* (in FY23)	Expected Coverage (in FY23)
Tete	15-29	432,291	54%	40,600	63%
Manica	15-29	346,256	82%	39,000	93%
_Military Mozambique	15-29	-	-	35,493	
Zambezia	15-29	910,202	93%	35,250	97%
Sofala	15-29	382,735	85%	24,250	91%
Gaza	15-29	254,793	80%	13,900	86%
Maputo	15-29	295,549	111%	10,500	114%
Cidade De Maputo	15-29	200,429	112%	4,000	114%

Cabo Delgado	15-29	397,062	95%	-	95%
Inhambane	15-29	257,392	81%	-	81%
Nampula	15-29	915,293	98%	-	98%
Niassa	15-29	314,849	87%	-	87%
Mozambique	**Total/Average**	**4,706,851**	**89%**	**202,993**	**94%**

Table 4.8.3 Target Populations for Prevention Interventions to Facilitate Epidemic Control

SNU	AGYW_PREV			PP_PREV		KP_PREV	
	Population Size Estimate	FY23 Target		Population Size Estimate	FY23 Target	Population Size Estimate	FY23 Target
		Any DREAMS Service	Completed Primary Package				
_Military Mozambique	-	-	-	N/A	60,076	-	-
Alto Molocue	-	-	-	N/A	-	397	317
Ancuabe	-	-	-	N/A	-	902	721
Balama	-	-	-	N/A	-	100	80
Beira	58,116	11,327	10,195	N/A	-	11,960	5,196
Bilene	-	-	-	N/A	-	890	712
Boane	16,118	3,734	3,360	N/A	7,237	577	284
Caia	14,370	2,140	1,925	N/A	-	-	-
Changara	-	-	-	N/A	-	289	231
Chibabava	-	-	-	N/A	-	481	385
Chibuto	-	-	-	N/A	78	-	-
Chimoio	39,927	10,447	9,403	N/A	-	4,509	1,773
Chiure	-	-	-	N/A	-	974	779
Chiuta	-	-	-	N/A	-	63	50
Chokwe	20,818	6,120	5,508	N/A	53	-	-
Chonguene	10,841	3,569	3,212	N/A	59	493	394
Cuamba	-	-	-	N/A	-	484	221
Dondo	-	-	-	N/A	-	1,569	383
Erati	31,502	5,376	4,932	N/A	-	-	-
Gile	20,358	4,738	4,264	N/A	-	-	-
Gondola	-	-	-	N/A	-	1,117	307
Govuro	-	-	-	N/A	-	438	350
Guija	8,284	2,665	2,399	N/A	253	-	-
Gurue	-	-	-	N/A	-	259	207
Ile	19,017	3,271	2,944	N/A	-	-	-
Inhambane	-	-	-	N/A	-	3,134	2,534
Inharrime	-	-	-	N/A	100	25	22
Inhassoro	-	-	-	N/A	-	665	532

SNU	AGYW_PREV			PP_PREV		KP_PREV	
	Population Size Estimate	FY23 Target		Population Size Estimate	FY23 Target	Population Size Estimate	FY23 Target
		Any DREAMS Service	Completed Primary Package				
Inhassunge	8,315	1,950	1,755	N/A	-	-	-
Kamavota	-	-	-	N/A	-	3,640	1,110
Kamaxakeni	-	-	-	N/A	-	4,089	2,588
Kampfumu	-	-	-	N/A	-	4,514	3,665
Kamubukwana	-	-	-	N/A	-	3,979	2,055
Lago	-	-	-	N/A	-	288	230
Lichinga	-	-	-	N/A	-	2,355	609
Limpopo	13,987	4,725	4,253	N/A	5,925	892	499
Lugela	16,886	2,884	2,596	N/A	-	-	-
Mabalane	-	-	-	N/A	-	110	98
Maganja Da Costa	13,381	3,971	3,573	N/A	-	-	-
Magude	4,669	1,839	1,687	N/A	356	-	-
Mandimba	-	-	-	N/A	-	218	174
Mandlakaze	-	-	-	N/A	50	-	-
Manhiça	15,954	4,023	3,620	N/A	8,680	-	-
Manica	-	-	-	N/A	-	1,557	296
Marracuene	16,545	3,886	3,497	N/A	134	-	-
Massinga	-	-	-	N/A	-	719	576
Matola	85,236	13,404	11,517	N/A	-	15,579	8,096
Matutuine	3,143	1,502	1,378	N/A	1,938	-	-
Maxixe	12,953	1,924	1,732	N/A	-	1,911	1,529
Mecanhelas	-	-	-	N/A	-	75	60
Meconta	-	-	-	N/A	-	1,910	1,528
Metuge	-	-	-	N/A	-	822	712
Milange	55,215	12,309	11,078	N/A	-	380	304
Moamba	6,472	1,434	1,291	N/A	22	407	326
Moatize	-	-	-	N/A	-	1,053	30
Mocuba	39,871	10,177	9,160	N/A	-	693	554
Mocubela	10,986	2,779	2,500	N/A	-	-	-
Mogovolas	-	-	-	N/A	-	779	623
Montepuez	-	-	-	N/A	-	873	671
Nacala	-	-	-	N/A	-	5,401	4,321
Nacala-A-Velha	-	-	-	N/A	-	500	400
Namaacha	3,523	2,158	1,980	N/A	-	-	-
Namacurra	21,300	5,010	4,508	N/A	-	1,064	235
Nampula	81,331	20,495	18,803	N/A	-	18,365	10,061
Nicoadala	19,231	4,810	4,329	N/A	-	431	316

SNU	AGYW_PREV			PP_PREV		KP_PREV	
	Population Size Estimate	FY23 Target		Population Size Estimate	FY23 Target	Population Size Estimate	FY23 Target
		Any DREAMS Service	Completed Primary Package				
Nlhamankulu	-	-	-	N/A	-	4,024	2,774
Pebane	18,836	4,933	4,440	N/A	-	-	-
Pemba	22,066	4,776	4,300	N/A	-	884	471
Quelimane	37,833	6,505	5,855	N/A	-	5,608	2,883
Tete	-	-	-	N/A	-	5,097	1,798
Vanduzi	-	-	-	N/A	-	213	171
Vilankulo	-	-	-	N/A	-	697	474
Xai-Xai	14,975	3,172	2,855	N/A	45	1,900	1,080
Zavala	-	-	-	N/A	36	-	-
TOTAL	**762,060**	**172,052**	**154,849**	**N/A**	**85,042**	**120,349**	**66,795**

Table 4.8.4 Targets for OVC and Linkages to HIV Services

SNU	Estimated # of Orphans and Vulnerable Children	Target # of active OVC (FY23 Target)	Target # of OVC (FY23 Target)	Target # of active OVC (FY23 Target)	Target # of active beneficiaries receiving support from PEPFAR OVC programs whose HIV status is known in program files (FY23 Target)
		OVC_SERV Comprehensive	OVC_SERV Preventative	OVC_SERV DREAMS	OVC*
Cabo Delgado	12,179	7,439	7,510	2,818	2,984
Cidade De Maputo	7,438	10,728	10,834	-	6,704
Gaza	13,450	16,660	16,608	10,178	10,459
Inhambane	6,601	5,607	5,562	1,135	3,525
Manica	12,745	13,233	13,364	6,163	8,270
Maputo	15,639	11,875	11,888	15,652	7,442
Nampula	16,713	15,752	15,906	14,249	9,637
Niassa	6,199				
Sofala	17,545	15,711	15,868	7,946	9,820
Tete	6,873	5,266	5,318		3,290
Zambezia	35,793	39,846	40,246	39,136	24,900
TOTAL	**151,175**	**142,117**	**143,104**	**97,277**	**87,031**

4.9 Cervical Cancer Program Plans

Cervical cancer is the highest cause of cancer-related death among HIV positive women in Mozambique, yet it is preventable and treatable. PEPFAR Mozambique will continue to scale up efforts in COP22 to ensure efficient implementation of cervical cancer screening and treatment

services in alignment with PEPFAR global guidance and MISAU policies. PEPFAR supports cervical cancer prevention (CECAP) services in Mozambique at all AJUDA health facilities through a screen and treat approach to ensure women are appropriately screened and offered treatment or referred for treatment in the same visit.

At the health facility level, cervical cancer prevention and care is integrated with reproductive health services, which are co-located with HIV care and treatment services in some health facilities. Patients with advanced precancerous lesions or apparent invasive cancer identified in primary level health services are referred to secondary and tertiary hospitals where they have access to colposcopy, loop electrosurgical excision procedure (LEEP) and surgical management as needed.

PEPFAR Mozambique rapidly scaled cervical cancer programs in COP20/FY21, screening 344,097 HIV+ women in a total of 569 RH/CECAP reporting sites and achieving 126% of PEPFAR Mozambique's annual national screening target. In COP20/FY21, 87% of women who screened visual inspection of the cervix (VIA)-positive had access to treatment through cryotherapy or LEEP. PEPFAR also tested feasibility and acceptability of thermal ablation treatment.

In COP21, PEPFAR Mozambique will invest a total of $5.5M to deepen its support for cervical cancer programming in Mozambique. The COP22 cervical cancer investment will continue direct support to MISAU's national cervical cancer program for policy development and creation and implementation of a QI strategy for CECAP. Mentoring and supervision to clinical providers will be reinforced through support of centrally-supported master trainers and the supervisory staff of clinical implementing partners. PEPFAR partners will continue to support LEEP services for treatment of advanced precancerous lesions via equipment repair, provider training, referral support and patient transfer subsidies as needed. In COP22, PEPFAR will also expand thermal ablation support from 198 sites in COP21 to a total of 541 in COP22/FY23, effectively ensuring that 100% of AJUDA sites are equipped to offer same day screen and treat services to women with low grade precancerous lesions. LEEP will be offered in 35 sites to maximize referral access nationally. To test better screening approaches, in COP21 PEPFAR will support a pilot of human papillomavirus (HPV) DNA testing in Maputo City in selected sites that reached 90% of screening and treatment coverage. In COP22 PEPFAR will support expansion of HPV DNA testing to more Maputo City sites.

Figure 4.9.1 - Remarkable growth in cervical cancer screening since 2018

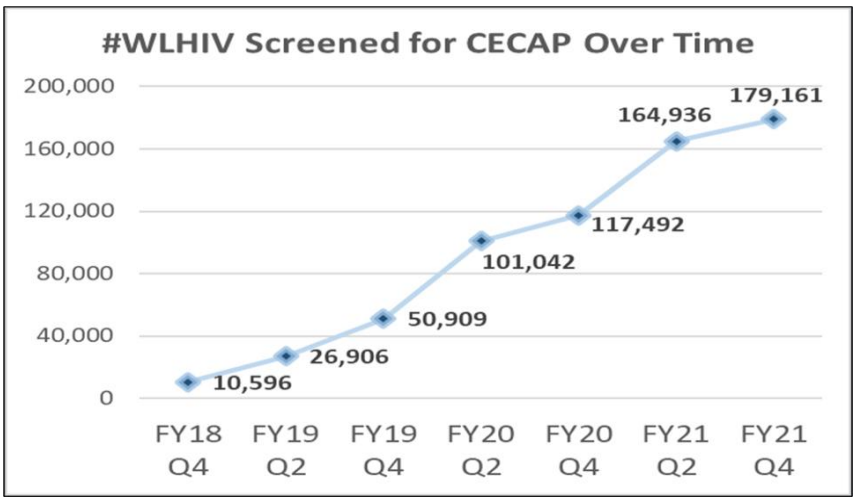
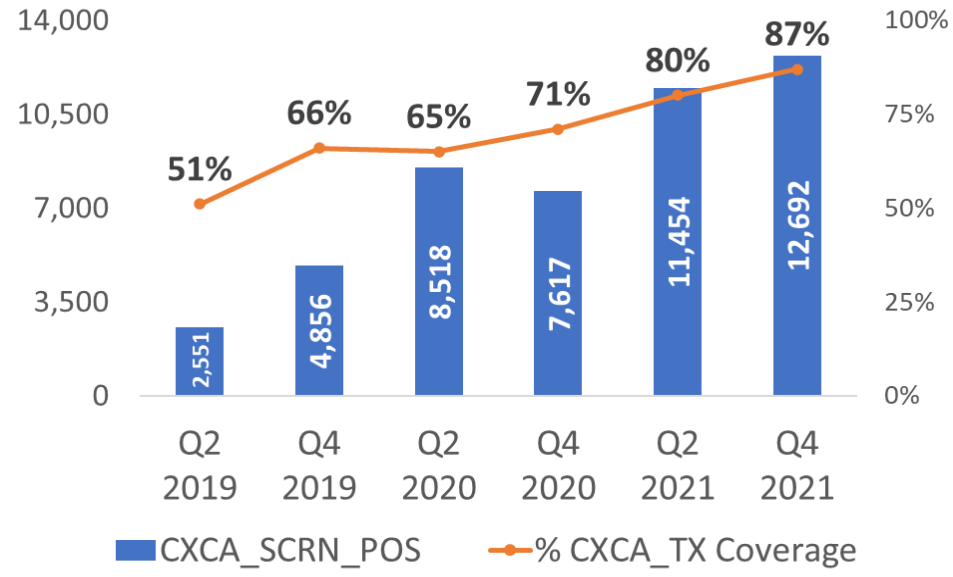


Figure 4.9.2 - Cervical Cancer Treatment Trends, 2019 - 2021



4.10 Viral Load and Early Infant Diagnosis Optimization

COP22 will continue to implement the country's national diagnostic network optimization to fully support VL and EID testing on conventional platforms at all ART sites nationally within the existing national laboratory network, as well as utilizing the m-PIMA POC instruments for EID. PEPFAR Mozambique funds in COP22 will cover 100% of VL and EID testing needs and include the multiplexing strategy on POC and near POC instruments. In COP21, PEPFAR is expanding the mPIMA platform from 137 to 158 sites and will maintain this commitment into COP22.

Service Level Agreements (SLA's) for VL and EID

As part of the DNO, PEPFAR Mozambique is tapping into globally negotiated all-inclusive Service Level Agreements (SLA's) for VL and EID reagents to expand testing capacity. An optimal laboratory network has been designed to bring in 12 high throughput instruments from different suppliers at different commitment thresholds to access the best global prices, reducing overall costs for the network. Through these efforts and ongoing equipment placement, VL capacity will increase from 2 to 2.8 million tests by Q1 of FY23. The laboratory network will comprise 12 high throughput VL/EID laboratories and 158 health facilities offering POC testing services for EID, enabling opportunities for same day results and treatment initiation.

Multiplexing

To increase access and improve VL testing coverage for PLW, Mozambique is leveraging the existing m-PIMA network for POC VL. This strategy allows VL testing for PLW and children <5y/o in the same facilities where GeneXpert or m-PIMA instruments are located and there is excess testing capacity beyond TB and EID testing. The multiplexing strategy has been launched on m-PIMA and will be implemented at 38 HFs in FY22. COP22 funds will expand multiplexing to 9 additional GeneXpert sites and evaluate the impact of POC VL for the target population.

TB DNA modeling demonstrated the need for additional GeneXpert instruments to improve access to TB diagnostic services. In close collaboration with the GF, the acquisition of additional instruments will be prioritized through all-inclusive SLA contracts.

Laboratory Information Systems

The PEPFAR Mozambique team is working with MISAU to implement improvements and create efficiencies in processes and procedures for expediting VL and EID results, performed on conventional and POC instruments. These improvements will continue through FY23 and include purchase of an unlimited LIS / DISA license that will significantly reduce costs for LIS expansion. The license will support the integration of m-PIMA instruments in the LIS, which will improve data accuracy and facilitate program management. To improve linkage of patients from diagnosis to ART and timely patient management, same-day test results on POC instruments will be prioritized at HFs with greater programmatic need in FY23. SMS messages alerting patients of the availability of their results at the health facility and a new EPTS Clinical Summary App designed to improve provider access to the OpenMRS database during consultation will also be implemented. Funds will expand DISA / EPTS Interoperability to all provinces to improve accuracy of data transfer and availability of results in EPTS.

Recognizing that optimization is a continuous process, in COP22 the PEPFAR Mozambique team will adopt the Opti Dx tool supported by the CDC headquarters International Laboratory Branch for continued network assessment and optimization. Optimization of the laboratory network will strengthen VL and EID diagnostic services, providing adequate laboratory capacity to meet VL and EID demand and ensuring that services are efficient, and produce timely, accurate, and reliable results.

5.0 Program Support Necessary to Achieve Sustained Epidemic Control

COP22 above site activities build upon the current portfolio, with supported interventions aligned with key barriers identified in the Sustainability Index Dashboard. The bulk of resources have been targeted at areas with red or yellow SID scores. Proposed activities essential to and/or contributing towards achieving epidemic control were prioritized. All activities include clear milestones that allow for comprehensive assessment and monitoring.

Overall, the COP22 budget for above site activities decreased despite the overall portfolio-wide flatlined budget, largely driven by a need for additional funding for commodities. Above -site investments have been consistently reduced as a percentage of the overall budget, however in COP21 the budget increased to 6% compared to 4% in COP20. In COP22 the above site budget dropped to 4.6%.

The above site activities in COP22 either reflect an expansion or maintenance of COP21 activities, as well as new critical interventions aiming to support person-centered HIV care. They provide critical support across key systems areas, including health information systems, laboratory systems, supply chain strengthening, and infrastructure. PEPFAR Mozambique continues to focus on efficiency (financial, programmatic, and technical) to inform the selection of above site activities. The above site investments align with key programmatic priorities, including DSD scale-up, quality improvement and VL network scale-up.

COP22 planning for above site investments continued a trend of excellent coordination with MISAU and other donors. Critical planning meetings were held at technical and management levels, which allowed for engagement with key partners to align expectations. Program sustainability was a topic of discussion that was noted as an area requiring further dialogue between PEPFAR Mozambique and GRM. PEPFAR Mozambique above site investments are aligned with GRM strategies, with a focus to develop and disseminate information for decision-making, and evidence-based resource planning, to monitor epidemics and diseases and measure the health status of the population. PEPFAR Mozambique is strengthening digital health investments and maintaining critical investments in HIV patient monitoring, pharmacy, laboratory and m-Health systems that are interoperable to provide complete and timely data and to improve patient care. PEPFAR Mozambique is strengthening the national community platform through CNCS and has also aligned its HRH and supply chain support with national strategies, namely the HR retention plan and the pharmaceutical logistics strengthening plan. PEPFAR Mozambique continues efforts to align its HRH compensation scale to government salary scales.

The program is maintaining strategic investments in surveys, research, and evaluation, which will all contribute to improving program efficiencies. A case-based surveillance pilot will help improve quality improvement through an assessment of retention, quality, and impact of programs. The health and demographic surveillance system (HDSS) Polana Caniço project, using community-based surveillance platforms, will contribute to improved understanding of quality and efficiency of programs. Key population size estimations will provide improved data that will increase the efficiency of programs focused on key populations.

All above site activities have SMART targets and timelines. The benchmarks are realistic and are routinely used for quarterly program monitoring. Benchmarks were reviewed and improved during the COP22 development process.

6.0 USG Operations and Staffing Plan to Achieve Stated Goals

PEPFAR Funded Positions by Agency

Funding Type	USAID	CDC	DOD	State	PC	Total
Fully PEPFAR-Funded Positions	71	89	4	13	12	189
Partially PEPFAR-Funded Positions	11	2	0	0	0	13
Total	**82**	**91**	**4**	**13**	**12**	**202**
Breakdown of Positions						
USDH	11	21	0	1	0	33
USPSC	8		0			8
LES	63	70	4	12	12	161
Filled	75	78	4	12	10	179
Currently Vacant	7	13	0	1	2	23

The section below includes the staffing profile of the five USG agencies comprising PEPFAR Mozambique and their current staffing status. There are currently a total of 202 positions for PEPFAR Mozambique implementing agencies. Of these, 189 positions are fully PEPFAR-funded positions (94%) which allocate 100 percent of their time to PEPFAR, and only 13 positions are partially PEPFAR-funded positions (6%).

Of the 202 positions, 33 positions (16%) are slated for US Direct Hires (USDH), 8 positions (4%) are slated for US Personal Services Contractor (USPSC) and 161 positions (80%) are slated for Host Country National (HCN) positions.

Currently, 179 positions (89%) are filled, and 23 positions (11%) are vacant.

The total COP22 operating unit (OU) cost of doing business (CODB) budget is $42,427,767, a decrease of $196,716 (or 0.5%) from COP21.

Department of State (DoS)

The State PEPFAR positions are responsible for ensuring regular and productive engagement among agency leadership and across technical teams, as well as with external stakeholders, to help ensure optimal complementarity of PEPFAR-funded interventions with other programs in country. This includes facilitation of program and policy coordination, interagency coordination, and coordination with national leadership of the country in which PEPFAR operates, including civil society and key beneficiaries of HIV programs, as well as with international organizations and other donor governments working on programs to combat HIV/AIDS.

In COP22, State proposes no new positions, but proposes the repurposing of one locally-employed staff position from Program Support Specialist to DREAMS Strategic Information (SI) Advisor. This dedicated SI position in the DREAMS program is to help support program supervision to ensure program quality. This position will work in the PEPFAR Coordination Office under the DREAMS coordinator and will support the interagency team as well as provide direct support to Implementing Partner'sip on data review and analysis, M&E supervision, including use of tools and data quality.

State has a total of 13 fully PEPFAR-funded positions at a 100 percent allocation, of which 12 are locally employed staff (LES) and 1 is a USDH. Of these 13 positions, 12 are filled and 1 is vacant. The vacant position is the LES position we would like to repurpose in COP22.

State CODB increased in COP22 by 5% due to the 168% increase in International Cooperative Administrative Support Services (ICASS) and an increase in Capital Security Tax.

Health and Human Services (HHS)/CDC

CDC is requesting three new LES positions to support the PEPFAR Mozambique portfolio in COP22. CDC has a total of 11 vacant positions, three of which are USDHs, and 8 of which are HCNs. Three locally employed staff (LES) positions were recently vacated due to internal promotions to other positions and are being readvertised. The remaining are pending classification for recruitment or in recruitment status. Two of the USDHs have been selected and are awaiting the relocation process, while the third vacancy is in recruitment. All recruitment efforts will follow Embassy HR guidance for HCN positions and CDC Human Resources Office guidance for the USDH position.

The interagency team has a balanced mix of qualified personnel to accommodate business process coverage. ICASS services are robust in the embassy work environment and non-ICASS CODB support operations are fully functioning. The extramural aspect of intra-agency partner management and oversight has become a strength of the PEPFAR program over the past several years. Effective and efficient partner management is a key interagency focus, and the team has continued to bolster the technical assistance and oversight needed to prioritize G2G investments while striving towards a transition to local partners. Hence, CDC is requesting two Cooperative Agreement Specialists which will bring the total to eight allowing for enhanced financial and administrative monitoring and capacity building to G2G Partners, as well as increasing transition of HIV services to local partners.

The request for one Evaluation Administrator will provide technical support to the Office of the Associate Director for Science (OADS) to improve management of the CDC evaluation portfolio: ensuring compliance with US policies and guidelines, monitoring data collection conducted by partners, routing scientific products for timely review and clearance in-country and in Atlanta, ensuring compliance with training requirements, and managing communications across multidisciplinary teams of internal and external stakeholders.

Workspace and necessary equipment were moved to the New Embassy Compound (NEC) in Maputo in September 2021. CDC has a Cost of Doing Business 1.2% higher than COP21. The

reason for the increase is to cover for a HCN salary increase of 4% that was approved last FY and corresponding salary step increases. Furthermore, CDC has added three new LES positions.

Department of Defense (DoD)

DoD remains with 4 PEPFAR-funded positions. This staffing footprint has been able to cover all agency programmatic needs and proved to be efficient and able to achieve program goals and priorities during the stressful periods of COVID-19 and, because of that, the agency is not requesting new positions.

The DoD team has been an active member in the interagency business process coverage, participating on all fronts namely interagency meetings, joint site visits and technical discussions with MISAU, without impacting the team's ability to monitor and assist the agency IP.

DoD has been very effective in conducting SIMS. Even during the worst periods of COVID-19, and with travel restrictions in place, over 58% of the agency's sites were visited at least once. Usually, all members of the team take part in this effort, covering the sites and specific program areas. So far, this strategy has been very effective, and the agency plans to continue with the same approach in COP22.

Two staff members (DoD's Treatment Advisor and DoD's SI Advisor) will be responsible to advance and monitor site level program requirements for linkage and retention, as well as ensure effective client-centered services.

Due to DoD teams being historically small, the members tend to develop multitasking skill sets and competencies to make sure they are consistently covering the needs of the program. With headquarters' support, the team receives regular trainings (virtual and/or in-person). DoD's headquarters, the Department of Defense HIV/AIDS Prevention Program (DHAPP), also created a regional position so that technical support is much closer and in almost the same time zone to speed up the responses for assistance.

In COP22, with COVID-19 restrictions being gradually lifted, the agency proposes a 18% increase in the CODB level mainly due to expected increase in the staff travel costs related to site visits, SIMS visits, annually increased salaries and international trainings that are planned to be in person rather than virtual. Our proposed increase is also intended to accommodate the inflated tourism market in Mozambique post-COVID-19. We are also taking into consideration a cost increase in the agencyA's fuel consumption and car maintenance.

United States Agency for International Development (USAID)

USAID has 82 PEPFAR-funded positions, including 11 that are partially PEPFAR-funded. In COP22, S/GAC approved an additional PEPFAR-funded position for USAID, bringing the total number of PEPFAR-funded positions to 83. The primary focus of this new LES position, A&A Specialist, will be supporting the continued transition of HIV services from international to local partners.

USAID has reviewed the PEPFAR-funded positions, including the vacant positions, and concluded that the staffing footprint is in line with programmatic and analytic needs of the portfolio.

USAID continues to carefully assess its footprint across the Mission and will undertake an intensive level of effort review process prior to COP23.

Currently, USAID has 7 vacancies. Two of these vacancies are new positions created during COP21 and both are expected to be advertised by FY22 Q4. The USDH position has been advertised, and the candidate will be selected by May 2022. With two other positions, the recruitment process is ongoing, with candidates having been selected and expected to start in FY22 Q3. With the final two vacancies, one is in the recruitment phase and the position announcement has been made while the other will be advertised by the end of the fiscal year.

USAID proposes for COP22 a Cost of Doing Business a total of $14,377,556, a 4% decrease compared to COP21.

Peace Corps

Peace Corps has a total of 12 fully PEPFAR-funded positions in COP22, all of which are LE Staff. The Peace Corps COP22 staffing structure represents a reduction of 4 staff in comparison to COP21, as a result of staff restructuring and rightsizing. Two positions are vacant and will be advertised by March 31, 2022. Our COP22 Total CODB is flat lined compared with COP21.

APPENDIX A -- PRIORITIZATION

snu1	psnu	SNU Prioritization	fiscal year	<01		01-04		05-09		10-14		15-19		20-24		25-29		30-34		35-39		40-44		45-49		50+		Total
				F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Cabo Delgado	Ancuabe	Sustained	FY19	30%	57%	55%	65%	73%	39%	71%	22%	81%	8%	72%	33%	63%	43%	71%	49%	59%	48%	50%	47%	37%	42%	46%	47%	54%
Cabo Delgado	Ancuabe	ScaleUp	FY20	37%	57%	44%	51%	60%	43%	89%	21%	74%	9%	74%	31%	62%	34%	75%	53%	60%	49%	56%	48%	40%	49%	50%	57%	60%
Cabo Delgado	Ancuabe	ScaleUp	FY21	80%	78%	76%	66%	96%	56%	17%	42%	13%	39%	3%	57%	93%	61%	8%	73%	94%	79%	82%	72%	73%	74%	79%	86%	85%
Cabo Delgado	Ancuabe	ScaleUp	FY22	80%	83%	76%	71%	96%	61%	17%	42%	13%	39%	3%	57%	93%	61%	1%	75%	94%	79%	86%	72%	73%	74%	79%	86%	86%
Cabo Delgado	Ancuabe	Sustained	FY23	30%	39%	94%	89%	1%	70%	22%	47%	17%	50%	5%	75%	6%	76%	3%	87%	3%	92%	96%	81%	80%	86%	89%	96%	98%
Cabo Delgado	Balama	Sustained	FY19	0%	25%	36%	49%	19%	21%	71%	13%	58%	13%	53%	27%	43%	29%	32%	31%	24%	37%	23%	26%	11%	17%	11%	22%	29%
Cabo Delgado	Balama	ScaleUp	FY20	18%	19%	17%	43%	4%	9%	48%	20%	19%	4%	23%	12%	18%	11%	17%	16%	16%	20%	11%	14%	6%	10%	6%	13%	24%
Cabo Delgado	Balama	ScaleUp	FY21	55%	44%	38%	57%	33%	15%	76%	40%	79%	65%	46%	43%	38%	27%	35%	35%	40%	45%	29%	37%	29%	43%	21%	35%	37%
Cabo Delgado	Balama	ScaleUp	FY22	55%	44%	38%	63%	33%	18%	90%	40%	79%	65%	46%	43%	38%	27%	35%	35%	40%	45%	29%	37%	29%	43%	21%	35%	37%
Cabo Delgado	Balama	Sustained	FY23	23%	31%	47%	69%	37%	18%	10%	45%	97%	75%	55%	52%	44%	33%	41%	41%	45%	54%	33%	43%	33%	50%	25%	40%	43%
Cabo Delgado	Chiure	ScaleUp	FY19	36%	38%	63%	73%	80%	63%	80%	36%	86%	16%	78%	45%	76%	53%	80%	62%	75%	64%	58%	55%	44%	56%	48%	56%	64%
Cabo Delgado	Chiure	ScaleUp	FY20	33%	41%	63%	70%	78%	60%	11%	41%	78%	25%	83%	46%	77%	59%	82%	63%	77%	71%	63%	56%	53%	63%	56%	67%	74%
Cabo Delgado	Chiure	ScaleUp	FY21	40%	65%	72%	77%	99%	75%	16%	50%	13%	73%	9%	80%	9%	87%	9%	0%	9%	3%	87%	82%	82%	97%	83%	94%	97%
Cabo Delgado	Chiure	ScaleUp	FY22	40%	65%	84%	90%	6%	80%	17%	56%	14%	73%	4%	81%	2%	89%	8%	0%	4%	6%	94%	85%	84%	98%	84%	0%	1%
Cabo Delgado	Chiure	Sustained	FY23	31%	41%	98%	3%	4%	86%	18%	60%	17%	87%	7%	0%	6%	6%	0%	6%	5%	0%	2%	95%	93%	1%	94%	0%	4%

Cabo Delgado	Ibo	Sustained Central	FY 19	0%		71 %	40 %	40 %	0 %	50 %	0 %	6%		31 %	14 %	15 %	23 %	13 %	13 %	11 %	7 %	15 %	5 %	21 %	4 %	15 %	26 %	26 %
Cabo Delgado	Ibo	Support Central	FY 20			0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	42 %
Cabo Delgado	Ibo	Support Central	FY 21	10 0%	10 0%	29 %	20 %	40 %	20 %	10 0%	25 %	20 0%	18 8 %	62 %	68 %	45 %	38 %	44 %	32 %	56 %	33 %	68 %	39 %	94 %	56 %	52 %	41 %	55 %
Cabo Delgado	Ibo	Support Central	FY 22	10 0%	10 0%	43 %	40 %	60 %	40 %	15 0%	50 %	20 6%	18 8 %	63 %	68 %	46 %	38 %	46 %	32 %	58 %	33 %	70 %	39 %	97 %	56 %	57 %	41 %	57 %
Cabo Delgado	Ibo	Support	FY 23			57 %	60 %	80 %	60 %	20 0%	75 %	23 8%	22 5 %	73 %	82 %	54 %	46 %	53 %	38 %	67 %	40 %	81 %	47 %	11 2 %	67 %	67 %	50 %	67 %
Cabo Delgado	Macomia	ScaleUp	FY 19	11 %	10 %	26 %	36 %	24 %	13 %	36 %	10 %	30 %	3 %	25 %	13 %	21 %	14 %	28 %	16 %	26 %	22 %	22 %	18 %	14 %	16 %	17 %	18 %	26 %
Cabo Delgado	Macomia	ScaleUp	FY 20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Cabo Delgado	Macomia	ScaleUp	FY 21					4 %	3 %		2 %	3%		3 %	2 %	3 %	3 %	5 %	3 %	6 %	2 %	7 %	3 %	4 %	5 %	3 %	4 %	4 %
Cabo Delgado	Macomia	ScaleUp	FY 22					4 %	3 %		2 %	3%		3 %	2 %	3 %	3 %	5 %	3 %	6 %	2 %	7 %	3 %	4 %	5 %	3 %	4 %	4 %
Cabo Delgado	Macomia	ScaleUp	FY 23					4 %	3 %		2 %	4%		3 %	2 %	3 %	3 %	5 %	4 %	6 %	2 %	7 %	3 %	4 %	5 %	3 %	4 %	4 %
Cabo Delgado	Mecufi	Sustained	FY 19	75 %	50 %	59 %	50 %	42 %	86 %	13 3%	33 %	33 %	14 %	52 %	25 %	52 %	25 %	62 %	50 %	56 %	50 %	46 %	40 %	41 %	50 %	34 %	67 %	48 %
Cabo Delgado	Mecufi	ScaleUp	FY 20	25 %	0%	26 %	50 %	65 %	43 %	44 %	28 %	26 %	3 %	28 %	7 %	24 %	18 %	33 %	24 %	39 %	32 %	37 %	24 %	28 %	29 %	26 %	48 %	48 %
Cabo Delgado	Mecufi	ScaleUp	FY 21	15 0%	15 0%	65 %	88 %	10 8 %	64 %	17 8%	78 %	14 6%	41 %	72 %	24 %	56 %	33 %	74 %	46 %	74 %	42 %	78 %	41 %	72 %	62 %	58 %	73 %	64 %
Cabo Delgado	Mecufi	ScaleUp	FY 22	15 0%	15 0%	65 %	92 %	11 2 %	79 %	17 8%	78 %	14 9%	41 %	72 %	25 %	56 %	33 %	74 %	46 %	81 %	49 %	82 %	42 %	78 %	62 %	59 %	75 %	67 %
Cabo Delgado	Mecufi	ScaleUp	FY 23	25 %	33 %	79 %	2 %	11 3 %	79 %	12 20 0%	78 %	17 9%	55 %	86 %	33 %	65 %	43 %	82 %	55 %	88 %	57 %	91 %	52 %	87 %	74 %	67 %	83 %	76 %
Cabo Delgado	Meluco	Sustained	FY 19	25 %	17 %	25 %	24 %	56 %	36 %	38 %	18 %	47 %	3 %	25 %	9 %	27 %	14 %	41 %	19 %	46 %	26 %	32 %	26 %	21 %	19 %	19 %	35 %	29 %
Cabo Delgado	Meluco	ScaleUp	FY 20	50 %	17 %	13 %	20 %	24 %	20 %	13 %	18 %	16 %	0 %	28 %	4 %	22 %	9 %	30 %	11 %	32 %	16 %	23 %	21 %	17 %	16 %	14 %	29 %	25 %
Cabo Delgado	Meluco	ScaleUp	FY 21	50 %	67 %	31 %	24 %	28 %	32 %	75 %	24 %	50 %	37 %	34 %	22 %	30 %	14 %	35 %	28 %	39 %	28 %	40 %	34 %	31 %	27 %	24 %	40 %	31 %

Cabo		ScaleU	FY	63	83	31	28	40	32	75	29	50	37	41	22	33	18	42	28	47	29	40	38	31	31	24	46	35
Delgado	Meluco	p	22	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	13	17	38	36	44	36	88	35	72	43	49	29	39	25	47	36	53	34	43	44	34	35	27	53	40
Delgado	Meluco	p	23	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		Sustai	FY	40		52	64	36	33	10	6	45	3	40	15	34	23	37	28	30	28	30	25	24	25	28	34	33
Delgado	Metuge	ned	19	%	9%	%	%	%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	13	27	20	34	32	37	88	15	37	5	28	13	33	22	31	26	27	20	30	22	24	30	28	34	40
Delgado	Metuge	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	93	10	52	70	62	55	14	65	12	84	73	50	66	51	66	53	64	57	61	55	60	65	55	70	64
Delgado	Metuge	p	21	%	0%	%	%	%	%	7%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	93	10	52	70	64	59	17	65	12	84	73	50	66	51	66	53	64	57	61	55	60	65	55	70	64
Delgado	Metuge	p	22	%	0%	%	%	%	%	1%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
													10															
Cabo		ScaleU	FY	27	36	62	81	70	61	18	71	16	2	88	64	80	65	78	66	72	72	69	64	69	76	62	84	75
Delgado	Metuge	p	23	%	%	%	%	%	%	2%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo	Mocimboa	ScaleU	FY	22	29	47	44	66	50	50	33	42	9	38	11	38	23	45	30	39	33	34	35	30	29	39	42	36
Delgado	Da Praia	p	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo	Mocimboa	ScaleU	FY			0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delgado	Da Praia	p	20	0%	0%	%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo	Montepue	ScaleU	FY	33	37	71	90	72	75	14	71	10	29	91	54	76	57	75	74	66	72	50	59	40	59	44	92	66
Delgado	z	p	19	%	%	%	%	%	%	0%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo	Montepue	ScaleU	FY	28	40	50	63	61	61	13	57	68	19	68	29	56	36	60	49	56	62	42	50	36	49	40	82	65
Delgado	z	p	20	%	%	%	%	%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			10		11	11													12	
Cabo	Montepue	ScaleU	FY	10	60	67	81	3	97	26	2	16	4	5	66	85	62	95	83	92	98	75	90	70	89	77	1	90
Delgado	z	p	21	5%	%	%	%	%	%	7%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			10		11	11							10						13	
Cabo	Montepue	ScaleU	FY	10	60	72	86	3	97	26	2	16	5	5	68	88	65	96	83	93	1	75	90	70	92	77	1	91
Delgado	z	p	22	5%	%	%	%	%	%	7%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							10	11	11		11		14	13		10		10	10	10	12		10		10		14	10
Cabo	Montepue	ScaleU	FY	33	43	90	2	5	0	30	3	20	1	8	88	3	83	9	2	6	1	85	5	79	6	89	6	6
Delgado	z	p	23	%	%	%	%	%	%	7%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	16	34	44	45	52	48	70	28	87	9	61	30	52	40	54	48	44	43	42	37	26	35	34	44	45
Delgado	Mueda	p	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	15	14	23	32	42	41	66	25	43	7	44	14	42	20	43	30	39	34	35	31	27	27	30	35	42
Delgado	Mueda	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	46	36	32	32	58	42	10	43	93	40	60	27	54	32	56	38	56	48	55	43	52	47	41	49	49
Delgado	Mueda	p	21	%	%	%	%	%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	46	36	37	43	62	53	10	43	98	42	69	32	63	35	65	45	62	53	59	50	52	50	47	55	55
Delgado	Mueda	p	22	%	%	%	%	%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	15	20	43	52	67	58	12	48	12	51	78	42	68	43	70	53	67	60	64	55	59	57	51	62	61
Delgado	Mueda	p	23	%	%	%	%	%	%	3%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	18	21	53	76	65	52	90	18	12	13	75	57	47	40	55	46	46	48	47	47	34	49	43	64	51
Delgado	Muidumbe	p	19	%	%	%	%	%	%	%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY			0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delgado	Muidumbe	p	20	0%	0%	%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Cabo		ScaleU	FY			2	1	2	4		3		1	4	2	3	3	4	3	3	3	3	3	4	2	3	3	3
Delgado	Muidumbe	p	21			%	%	%	%	7%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY			2	1	2	4		3		1	4	2	3	3	4	3	3	3	3	3	4	2	3	3	3
Delgado	Muidumbe	p	22			%	%	%	%	7%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY			2	1	2	4		3		1	5	2	3	4	4	3	3	3	3	4	4	3	3	3	3
Delgado	Muidumbe	p	23			%	%	%	%	7%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		Sustai	FY	11	14	11	14	9	7	20	4	31	6	24	15	19	16	22	23	15	20	10	15	7	13	6	11	15
Delgado	Namuno	ned	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY			6	10	5	5	11	3	13	3	10	6	8	5	10	9	8	9	6	7	4	7	4	6	14
Delgado	Namuno	p	20	2%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	27	16	14	16	13	10	36	8	51	43	25	24	19	17	20	20	20	21	18	20	17	20	13	18	20
Delgado	Namuno	p	21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	27	16	14	16	13	10	36	8	52	43	25	24	19	17	21	20	20	21	18	20	17	20	13	18	20
Delgado	Namuno	p	22	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY			18	20	15	11	45	9	62	52	29	30	22	21	23	23	22	24	20	24	19	23	15	20	23
Delgado	Namuno	p	23	6%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		Sustai	FY		18	21	59	53	45	76	26	58	6	38	9	45	26	48	34	43	38	44	35	23	32	26	39	38
Delgado	Nangade	ned	19	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY			13	37	45	37	76	41	28	2	25	5	28	19	37	29	36	30	38	33	29	27	27	48	36
Delgado	Nangade	p	20	7%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	27		16	26	43	22	82	32	52	35	25	13	26	14	34	23	34	26	40	33	39	29	30	39	30
Delgado	Nangade	p	21	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	27	18	21	43	60	45	11	53	67	35	39	15	40	26	52	37	53	40	56	46	50	39	41	62	44
Delgado	Nangade	p	22	%	%	%	%	%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	13	18	30	57	66	47	12	53	81	44	44	20	46	30	57	42	58	46	62	53	56	44	45	69	50
Delgado	Nangade	p	23	%	%	%	%	%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		Sustai	FY	25	17	59	40	48	53	92	31	37	4	30	10	34	23	48	29	38	25	29	31	23	24	20	30	33
Delgado	Palma	ned	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	38	17	47	16	59	50	67	35	34	7	21	12	33	14	38	29	39	25	33	24	20	18	22	26	33
Delgado	Palma	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	25	33	50	24	63	53	83	42	58	20	28	18	37	17	43	31	44	27	40	26	29	21	28	27	32
Delgado	Palma	p	22	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		ScaleU	FY	13	17	56	28	70	57	92	46	77	24	36	24	43	23	48	34	48	30	42	29	31	23	31	30	37
Delgado	Palma	p	23	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10																			10	
Cabo		ScaleU	FY	33	41	58	78	8	93	18	83	58	22	61	26	63	31	70	46	67	53	61	54	60	62	72	1	61
Delgado	Pemba	p	19	%	%	%	%	%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								12	11																		13	
Cabo		ScaleU	FY	31	46	64	85	6	8	23	93	60	31	62	22	71	34	82	51	78	62	72	65	76	76	95	0	74
Delgado	Pemba	p	20	%	%	%	%	%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							10	14	14		13							10		10		10		10	10	13	16	
Cabo		ScaleU	FY	57	46	78	0	5	0	29	7	94	50	88	36	91	50	1	67	7	85	0	86	7	2	1	4	95
Delgado	Pemba	p	21	%	%	%	%	%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							11	16	15		13							11		11		10		11	10	13	17	10
Cabo		ScaleU	FY	57	62	87	3	5	6	32	7	10	53	91	36	99	50	3	72	2	87	5	91	3	8	7	8	1
Delgado	Pemba	p	22	%	%	%	%	%	%	1%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

						10	13	18	17		15			11		11		12		12	10	11	10	12	12	15	19	11
Cabo		ScaleU	FY	29	38	0	8	2	2	34	0	13	62	3	52	3	64	5	86	3	2	6	2	5	1	2	6	5
Delgado	Pemba	p	23	%	%	%	%	%	%	8%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		Sustai	FY	13	17	21	54	32	32	75	6	17	0	23	6	19	13	21	19	18	16	14	15	8	22	9	17	18
Delgado	Quissanga	ned Centra l	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cabo		Suppo	FY			0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delgado	Quissanga	rt	20			%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								10			17			10						12		10					10	
De		ScaleU	FY	28	32	53	60	9	98	24	4	11	75	3	35	79	45	92	64	1	88	5	91	69	84	60	4	85
Maputo	Kamavota	p Sat	19	%	%	%	%	%	%	2%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								11			17			10						12		11	10				12	
De		Attain	FY	30	29	43	54	1	95	24	2	12	85	4	40	82	44	95	65	7	93	8	6	78	92	70	0	92
Maputo	Kamavota	ed	20	%	%	%	%	%	%	5%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								10			18			10						13	10	12	11		10		13	
De		ScaleU	FY	30	16	40	55	3	89	26	8	14	86	8	49	84	49	93	63	8	5	5	6	90	7	78	2	98
Maputo	Kamavota	p	21	%	%	%	%	%	%	8%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								12	10		19		10	11				10		14	11	12	12		11		14	10
De		ScaleU	FY	33	34	47	62	3	6	28	9	14	2	7	53	89	58	2	77	0	4	9	9	90	4	78	6	5
Maputo	Kamavota	p	22	%	%	%	%	%	%	5%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								12	10		20		10	13				10		14	12	13	13		11		14	10
De		ScaleU	FY	37	45	51	67	6	8	28	3	15	3	0	59	94	63	5	82	4	0	2	4	91	7	79	9	9
Maputo	Kamavota	p	23	%	%	%	%	%	%	9%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade																												
De	Kamaxake	ScaleU	FY		28	29	30	60	48	12	77	77	36	55	23	42	23	49	33	71	47	78	53	61	53	50	80	54
Maputo	ni	p Sat	19	7%	%	%	%	%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade																												
De	Kamaxake	ScaleU	FY	16		24	26	59	37	12	81	75	41	51	25	40	21	47	30	69	46	84	57	67	58	53	85	55
Maputo	ni	p Sat	20	%	3%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade																												
De	Kamaxake	ScaleU	FY	16		20	19	53	39	10	73	79	44	46	29	39	20	43	27	70	45	87	57	74	63	57	90	55
Maputo	ni	p	21	%		%	%	%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade																											10	
De	Kamaxake	ScaleU	FY	16	14	26	27	66	42	13	89	82	50	54	31	43	25	49	35	75	54	92	68	75	70	58	3	61
Maputo	ni	p	22	%	%	%	%	%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade																											10	
De	Kamaxake	ScaleU	FY	14	17	28	28	66	43	13	90	88	51	57	33	44	27	50	36	76	56	92	69	75	71	59	4	62
Maputo	ni	p	23	%	%	%	%	%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade						14	13	30	23		60		28	26	14	26	13	35	21	44	29	33	27	25	24	21	31	28
De		ScaleU	FY	80	88	0	0	6	9	87	4	48	0	5	2	0	0	5	8	3	5	9	4	9	2	0	9	6
Maputo	Kampfumu	p Sat	19	%	%	%	%	%	%	8%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade						10	12	29	22		55		33	26	15	25	13	33	21	44	29	37	30	28	25	23	34	35
De		ScaleU	FY	13	88	0	1	4	7	83	7	50	1	3	3	4	1	9	2	2	7	2	0	2	9	2	6	2
Maputo	Kampfumu	p	20	0%	%	%	%	%	%	3%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Cidade						15	18	30	27		60	11	60	43	33	31	21	36	23	51	34	45	35	37	33	27	39	36
De		Attain	FY	43	55	4	3	0	1	87	4	44	3	8	7	5	0	9	4	6	4	0	3	4	1	9	4	7
Maputo	Kampfumu	ed	21	0%	0%	%	%	%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade						17	22	37	32	10	71	11	69	47	39	34	24	41	29	53	40	45	40	37	36	28	44	39
De		Attain	FY	43	55	4	6	3	5	22	3	84	7	4	0	7	9	2	7	6	1	8	2	4	4	2	4	6
Maputo	Kampfumu	ed	22	0%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade						17	23	37	33	10	72	12	70	50	40	36	26	42	30	54	41	46	41	37	36	28	44	40
De		Attain	FY	11	13	9	4	7	1	31	0	11	2	0	2	0	2	3	8	6	2	4	0	8	9	4	9	3
Maputo	Kampfumu	ed	23	0%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade											13																	
De	Kamubuk	ScaleU	FY	29	26	34	43	86	66	19	2	88	51	68	24	56	28	60	45	76	64	54	57	38	49	34	61	53
Maputo	wana	p Sat	19	%	%	%	%	%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade											14																	
De	Kamubuk	ScaleU	FY	19	21	33	36	83	63	22	5	10	54	74	28	57	30	63	49	83	69	66	66	43	54	40	72	65
Maputo	wana	p	20	%	%	%	%	%	%	6%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade											16																	
De	Kamubuk	ScaleU	FY	42	65	39	35	83	78	25	4	18	87	88	47	66	39	66	53	94	80	79	81	56	69	48	83	70
Maputo	wana	p	21	%	%	%	%	%	%	8%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade											18																	
De	Kamubuk	ScaleU	FY	42	65	44	47	98	82	27	0	18	94	96	52	69	48	72	64	97	89	79	88	56	74	48	93	74
Maputo	wana	p	22	%	%	%	%	%	%	5%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								10			18			10														
De	Kamubuk	ScaleU	FY	27	33	47	49	0	84	28	2	19	96	5	56	73	52	75	68	99	93	81	91	56	75	48	95	76
Maputo	wana	p	23	%	%	%	%	%	%	0%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								10	13		16					10		12		12		11					13	10
De		ScaleU	FY			0	50	0	3	25	7	18	67	75	0	8	25	6	45	7	91	2	96	93	47	55	0	2
Maputo	Kanyaka	p Sat	19			%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade							10		16		20					15		13		17		12	13	10			17	12
De		ScaleU	FY	10		0	0	75	7	45	0	18	83	67	14	2	25	2	50	9	91	7	0	7	79	93	0	8
Maputo	Kanyaka	p	20	0%		%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade							10	10	13		20		13			15		15		17	11	14	12	12	12	10	18	12
De		ScaleU	FY			67	0	0	3	30	0	30	3	92	57	2	42	0	60	9	4	2	2	1	1	5	7	9
Maputo	Kanyaka	p	21			%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade							20	12	23		26		15	10		18		15		20	12	15	16	13	12	11	22	14
De		ScaleU	FY			67	0	5	3	50	7	30	0	8	71	0	50	9	75	3	3	5	5	2	1	0	2	7
Maputo	Kanyaka	p	22			%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade							20	12	23		26		15	10		18		15		20	12	15	16	13	12	11	22	14
De		ScaleU	FY	10		67	0	5	3	50	7	30	0	8	71	4	50	9	75	3	7	5	5	2	1	0	2	8
Maputo	Kanyaka	p	23	0%		%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade											15			12		10		10		11								
De		ScaleU	FY	25	50	52	42	67	96	21	0	10	46	1	32	6	62	5	76	6	83	75	69	60	52	80	80	86
Maputo	Katembe	p Sat	19	%	%	%	%	%	%	1%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade											13									11								
De		ScaleU	FY	25		22	58	70	71	22	8	10	71	94	39	89	46	89	57	4	88	82	70	62	62	80	83	96
Maputo	Katembe	p	20	%	0%	%	%	%	%	8%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Cidade											15		11	12		11		10		13	10	11					10	10
De		ScaleU	FY	10	10	48	84	81	68	24	4	24	0	4	69	4	64	6	63	5	3	0	90	93	79	98	4	3
Maputo	Katembe	p	21	0%	0%	%	%	%	%	4%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								10			17		12	14		11		11		14	11	11					11	10
De		ScaleU	FY	10	10	48	95	0	96	28	9	24	3	3	80	8	73	2	77	0	6	0	96	93	87	99	1	9
Maputo	Katembe	p	22	0%	0%	%	%	%	%	9%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade							10	10			18		12	15		12		11		14	12	11	10			10	11	11
De		ScaleU	FY	50	50	52	0	0	96	30	3	26	7	2	86	3	81	5	82	3	0	2	0	96	91	1	5	3
Maputo	Katembe	p	23	%	%	%	%	%	%	0%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								12	10		12			14		14		18		24		22		16		13	10	12
De	Nlhamank	ScaleU	FY	75	56	98	84	4	0	16	9	11	51	7	34	4	49	7	60	8	84	4	83	5	83	0	5	7
Maputo	ulu	p Sat	19	%	%	%	%	%	%	8%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								10			12			15		14		18		25		25		19		14	12	13
De	Nlhamank	ScaleU	FY	60	63	83	72	5	95	18	5	10	61	2	41	1	45	4	59	3	86	7	94	0	94	8	0	5
Maputo	ulu	p	20	%	%	%	%	%	%	5%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade											12			14		14		17		26		27		21	10	16	13	14
De	Nlhamank	ScaleU	FY	35	38	84	78	84	80	18	7	12	72	7	49	2	46	4	54	3	89	8	99	5	9	2	1	1
Maputo	ulu	p	21	%	%	%	%	%	%	9%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade								11	10		14			16		15		19		27	10	28	11	21	11	16	14	15
De	Nlhamank	ScaleU	FY	45	56	95	83	3	4	21	2	12	78	9	55	3	58	6	69	6	4	4	4	5	7	4	6	2
Maputo	ulu	p	22	%	%	%	%	%	%	1%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Cidade						10		11	10		14			18		16		20		28	10	28	11	22	12	16	14	15
De	Nlhamank	ScaleU	FY	85	10	3	90	4	6	21	3	13	79	5	59	3	63	3	73	2	8	9	7	0	0	7	9	7
Maputo	ulu	p	23	%	6%	%	%	%	%	3%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			10			10													15	
		ScaleU	FY	32	39	55	68	6	96	19	1	13	19	7	21	84	45	88	56	95	66	80	62	66	56	82	6	78
Gaza	Bilene	p	19	%	%	%	%	%	%	0%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			12			11				10		10							18	
		ScaleU	FY	39	43	43	72	3	92	23	4	13	23	5	23	92	43	1	64	5	77	92	77	77	69	94	5	89
Gaza	Bilene	p	20	%	%	%	%	%	%	8%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											12			12		10		10		11		10				10	21	
		ScaleU	FY	13	32	42	59	97	92	23	5	15	31	4	26	4	44	7	65	9	91	4	88	94	83	4	0	98
Gaza	Bilene	p	21	%	%	%	%	%	%	4%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			12			14		10		11		11		10	10			10	21	10
		ScaleU	FY	32	46	43	68	2	92	24	5	18	31	3	37	7	62	1	79	9	96	4	1	94	89	4	7	4
Gaza	Bilene	p	22	%	%	%	%	%	%	1%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			12			15		11		11		12		10	10			10	22	10
		ScaleU	FY	34	46	46	72	4	94	24	6	20	32	2	39	1	65	3	83	1	99	6	3	96	92	6	1	7
Gaza	Bilene	p	23	%	%	%	%	%	%	3%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10												11							14	
		ScaleU	FY	24	34	60	71	2	96	16	80	10	22	90	17	77	31	86	46	1	65	98	64	70	52	89	9	79
Gaza	Chibuto	p Sat	19	%	%	%	%	%	%	6%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								11	10											11		11				10	17	
		ScaleU	FY	22	37	52	67	1	3	17	90	10	26	93	19	82	31	92	48	3	69	2	75	85	63	1	7	88
Gaza	Chibuto	p	20	%	%	%	%	%	%	6%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Gaza	Chibuto	ScaleUp	FY 21	39%	40%	44%	57%	109%	102%	19 2%	102%	13 3%	32%	99%	25%	86%	33%	95%	49%	123%	74%	125%	84%	101%	74%	114%	202%	94%
Gaza	Chibuto	ScaleUp	FY 22	39%	49%	51%	66%	111%	104%	19 2%	102%	16 6%	36%	124%	34%	98%	50%	104%	64%	126%	87%	125%	0%	101%	82%	114%	208%	102%
Gaza	Chibuto	ScaleUp	FY 23	35%	49%	53%	69%	114%	106%	19 5%	103%	17 8%	36%	131%	36%	101%	52%	106%	66%	129%	90%	126%	2%	102%	84%	115%	213%	104%
Gaza	Chicualacuala	ScaleUp	FY 19	0%	0%	57%	130%	90%	62%	94%	33%	47%	11%	63%	8%	87%	12%	60%	16%	120%	24%	106%	27%	99%	32%	135%	79%	84%
Gaza	Chicualacuala	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	87%
Gaza	Chicualacuala	Central Support	FY 21	1100%	1100%	157%	220%	110%	85%	12 2%	61%	30 0%	142%	120%	151%	75%	83%	73%	51%	194%	55%	114%	66%	102%	92%	196%	105%	94%
Gaza	Chicualacuala	Central Support	FY 22	1100%	1100%	157%	220%	110%	85%	12 2%	61%	30 0%	142%	130%	153%	81%	89%	77%	56%	197%	60%	114%	73%	102%	96%	198%	103%	98%
Gaza	Chicualacuala	Central Support	FY 23			164%	220%	110%	85%	12 8%	61%	31 4%	145%	136%	155%	85%	90%	80%	57%	101%	61%	119%	74%	109%	98%	102%	125%	99%
Gaza	Chigubo	Sustained	FY 19	0%	33%	30%	35%	50%	29%	60%	50%	36%	10%	37%	6%	35%	6%	29%	13%	135%	22%	144%	24%	127%	20%	141%	167%	92%
Gaza	Chigubo	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	102%
Gaza	Chigubo	Central Support	FY 21	750%	700%	130%	124%	105%	88%	30 0%	107%	77 3%	99%	101%	104%	102%	63%	94%	47%	107%	56%	113%	67%	103%	87%	176%	103%	109%
Gaza	Chigubo	Central Support	FY 22	750%	700%	130%	124%	105%	88%	30 0%	122%	80 0%	99%	100%	102%	107%	81%	104%	64%	126%	76%	117%	97%	108%	84%	182%	126%	102%
Gaza	Chigubo	Central Support	FY 23			135%	129%	109%	92%	31 0%	128%	83 2%	172%	128%	102%	101%	86%	108%	67%	131%	81%	122%	102%	114%	111%	185%	136%	125%

		ScaleUp Sat	FY 19	25 %	22 %	30 %	37 %	46 %	53 %	70 %	37 %	58 %	8 %	63 %	10 %	48 %	21 %	50 %	26 %	52 %	33 %	44 %	31 %	32 %	27 %	38 %	71 %	80 %
Gaza	Chokwe	ScaleUp	FY 20	8%	22 %	32 %	39 %	54 %	57 %	94 %	47 %	66 %	12 %	70 %	11 %	56 %	23 %	57 %	32 %	63 %	40 %	56 %	39 %	41 %	36 %	48 %	90 %	94 %
														13						10		10					15	
Gaza	Chokwe	ScaleUp	FY 21	14 9%	26 5%	48 %	73 %	82 %	87 %	14 8%	83 %	35 1%	86 %	5 %	78 %	94 %	63 %	89 %	58 %	2 %	73 %	2 %	75 %	93 %	83 %	82 %	1 %	93 %
														16		10				10		10		10			16	10
Gaza	Chokwe	ScaleUp	FY 22	14 9%	26 5%	56 %	84 %	82 %	90 %	15 0%	85 %	41 3%	91 %	3 %	90 %	3 %	77 %	96 %	70 %	7 %	82 %	6 %	87 %	0 %	92 %	87 %	3 %	2 %
														16		10				10		10		10			16	10
Gaza	Chokwe	ScaleUp	FY 23	29 %	41 %	58 %	87 %	84 %	91 %	15 2%	86 %	42 2%	92 %	8 %	92 %	6 %	80 %	98 %	73 %	9 %	84 %	7 %	89 %	1 %	94 %	88 %	6 %	4 %
								11	10																		10	
Gaza	Chonguene	ScaleUp	FY 19	46 %	47 %	68 %	70 %	4 %	7 %	20 1%	83 %	84 %	14 %	78 %	12 %	71 %	24 %	78 %	36 %	91 %	44 %	79 %	39 %	66 %	38 %	75 %	3 %	65 %
								11	10											10							12	
Gaza	Chonguene	ScaleUp	FY 20	33 %	41 %	65 %	71 %	9 %	5 %	24 2%	95 %	10 1%	18 %	93 %	15 %	81 %	28 %	90 %	45 %	3 %	51 %	93 %	49 %	76 %	51 %	87 %	4 %	76 %
								12			11			10				10		11		10					10	14
Gaza	Chonguene	ScaleUp	FY 21	33 %	24 %	51 %	65 %	5 %	97 %	24 6%	7 %	13 5%	24 %	4 %	19 %	92 %	28 %	0 %	43 %	7 %	63 %	6 %	57 %	87 %	62 %	0 %	2 %	85 %
								12	10		11			12		10		10		11		10					10	15
Gaza	Chonguene	ScaleUp	FY 22	33 %	41 %	62 %	71 %	5 %	4 %	24 8%	7 %	15 7%	27 %	6 %	30 %	0 %	47 %	4 %	60 %	8 %	71 %	6 %	74 %	90 %	71 %	0 %	2 %	92 %
								12	10		11			13		10		10		12		10					10	15
Gaza	Chonguene	ScaleUp	FY 23	42 %	59 %	66 %	75 %	7 %	7 %	25 0%	9 %	17 1%	28 %	5 %	31 %	5 %	49 %	8 %	62 %	1 %	73 %	8 %	76 %	91 %	73 %	2 %	5 %	95 %
							11	12						11		10		11		13		11					12	
Gaza	Guija	ScaleUp	FY 19	43 %	47 %	75 %	4 %	8 %	91 %	95 %	55 %	88 %	6 %	3 %	13 %	0 %	35 %	4 %	46 %	5 %	64 %	2 %	66 %	74 %	58 %	93 %	9 %	85 %
								13	10					12		11		12		15		13					11	15
Gaza	Guija	ScaleUp	FY 20	52 %	20 %	69 %	90 %	3 %	2 %	13 7%	65 %	90 %	11 %	6 %	19 %	2 %	34 %	6 %	52 %	1 %	74 %	6 %	83 %	92 %	70 %	3 %	8 %	98 %
								12						11		11		12		15		14		10			12	16
Gaza	Guija	ScaleUp	FY 21	57 %	73 %	54 %	67 %	1 %	98 %	14 8%	68 %	87 %	15 %	8 %	18 %	2 %	34 %	1 %	52 %	7 %	76 %	6 %	82 %	1 %	84 %	1 %	8 %	1 %
								13	10					14		12		13		16		14	10	10		12	17	11
Gaza	Guija	ScaleUp	FY 22	57 %	73 %	65 %	84 %	0 %	1 %	14 8%	68 %	12 2%	16 %	9 %	29 %	5 %	52 %	5 %	67 %	2 %	90 %	6 %	1 %	2 %	87 %	4 %	8 %	1 %
								13	10					15		13		13		16		14	10	10		12	18	11
Gaza	Guija	ScaleUp	FY 23	43 %	60 %	68 %	89 %	1 %	3 %	15 0%	69 %	13 0%	16 %	8 %	30 %	0 %	56 %	9 %	71 %	5 %	93 %	9 %	4 %	4 %	89 %	6 %	2 %	4 %
							11	11	11		12			10						11							16	
Gaza	Limpopo	new	FY 19	32 %	40 %	73 %	0 %	0 %	1 %	21 7%	4 %	10 3%	26 %	2 %	17 %	79 %	32 %	95 %	52 %	1 %	63 %	98 %	62 %	78 %	59 %	96 %	0 %	84 %

								11	12		13			10				10		11		11				10	18	
		ScaleUp	FY	44	44	66	94	5	1	25	6	10	42	8	28	86	32	1	55	6	70	5	77	92	69	7	8	93
Gaza	Limpopo		20	%	%	%	%	%	%	1%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								11	12		14			11				10		12		12		10		11	21	10
		ScaleUp	FY	15	32	51	72	8	0	27	8	12	47	0	31	95	34	4	56	8	80	7	86	4	79	8	4	1
Gaza	Limpopo		21	%	%	%	%	%	%	5%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								11	12		14			13		10		11		12		12	10	10		11	21	10
		ScaleUp	FY	24	36	62	88	8	1	27	8	15	49	3	41	0	50	0	69	8	87	7	0	4	87	8	8	7
Gaza	Limpopo		22	%	%	%	%	%	%	5%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								12	12		14			14		10		11		13		12	10	10		11	22	10
		ScaleUp	FY	41	56	63	91	0	2	27	9	16	50	1	43	3	52	2	72	0	90	8	2	5	89	9	2	9
Gaza	Limpopo		23	%	%	%	%	%	%	8%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	13	10	29	56	44	50	69	40	61	9	54	10	48	22	42	30	69	34	62	33	45	26	67	88	78
Gaza	Mabalane		19	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
																											10	
		ScaleUp	FY		20	18	47	44	44	66	40	43	11	56	8	48	24	46	36	71	37	67	40	50	27	69	6	80
Gaza	Mabalane		20	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														11				11		10		10		10		10	15	
		ScaleUp	FY	22	32	51	88	85	78	13	72	24	66	7	64	75	50	77	52	0	58	8	63	4	64	8	9	87
Gaza	Mabalane		21	5%	0%	%	%	%	%	1%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														14				11		11		10		11	15			
		ScaleUp	FY	22	32	53	91	85	78	13	72	28	66	3	64	92	60	87	61	8	64	4	73	6	64	3	9	94
Gaza	Mabalane		22	5%	0%	%	%	%	%	1%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														14						12		11		10		11	16	
		ScaleUp	FY	25	40	56	94	87	80	13	74	29	68	7	67	94	63	89	63	1	68	6	75	8	66	5	4	96
Gaza	Mabalane		23	%	%	%	%	%	%	4%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								14	12		12									10		10				10	18	
	Mandlakaze	ScaleUp Sat	FY	50	44	73	76	7	0	28	8	11	32	99	16	84	32	94	50	6	68	7	78	86	63	9	5	91
Gaza			19	%	%	%	%	%	%	5%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								15	12		13			11				10		11		11				12	21	10
	Mandlakaze	ScaleUp	FY	45		68	72	2	0	31	9	12	41	5	22	95	35	0	53	7	73	2	85	95	75	2	6	2
Gaza			20	%	6%	%	%	%	%	7%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								14	11		15			13		10		10		13		12		11		13	23	11
	Mandlakaze	ScaleUp	FY	59	56	62	78	2	8	34	8	17	51	0	32	7	38	7	60	6	85	4	96	1	96	7	8	1
Gaza			21	%	%	%	%	%	%	5%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								15	12		15			14		11		11		13		12	11	11		13	24	11
	Mandlakaze	ScaleUp	FY	59	56	70	79	2	4	34	8	20	53	9	40	4	56	4	72	6	95	5	1	1	98	7	4	8
Gaza			22	%	%	%	%	%	%	5%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								15	12		16			15		11		11		13		12	11	11	10	13	24	12
	Mandlakaze	ScaleUp	FY	32	44	75	85	4	5	35	1	21	54	9	43	8	59	7	75	9	97	7	4	3	0	9	9	1
Gaza			23	%	%	%	%	%	%	3%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
																											11	
		new	FY	50	25	27	78	65	53	11	65	60	18	56	5	53	18	43	22	56	31	48	38	52	40	46	1	76
Gaza	Mapai		19	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
																											11	
		ScaleUp	FY	17	50	43	48	62	79	13	65	94	16	53	12	50	17	49	25	62	29	55	42	52	44	53	8	81
Gaza	Mapai		20	%	%	%	%	%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Gaza	Mapai	ScaleUp	FY 21	13 3%	25 0%	59 %	81 %	78 %	11 2 %	21 4%	11 3 %	40 3%	88 %	13 3 %	59 %	96 %	42 %	86 %	38 %	10 7 %	61 %	10 6 %	71 %	11 5 %	83 %	95 %	18 9 %	94 %
Gaza	Mapai	ScaleUp	FY 22	13 3%	25 0%	62 %	81 %	81 %	11 2 %	21 4%	11 3 %	42 0%	88 %	14 4 %	64 %	97 %	53 %	87 %	51 %	10 8 %	65 %	10 6 %	87 %	11 5 %	94 %	95 %	18 9 %	98 %
Gaza	Mapai	ScaleUp	FY 23	33 %	50 %	65 %	85 %	84 %	11 5 %	22 1%	11 7 %	43 4%	92 %	15 4 %	69 %	10 0 %	56 %	89 %	53 %	11 0 %	68 %	10 7 %	90 %	11 7 %	98 %	97 %	19 6 %	10 1 %
Gaza	Massangena	Sustained	FY 19	33 %	50 %	21 %	57 %	58 %	78 %	20 0%	10 0 %	65 %	11 %	60 %	7 %	50 %	8 %	47 %	29 %	76 %	30 %	79 %	30 %	59 %	45 %	63 %	13 0 %	78 %
Gaza	Massangena	Central Support	FY 20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	10 2 %
Gaza	Massangena	Central Support	FY 21	76 7%	14 00 %	12 1 %	20 0 %	12 1 %	15 6 %	32 9%	21 5 %	87 0%	26 1 %	19 8 %	17 0 %	10 3 %	77 %	91 %	55 %	10 5 %	60 %	12 2 %	69 %	13 0 %	96 %	91 %	13 0 %	11 7 %
Gaza	Massangena	Central Support	FY 22	76 7%	14 00 %	12 1 %	20 0 %	12 1 %	15 6 %	32 9%	21 5 %	87 0%	26 1 %	20 8 %	17 0 %	10 8 %	85 %	93 %	64 %	10 6 %	70 %	12 2 %	83 %	13 0 %	10 4 %	92 %	14 1 %	12 2 %
Gaza	Massangena	Central Support	FY 23			12 6 %	20 7 %	12 6 %	16 1 %	34 3%	22 3 %	89 5%	27 1 %	21 4 %	17 7 %	11 1 %	88 %	96 %	66 %	10 9 %	72 %	12 5 %	86 %	13 4 %	10 8 %	95 %	14 6 %	12 3 %
Gaza	Massingir	Sustained	FY 19	71 %	60 %	67 %	70 %	72 %	62 %	16 4%	91 %	13 4%	17 %	77 %	13 %	64 %	22 %	60 %	30 %	73 %	38 %	66 %	49 %	49 %	50 %	76 %	17 1 %	80 %
Gaza	Massingir	ScaleUp	FY 20	14 %	0%	26 %	50 %	44 %	35 %	10 7%	57 %	83 %	23 %	48 %	13 %	40 %	11 %	43 %	18 %	52 %	24 %	49 %	36 %	36 %	32 %	51 %	11 7 %	85 %
Gaza	Massingir	ScaleUp	FY 21	28 6%	38 0%	64 %	12 0 %	11 6 %	84 %	25 0%	13 5 %	42 0%	12 6 %	12 2 %	76 %	82 %	42 %	76 %	40 %	10 5 %	57 %	10 0 %	62 %	10 6 %	85 %	98 %	20 1 %	92 %
Gaza	Massingir	ScaleUp	FY 22	28 6%	38 0%	69 %	12 0 %	11 6 %	84 %	25 0%	13 5 %	45 1%	12 8 %	14 4 %	89 %	89 %	56 %	82 %	52 %	10 5 %	64 %	10 3 %	83 %	10 6 %	95 %	10 4 %	21 0 %	10 0 %
Gaza	Massingir	ScaleUp	FY 23	29 %	40 %	74 %	12 3 %	12 1 %	13 86 %	26 4%	13 9 %	46 6%	13 2 %	15 0 %	94 %	91 %	59 %	85 %	55 %	10 7 %	67 %	10 5 %	85 %	10 8 %	99 %	10 5 %	21 8 %	10 2 %
Gaza	Xai-Xai	ScaleUp Sat	FY 19	24 %	40 %	60 %	64 %	13 0 %	11 7 %	37 5%	19 9 %	16 1%	60 %	85 %	26 %	74 %	33 %	87 %	45 %	10 7 %	66 %	10 8 %	82 %	10 9 %	81 %	11 5 %	24 8 %	91 %

								12	11		18									11		11		11		12	27	
		ScaleU	FY	29	32	41	54	8	2	39	4	16	63	88	32	76	33	90	46	2	70	9	90	7	92	7	0	98
Gaza	Xai-Xai	p	20	%	%	%	%	%	%	6%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								12	11		19									12		12	10	13	10	14	30	10
		ScaleU	FY	41	32	45	48	7	8	38	8	19	75	90	39	81	33	91	46	3	76	7	1	0	6	1	2	4
Gaza	Xai-Xai	p	21	%	%	%	%	%	%	9%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								13	11		19			11						12		12	11	13	11	14	30	11
		ScaleU	FY	41	36	45	56	1	8	40	8	23	80	8	51	90	51	98	60	3	88	9	7	0	6	1	9	2
Gaza	Xai-Xai	p	22	%	%	%	%	%	%	4%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								13	12		20			12				10		12		13	12	13	11	14	31	11
		ScaleU	FY	35	48	47	59	3	1	41	1	25	82	5	53	94	54	1	63	5	91	0	0	2	9	2	4	5
Gaza	Xai-Xai	p	23	%	%	%	%	%	%	2%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											10																11	11
Inhamba	Funhalour	Sustai	FY	25	67	83	59	57	91	14	0	10	24	51	0	49	32	57	27	84	34	66	30	54	37	93	3	7
ne	o	ned	19	%	%	%	%	%	%	3%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
									11		10																12	12
Inhamba	Funhalour	ScaleU	FY	25	10	75	47	91	4	14	0	73	38	51	0	55	29	68	36	82	44	69	33	57	39	95	8	4
ne	o	p	20	%	0%	%	%	%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						13	12	15	17		21		20	17	12	13		12		16		13		13	10	16	21	14
Inhamba	Funhalour	ScaleU	FY	32	40	3	9	2	3	35	3	55	0	2	7	0	91	6	78	3	90	5	80	3	0	9	0	2
ne	o	p	21	5%	0%	%	%	%	%	7%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						13	12	15	17		21		21	19	13	13	10	14		16	10	13		13	10	16	21	14
Inhamba	Funhalour	ScaleU	FY	32	40	3	9	2	3	35	3	59	0	5	7	8	6	5	93	3	2	5	92	5	2	9	0	9
ne	o	p	22	5%	0%	%	%	%	%	7%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						13	13	15	17		21		21	20	14	14	11	14		16	10	13		13	10	17	21	15
Inhamba	Funhalour	ScaleU	FY	50	67	8	5	2	3	35	3	60	9	0	7	1	2	7	97	5	7	7	96	7	7	1	7	2
ne	o	p	23	%	%	%	%	%	%	7%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
																												11
Inhamba		Sustai	FY	11		28	29	33	40	50	37	55	23	42	21	39	14	42	22	42	32	34	27	19	31	17	69	6
ne	Govuro	ned	19	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								13	11		11			18		11		12		11		10					16	11
Inhamba		ScaleU	FY	22	17	83	87	1	2	28	8	22	40	8	46	4	53	4	59	7	77	7	80	85	81	74	5	1
ne	Govuro	p	20	%	%	%	%	%	%	3%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								14	13		14			20		13		14		14		12	10	10	10		20	12
Inhamba		ScaleU	FY	33	83	78	74	8	0	38	7	27	77	9	79	2	81	8	87	1	98	9	6	8	0	94	7	5
ne	Govuro	p	21	%	%	%	%	%	%	3%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							10	14	13		14			23		13		14		14	10	12	11	11	10	10	20	13
Inhamba		ScaleU	FY	33	83	91	0	8	0	38	7	33	79	2	84	7	82	8	87	1	0	9	0	2	7	0	7	0
ne	Govuro	p	22	%	%	%	%	%	%	3%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							10	15	13		14			23		13		14		14	10	13	11	11	11	10	21	13
Inhamba		ScaleU	FY	44	67	93	3	0	0	38	7	34	81	7	89	9	89	9	91	2	4	0	3	3	0	1	0	2
ne	Govuro	p	23	%	%	%	%	%	%	9%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Inhamba		Sustai	FY	33	11	33	36	67	58	22	48	76	15	41	6	31	14	49	15	61	34	64	28	50	37	85	95	76
ne	Homoine	ned	19	%	%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
																											11	
Inhamba		ScaleU	FY	25		29	28	62	47	19	61	81	30	48	8	33	18	55	16	65	32	66	32	60	41	93	3	81
ne	Homoine	p	20	%	0%	%	%	%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Inhamba ne	Homoine	ScaleUp	FY 21	14 2%	18 9%	55 %	74 %	88 %	82 %	28 7%	14 2 %	34 5%	98 %	10 3 %	45 %	72 %	34 %	83 %	35 %	10 7 %	51 %	98 %	52 %	10 9 %	61 %	12 8 %	15 2 %	93 %
Inhamba ne	Homoine	ScaleUp	FY 22	14 2%	18 9%	58 %	74 %	92 %	82 %	35 3%	14 2 %	35 8%	10 0 %	12 1 %	54 %	76 %	49 %	91 %	46 %	10 7 %	63 %	10 1 %	65 %	10 9 %	71 %	13 0 %	15 8 %	99 %
Inhamba ne	Homoine	ScaleUp	FY 23	25 %	33 %	59 %	77 %	92 %	82 %	35 3%	14 2 %	36 8%	10 2 %	12 5 %	57 %	78 %	50 %	93 %	49 %	10 8 %	66 %	10 2 %	68 %	11 1 %	73 %	13 2 %	16 2 %	10 1 %
Inhamba ne	Inhamban e	Sustained	FY 19	25 %	50 %	48 %	62 %	10 2 %	77 %	37 7%	15 2 %	11 2%	57 %	47 %	26 %	48 %	23 %	60 %	36 %	71 %	49 %	63 %	41 %	64 %	66 %	10 8 %	18 7 %	73 %
Inhamba ne	Inhamban e	ScaleUp	FY 20	25 %	0%	42 %	47 %	73 %	46 %	39 2%	16 0 %	97 %	51 %	43 %	30 %	46 %	20 %	54 %	31 %	65 %	51 %	62 %	48 %	65 %	58 %	10 3 %	18 0 %	80 %
Inhamba ne	Inhamban e	ScaleUp	FY 21	11 7%	15 0%	59 %	71 %	96 %	79 %	48 5%	21 2 %	34 5%	17 3 %	10 1 %	66 %	72 %	39 %	74 %	43 %	92 %	68 %	91 %	75 %	10 7 %	86 %	14 3 %	23 1 %	94 %
Inhamba ne	Inhamban e	ScaleUp	FY 22	11 7%	15 0%	67 %	80 %	10 0 %	79 %	56 9%	23 2 %	35 2%	17 3 %	11 2 %	82 %	78 %	51 %	78 %	55 %	92 %	77 %	91 %	83 %	10 7 %	95 %	14 6 %	23 7 %	99 %
Inhamba ne	Inhamban e	ScaleUp	FY 23	25 %	38 %	69 %	82 %	10 0 %	79 %	57 7%	23 2 %	36 3%	18 1 %	11 5 %	88 %	80 %	54 %	80 %	57 %	94 %	80 %	92 %	86 %	10 9 %	98 %	14 8 %	24 2 %	10 1 %
Inhamba ne	Inharrime	ScaleUp Sat	FY 19	29 %	20 %	50 %	42 %	78 %	87 %	11 7%	69 %	78 %	35 %	50 %	8 %	43 %	20 %	61 %	24 %	65 %	28 %	59 %	42 %	55 %	39 %	81 %	11 1 %	76 %
Inhamba ne	Inharrime	ScaleUp	FY 20	36 %	30 %	41 %	52 %	97 %	92 %	12 8%	94 %	64 %	35 %	55 %	11 %	50 %	19 %	64 %	24 %	69 %	37 %	61 %	42 %	60 %	43 %	89 %	13 0 %	82 %
Inhamba ne	Inharrime	ScaleUp	FY 21	17 1%	23 0%	59 %	81 %	13 2 %	11 9 %	28 9%	18 3 %	26 8%	10 7 %	10 0 %	48 %	79 %	39 %	89 %	42 %	98 %	58 %	93 %	58 %	10 0 %	65 %	12 2 %	16 6 %	93 %
Inhamba ne	Inharrime	ScaleUp	FY 22	17 1%	23 0%	66 %	96 %	13 2 %	12 6 %	29 4%	18 3 %	28 2%	10 7 %	11 5 %	57 %	83 %	50 %	93 %	52 %	10 1 %	68 %	93 %	76 %	10 0 %	76 %	12 6 %	17 5 %	99 %
Inhamba ne	Inharrime	ScaleUp	FY 23	29 %	40 %	68 %	98 %	13 4 %	12 7 %	30 0%	18 6 %	29 3%	11 3 %	12 0 %	61 %	86 %	54 %	95 %	56 %	10 2 %	72 %	95 %	79 %	10 2 %	78 %	12 7 %	17 9 %	10 1 %
Inhamba ne	Inhassoro	Sustained	FY 19	31 %	0%	42 %	49 %	66 %	71 %	17 9%	59 %	11 9%	22 %	76 %	18 %	66 %	23 %	78 %	34 %	10 2 %	51 %	86 %	58 %	86 %	54 %	83 %	12 6 %	85 %
Inhamba ne	Inhassoro	ScaleUp	FY 20	8%	11 %	38 %	47 %	60 %	65 %	21 4%	82 %	11 6%	27 %	82 %	16 %	71 %	24 %	83 %	39 %	97 %	45 %	98 %	72 %	81 %	53 %	98 %	14 6 %	92 %

														12							12		12					12	17	
Inhamba		ScaleU	FY	62	78	43	55	80	70	25	97	25	78	1	45	86	39	96	53	2	62	8	85	98	74	2	2	99
ne	Inhassoro	p	21	%	%	%	%	%	%	7%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											10			13				10		12		12		10			12	17	10
Inhamba		ScaleU	FY	62	78	49	63	80	74	27	0	28	78	2	55	94	47	3	57	3	65	8	95	8	76	4	3	4
ne	Inhassoro	p	22	%	%	%	%	%	%	1%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											10			13				10		12		12		10			12	17	10
Inhamba		ScaleU	FY	38	56	51	63	81	74	27	0	29	80	5	59	96	49	4	59	4	67	9	96	9	77	5	4	5
ne	Inhassoro	p	23	%	%	%	%	%	%	5%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
																											10	
Inhamba		Attain	FY	30	86	30	46	60	52	13	58	59	8	42	7	39	11	53	26	66	37	65	35	65	37	94	9	79
ne	Jangamo	ed	19	%	%	%	%	%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
																										10	11	
Inhamba		ScaleU	FY	10	71	30	56	54	68	18	79	45	12	46	7	43	13	55	23	73	42	67	40	77	47	8	9	86
ne	Jangamo	p	20	%	%	%	%	%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											12			10						11		10		11		14	16	
Inhamba		ScaleU	FY	22	14	68	82	92	90	41	1	31	86	5	49	80	30	86	40	2	58	9	67	9	67	1	0	99
ne	Jangamo	p	21	0%	3%	%	%	%	%	3%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											12			12						11		10		12		15	17	10
Inhamba		ScaleU	FY	22	14	71	90	94	92	41	7	32	86	7	60	88	51	94	56	6	75	9	82	6	84	1	0	9
ne	Jangamo	p	22	0%	3%	%	%	%	%	3%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											12			13						11		11		12		15	17	11
Inhamba		ScaleU	FY	30	43	73	92	98	92	41	7	33	92	2	64	91	54	96	60	8	79	1	86	8	87	3	6	1
ne	Jangamo	p	23	%	%	%	%	%	%	9%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Inhamba		Attain	FY	20	14	27	29	41	31	69	24	51	5	35	5	31	12	42	14	57	20	59	26	43	25	57	50	74
ne	Mabote	ed	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Inhamba		ScaleU	FY		43	29	45	68	38	11	46	74	11	67	12	55	21	64	25	81	28	89	47	73	40	98	92	81
ne	Mabote	p	20	0%	%	%	%	%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														11						13		12		11		13	12	
Inhamba		ScaleU	FY	20	17	57	84	87	53	15	66	26	45	9	46	96	47	93	41	0	51	9	66	9	57	3	3	95
ne	Mabote	p	21	0%	1%	%	%	%	%	4%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														13						13		13		12		13	12	
Inhamba		ScaleU	FY	20	17	57	84	88	54	16	67	26	45	4	50	96	50	99	45	0	51	0	74	0	64	4	3	98
ne	Mabote	p	22	0%	1%	%	%	%	%	9%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														13				10		13		13		12		13	12	
Inhamba		ScaleU	FY	30	43	59	84	90	55	17	68	27	47	8	53	98	53	1	48	2	54	1	76	1	65	5	7	99
ne	Mabote	p	23	%	%	%	%	%	%	2%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Inhamba		ScaleU	FY	19	12	21	26	30	27	74	22	37	9	24	6	22	6	30	11	37	11	32	12	30	14	41	33	61
ne	Massinga	p Sat	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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Inhamba		ScaleU	FY	44	40	48	67	83	73	18	70	68	17	57	10	49	15	63	21	75	25	74	31	65	28	1	81	64
ne	Massinga	p	20	%	%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								11																		12	10	
Inhamba		ScaleU	FY	83	10	58	82	0	86	21	95	15	41	85	25	67	23	76	27	92	36	92	37	80	39	5	0	75
ne	Massinga	p	21	%	4%	%	%	%	%	1%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

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Inhamba		ScaleU	FY	83	10	61	90	0	88	24	98	17	41	0	33	73	36	83	38	94	42	92	49	87	45	8	4	81
ne	Massinga	p	22	%	4%	%	%	%	%	3%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								11						10												12	10	
Inhamba		ScaleU	FY	19	28	63	92	3	89	24	99	18	44	3	36	75	38	85	41	96	45	93	51	88	47	9	7	83
ne	Massinga	p	23	%	%	%	%	%	%	7%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			12															13	14	
Inhamba		ScaleU	FY	28	92	42	62	0	78	31	1	11	51	61	16	49	19	70	26	79	36	80	43	85	46	1	9	83
ne	Maxixe	p Sat	19	%	%	%	%	%	%	1%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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Inhamba		ScaleU	FY	44	15	46	70	2	95	31	0	12	79	59	21	56	22	76	34	91	45	90	51	90	51	2	4	90
ne	Maxixe	p	20	%	%	%	%	%	%	8%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								12	11		18		13							11		11		11		18	22	10	
Inhamba		ScaleU	FY	13	13	57	75	8	6	43	3	26	5	96	62	75	33	87	41	8	59	1	63	9	73	4	0	3
ne	Maxixe	p	21	9%	1%	%	%	%	%	2%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								13	11		19		13	12						11		11		12		19	22	11	
Inhamba		ScaleU	FY	13	13	68	93	3	6	46	7	31	5	2	63	87	50	99	55	9	68	5	79	5	80	3	1	3
ne	Maxixe	p	22	9%	1%	%	%	%	%	8%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								13	11		19		14	12				10		12		11		12		19	22	11	
Inhamba		ScaleU	FY	28	38	70	96	6	8	47	8	32	0	7	69	90	54	1	59	1	72	7	82	7	84	6	7	5
ne	Maxixe	p	23	%	%	%	%	%	%	5%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Inhamba	Morrumbe	Sustai	FY	18		18	27	41	35	63	47	23	10	23	6	25	8	34	11	40	17	39	17	30	13	44	54	69
ne	ne	ned	19	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Inhamba	Morrumbe	ScaleU	FY	53	25	34	50	75	52	20	81	49	22	54	6	45	11	56	21	70	27	68	30	52	27	87	91	69
ne	ne	p	20	%	%	%	%	%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			11									10						11	12	
Inhamba	Morrumbe	ScaleU	FY	13	18	74	80	1	79	30	7	21	80	96	46	76	31	84	39	0	43	98	47	85	50	5	7	84
ne	ne	p	21	5%	3%	%	%	%	%	7%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			12			11						10						11	13	
Inhamba	Morrumbe	ScaleU	FY	13	18	74	84	1	79	33	6	22	80	1	51	78	42	86	48	0	53	98	58	85	55	9	0	88
ne	ne	p	22	5%	3%	%	%	%	%	0%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			12			11						10						12	13	
Inhamba	Morrumbe	ScaleU	FY	24	33	77	86	4	80	33	8	23	85	5	55	81	46	88	51	2	57	99	61	87	58	1	4	91
ne	ne	p	23	%	%	%	%	%	%	3%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Inhamba		Sustai	FY			44	37	48	83	10	60	50	0	35	6	28	9	40	19	63	29	51	28	41	21	47	83	98
ne	Panda	ned	19		0%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
									10																		13	10	
Inhamba		ScaleU	FY		25	44	58	96	9	20	67	88	32	43	12	46	6	65	38	86	55	90	53	54	36	83	4	7
ne	Panda	p	20	0%	%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							10	14	13		16		14	13				11		14		14		11		11	18	12	
Inhamba		ScaleU	FY	20	20	81	5	4	9	41	0	50	5	8	88	99	48	2	67	4	85	0	85	7	75	9	7	1
ne	Panda	p	21	0%	0%	%	%	%	%	4%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							10	14	14		16		14	15		10		11		14	10	14	10	11		12	18	12	
Inhamba		ScaleU	FY	20	20	85	5	4	3	42	0	50	5	1	91	6	61	9	84	5	1	0	1	7	83	3	8	7
ne	Panda	p	22	0%	0%	%	%	%	%	9%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Inhamba ne	Panda	ScaleUp	FY 23	40 %	50 %	89 %	11 1 %	14 4 %	14 3 %	42 9%	16 0 %	51 7%	15 0 %	15 5 %	97 %	10 8 %	64 %	12 1 %	90 %	14 6 %	10 6 %	14 1 %	10 3 %	11 9 %	87 %	12 4 %	19 5 %	12 9 %
Inhamba ne	Vilankulo	ScaleUp Sat	FY 19	14 %	19 %	36 %	68 %	77 %	76 %	26 3%	10 0 %	14 5%	30 %	83 %	22 %	69 %	30 %	83 %	44 %	95 %	55 %	68 %	57 %	78 %	52 %	79 %	12 9 %	93 %
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Inhamba ne	Vilankulo	ScaleUp	FY 21	82 %	12 5%	54 %	79 %	10 5 %	10 6 %	30 0%	15 5 %	30 5%	11 5 %	14 0 %	56 %	98 %	49 %	10 9 %	64 %	12 8 %	84 %	11 7 %	83 %	11 3 %	85 %	13 5 %	19 7 %	11 1 %
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Inhamba ne	Vilankulo	ScaleUp	FY 23	23 %	31 %	65 %	99 %	10 6 %	10 7 %	36 9%	16 4 %	35 0%	11 9 %	16 4 %	70 %	11 0 %	65 %	12 2 %	78 %	13 4 %	89 %	11 9 %	98 %	11 6 %	90 %	13 7 %	20 4 %	12 0 %
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Inhamba ne	Zavala	ScaleUp	FY 20	35 %	67 %	41 %	72 %	83 %	76 %	23 6%	12 96 %	80 %	27 %	77 %	12 %	58 %	16 %	69 %	27 %	75 %	39 %	77 %	50 %	61 %	48 %	12 95 %	5 %	71 %
Inhamba ne	Zavala	ScaleUp	FY 21	40 %	53 %	55 %	76 %	92 %	87 %	27 3%	12 8 %	12 7%	45 %	10 95 %	29 %	75 %	33 %	84 %	42 %	90 %	55 %	91 %	70 %	78 %	65 %	11 3 %	14 7 %	84 %
Inhamba ne	Zavala	ScaleUp	FY 22	45 %	60 %	55 %	84 %	92 %	87 %	29 7%	12 8 %	11 5%	45 %	10 7 %	29 %	75 %	33 %	84 %	42 %	90 %	55 %	91 %	70 %	78 %	65 %	11 3 %	14 7 %	84 %
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Manica	Barue	ScaleUp	FY 19	5%	3%	40 %	29 %	36 %	27 %	35 %	12 %	26 %	7 %	38 %	9 %	42 %	14 %	41 %	20 %	43 %	20 %	39 %	21 %	30 %	22 %	32 %	29 %	37 %
Manica	Barue	ScaleUp	FY 20	18 %	24 %	44 %	44 %	52 %	36 %	55 %	22 %	36 %	11 %	55 %	17 %	58 %	22 %	57 %	30 %	59 %	29 %	53 %	28 %	46 %	29 %	47 %	43 %	45 %
Manica	Barue	ScaleUp	FY 21	28 %	21 %	47 %	53 %	68 %	40 %	55 %	26 %	60 %	18 %	77 %	25 %	83 %	38 %	74 %	44 %	77 %	46 %	72 %	37 %	64 %	43 %	63 %	58 %	58 %
Manica	Barue	ScaleUp	FY 22	30 %	38 %	60 %	63 %	68 %	43 %	99 %	44 %	80 %	25 %	93 %	39 %	89 %	49 %	81 %	52 %	81 %	50 %	72 %	48 %	69 %	49 %	69 %	61 %	65 %
Manica	Barue	ScaleUp	FY 23	23 %	31 %	66 %	83 %	72 %	47 %	10 2%	45 %	94 %	28 %	10 4 %	50 %	98 %	63 %	86 %	63 %	86 %	60 %	76 %	52 %	72 %	57 %	73 %	69 %	73 %
Manica	Chimoio	ScaleUp Sat	FY 19	30 %	16 %	42 %	54 %	73 %	69 %	15 6%	76 %	70 %	30 %	71 %	24 %	69 %	34 %	75 %	42 %	76 %	52 %	64 %	52 %	52 %	49 %	55 %	94 %	61 %

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		Attain	FY	30	18	40	45	83	72	18	83	63	35	79	27	77	36	85	51	86	58	75	61	61	60	64	1	70
Manica	Chimoio	ed	20	%	%	%	%	%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	27	32	38	41	89	76	20	97	72	44	93	35	93	48	99	64	6	80	87	75	73	76	74	0	83
Manica	Chimoio	p	21	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	27	32	52	59	94	81	27	1	11	59	9	58	3	67	4	77	6	86	89	89	78	90	82	7	94
Manica	Chimoio	p	22	%	%	%	%	%	%	5%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	23	30	57	71	98	89	28	7	12	64	2	70	1	81	9	90	0	98	92	99	80	97	84	5	1
Manica	Chimoio	p	23	%	%	%	%	%	%	2%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	15	11	31	36	48	42	68	27	45	12	49	15	50	30	42	30	40	33	33	28	24	26	22	40	43
Manica	Gondola	p	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	21	24	31	32	52	55	85	36	52	13	60	21	62	32	56	40	50	43	40	36	30	36	27	52	52
Manica	Gondola	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	28	40	37	40	61	62	11	52	99	46	80	38	80	46	74	52	68	60	59	52	49	54	43	71	61
Manica	Gondola	p	21	%	%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	28	40	47	50	65	66	16	79	13	51	3	56	93	66	82	69	74	75	62	68	54	67	47	77	73
Manica	Gondola	p	22	%	%	%	%	%	%	9%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	18	24	50	61	68	71	17	83	14	57	4	69	0	80	86	79	78	87	65	78	57	75	49	86	80
Manica	Gondola	p	23	%	%	%	%	%	%	8%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Sustai	FY	10		36	42	65	58	91	58	39	9	48	22	52	28	39	28	37	36	31	36	21	33	26	48	61
Manica	Guro	ned	19	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	15		45	32	75	62	12	0	50	29	66	25	72	39	60	45	47	52	39	52	30	46	34	72	68
Manica	Guro	p	20	%	0%	%	%	%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	75	93	78	63	1	4	23	7	13	93	98	51	8	67	97	76	86	89	65	89	64	90	57	3	86
Manica	Guro	p	21	%	%	%	%	%	%	3%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	75	93	80	74	1	4	27	2	18	98	5	82	4	94	6	96	90	7	74	2	72	9	67	7	2
Manica	Guro	p	22	%	%	%	%	%	%	9%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								14	11		18		11	14		13	10	11	11		12		12		12		13	11	
		ScaleU	FY	20	27	87	88	7	7	30	6	19	5	4	96	1	5	2	1	96	1	78	6	76	3	70	9	0
Manica	Guro	p	23	%	%	%	%	%	%	0%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
			FY	17		38	47	15	27	28	23	39	6	37	9	50	22	40	22	37	27	34	23	24	17	19	23	49
Manica	Macate	new	19	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	25	33	38	53	45	37	41	31	35	7	56	14	65	28	56	28	47	34	44	31	30	28	27	33	48
Manica	Macate	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	50	67	48	69	62	45	76	42	74	34	80	30	88	42	77	45	70	48	67	52	51	40	43	47	58
Manica	Macate	p	21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleU	FY	50	67	60	81	64	53	12	67	10	40	5	48	5	62	90	58	78	63	70	61	59	53	50	53	71
Manica	Macate	p	22	%	%	%	%	%	%	1%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Manica	Macate	ScaleUp	FY 23	42%	56%	67%	100%	68%	55%	12%	73%	12%	50%	116%	59%	112%	75%	96%	73%	83%	74%	74%	71%	62%	60%	52%	60%	78%
Manica	Machaze	ScaleUp	FY 19	9%	4%	29%	26%	42%	34%	40%	28%	29%	7%	29%	10%	41%	22%	39%	22%	42%	28%	41%	29%	30%	23%	21%	34%	39%
Manica	Machaze	ScaleUp	FY 20	18%	36%	43%	42%	58%	53%	79%	50%	46%	19%	50%	18%	63%	30%	69%	35%	72%	48%	68%	45%	46%	43%	34%	55%	52%
Manica	Machaze	ScaleUp	FY 21	18%	32%	55%	53%	73%	75%	12%	61%	58%	28%	65%	24%	79%	43%	85%	53%	93%	65%	85%	60%	62%	59%	42%	81%	66%
Manica	Machaze	ScaleUp	FY 22	21%	32%	63%	65%	73%	75%	17%	95%	10%	37%	101%	57%	102%	86%	99%	85%	97%	94%	86%	88%	64%	79%	49%	85%	83%
Manica	Machaze	ScaleUp	FY 23	26%	36%	70%	81%	79%	89%	18%	106%	9%	42%	112%	67%	100%	105%	106%	105%	105%	113%	90%	103%	69%	93%	51%	101%	92%
Manica	Macossa	Sustained	FY 19							0%	0%	0%		0%	0%	0%	0%	0%	0%	0%	0%					0%	0%	24%
Manica	Macossa	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	21%
Manica	Macossa	Central Support	FY 21	82%	75%	20%	19%	23%	15%	50%	19%	88%	77%	25%	41%	17%	23%	19%	19%	25%	23%	27%	24%	35%	30%	25%	29%	27%
Manica	Macossa	Central Support	FY 22	82%	75%	20%	22%	23%	18%	72%	35%	94%	77%	37%	49%	26%	35%	25%	30%	29%	34%	29%	36%	37%	39%	29%	36%	34%
Manica	Macossa	Central Support	FY 23			25%	28%	28%	23%	83%	42%	10%	102%	41%	63%	28%	42%	27%	36%	33%	42%	33%	44%	42%	50%	32%	47%	39%
Manica	Manica	ScaleUp Sat	FY 19	5%	0%	26%	35%	51%	48%	84%	44%	56%	17%	57%	17%	59%	30%	55%	37%	48%	37%	40%	36%	33%	35%	37%	57%	51%
Manica	Manica	ScaleUp	FY 20	18%	19%	23%	31%	52%	47%	10%	51%	48%	23%	56%	17%	64%	27%	65%	46%	55%	42%	48%	40%	38%	48%	43%	67%	56%
Manica	Manica	ScaleUp	FY 21	18%	25%	29%	34%	65%	60%	13%	69%	11%	62%	78%	41%	82%	45%	84%	62%	78%	68%	64%	56%	63%	68%	60%	91%	69%
Manica	Manica	ScaleUp	FY 22	18%	25%	36%	47%	65%	60%	18%	97%	13%	64%	102%	58%	94%	63%	89%	75%	78%	73%	67%	69%	64%	80%	65%	95%	78%
Manica	Manica	ScaleUp	FY 23	22%	29%	39%	53%	67%	64%	19%	104%	15%	73%	111%	71%	99%	75%	93%	86%	81%	81%	69%	76%	66%	85%	67%	102%	84%
Manica	Mossurize	ScaleUp Sat	FY 19	3%	8%	14%	11%	21%	19%	33%	7%	17%	7%	21%	5%	29%	17%	30%	12%	35%	16%	30%	15%	25%	15%	21%	21%	46%

Manica	Mossurize	ScaleUp	FY20	3%	16%	22%	33%	53%	37%	68%	17%	39%	10%	48%	16%	51%	27%	61%	26%	67%	32%	53%	33%	43%	35%	35%	42%	51%
Manica	Mossurize	ScaleUp	FY21	55%	32%	35%	46%	65%	44%	73%	27%	83%	35%	77%	35%	75%	45%	77%	40%	92%	50%	76%	48%	67%	48%	54%	61%	63%
Manica	Mossurize	ScaleUp	FY22	55%	32%	49%	60%	74%	50%	14%	53%	12%	41%	10 6%	60%	92%	74%	91%	61%	96%	64%	77%	63%	72%	61%	61%	65%	76%
Manica	Mossurize	ScaleUp	FY23	21%	28%	53%	70%	79%	57%	14%	56%	13%	47%	11 7%	71%	10 1%	87%	98%	71%	10 3%	78%	82%	75%	77%	70%	63%	75%	85%
Manica	Sussundenga	ScaleUp	FY19	7%	3%	27%	28%	30%	25%	33%	20%	34%	6%	37%	13%	40%	24%	37%	27%	33%	26%	23%	23%	13%	24%	18%	28%	40%
Manica	Sussundenga	ScaleUp	FY20	2%	6%	35%	33%	39%	36%	51%	27%	39%	9%	47%	17%	51%	31%	49%	39%	47%	39%	39%	31%	19%	32%	26%	44%	45%
Manica	Sussundenga	ScaleUp	FY21	49%	39%	43%	46%	63%	53%	84%	42%	99%	42%	69%	38%	68%	46%	68%	55%	66%	56%	57%	47%	42%	52%	38%	64%	57%
Manica	Sussundenga	ScaleUp	FY22	49%	39%	50%	51%	63%	53%	12%	63%	11%	45%	87%	53%	78%	64%	73%	68%	69%	68%	58%	60%	42%	61%	44%	68%	65%
Manica	Sussundenga	ScaleUp	FY23	22%	29%	55%	66%	67%	58%	13%	67%	13%	54%	96%	67%	84%	76%	77%	80%	73%	77%	61%	69%	45%	69%	46%	77%	72%
Manica	Tambara	Sustained	FY19		11%	5%	12%	11%	6%	33%	8%	11%	8%	6%	6%	10%	11%	6%	4%	8%	5%	8%	11%	8%	10%	5%	17%	39%
Manica	Tambara	Central Support	FY20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	30%
Manica	Tambara	Central Support	FY21	11 8%	10 0%	30%	27%	35%	25%	87%	35%	12 3%	10 0%	34%	48%	23%	27%	25%	24%	31%	29%	33%	33%	42%	43%	26%	38%	34%
Manica	Tambara	Central Support	FY22	11 8%	10 0%	33%	30%	35%	25%	11 3%	50%	13 2%	10 0%	45%	55%	31%	39%	31%	35%	35%	41%	35%	45%	44%	53%	30%	45%	41%
Manica	Tambara	Central Support	FY23			37%	33%	41%	28%	12 7%	54%	14 2%	12 5%	48%	67%	33%	45%	33%	41%	38%	49%	38%	54%	48%	64%	32%	54%	45%
Manica	Vanduzi	new	FY19	17%	14%	28%	39%	41%	29%	41%	16%	30%	10%	41%	10%	45%	17%	47%	26%	41%	24%	34%	22%	21%	20%	26%	35%	38%
Manica	Vanduzi	ScaleUp	FY20	24%	23%	48%	52%	51%	50%	80%	31%	44%	10%	64%	18%	69%	28%	72%	43%	58%	39%	50%	33%	30%	34%	39%	47%	53%
Manica	Vanduzi	ScaleUp	FY21	52%	45%	63%	60%	78%	64%	11 0%	42%	65%	29%	90%	32%	99%	44%	10 0%	61%	90%	62%	79%	53%	55%	57%	55%	68%	71%

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		ScaleUp	FY 22	52%	45%	74%	80%	78%	66%	17 0%	73%	11 4%	38%	1 %	55%	3 %	69%	8 %	78%	92%	74%	80%	68%	63%	69%	67%	75%	84%
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		ScaleUp	FY 23	28%	36%	80%	93%	82%	72%	17 7%	77%	12 6%	44%	3 %	66%	3 %	82%	6 %	94%	99%	88%	85%	78%	68%	81%	70%	85%	93%
Manica	Vanduzi																												
		ScaleUp	FY 19	35%	37%	38%	49%	47%	50%	89%	56%	57%	16%	80 %	17%	66 %	31%	65 %	39%	61%	39%	47%	32%	36%	26%	44%	44%	47%
Maputo	Boane																												
		ScaleUp	FY 20	7%	17%	30%	45%	43%	45%	91%	55%	57%	20%	74 %	15%	65 %	28%	61 %	40%	64%	40%	52%	37%	38%	29%	48%	46%	52%
Maputo	Boane																												
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Maputo	Boane																												
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Maputo	Magude	p Sat																											
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		ScaleUp	FY 23	33%	40%	64%	62%	1 %	99	19 3%	0 %	26 7%	95%	9 %	81%	0 %	99%	7 %	4	0 %	8	6	3	95%	96%	81%	2	6 %
Maputo	Magude	p																											
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		ScaleUp	FY	39	48	50	51	0	2	25	6	16	61	2	56	5	98	4	7	2	8	7	2	84	6	68	8	0
Maputo	Manhiça		23	%	%	%	%	%	%	5%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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	Marracuene	ScaleUp	FY	36	44	59	67	98	89	15	8	95	38	7	27	99	55	4	83	90	79	61	52	39	38	60	69	72
Maputo	e		19	%	%	%	%	%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											12			11				10											
	Marracuene	ScaleUp Sat	FY	42	30	47	52	98	89	17	2	10	44	4	29	96	56	4	72	96	84	69	63	45	43	66	76	79
Maputo	e		20	%	%	%	%	%	%	9%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											13			12		10		10		11									
	Marracuene	ScaleUp	FY	39	52	52	57	99	99	19	2	13	65	5	42	7	63	5	78	2	98	81	74	61	53	79	90	87
Maputo	e		21	%	%	%	%	%	%	1%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			13			15		11		11	10	11	11								
	Marracuene	ScaleUp	FY	48	59	52	60	2	99	20	9	15	66	5	60	8	97	6	2	2	0	81	86	61	59	79	94	95
Maputo	e		22	%	%	%	%	%	%	5%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10	10		14			16		12	10	11	11	11	11								
	Marracuene	ScaleUp	FY	36	44	54	67	3	1	20	4	16	68	4	68	3	7	9	0	4	7	82	90	62	62	80	98	99
Maputo	e		23	%	%	%	%	%	%	7%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	29	16	45	46	59	50	80	55	55	20	69	18	60	31	66	35	68	42	50	36	37	27	45	43	48
Maputo	Matola		19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	40	21	34	39	57	48	82	57	52	22	68	19	61	27	67	34	73	43	56	39	42	30	51	49	51
Maputo	Matola		20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	27	34	34	37	59	50	88	60	69	32	73	27	63	30	67	35	81	47	65	44	53	38	59	56	56
Maputo	Matola		21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	31	37	37	43	60	51	98	66	84	35	94	38	74	50	75	50	82	58	65	54	53	41	59	58	62
Maputo	Matola		22	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														10															
		ScaleUp	FY	27	33	38	46	61	53	99	67	89	37	0	43	77	55	77	54	84	61	66	57	54	43	60	60	64
Maputo	Matola		23	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											12			11															
		ScaleUp Sat	FY	13	43	53	57	77	78	15	1	10	29	0	31	99	42	90	66	92	65	77	58	59	54	54	70	72
Maputo	Matutuine		19	%	%	%	%	%	%	1%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	25	14	18	43	46	36	90	70	64	25	76	23	63	27	67	46	60	44	50	44	43	40	35	46	80
Maputo	Matutuine		20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											10		10	14		10													
		ScaleUp	FY	16	28	44	78	64	74	14	9	24	5	7	78	3	69	96	69	99	81	90	68	87	72	57	67	85
Maputo	Matutuine		21	3%	6%	%	%	%	%	1%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
											11		10	17		11		10											
		ScaleUp	FY	16	28	53	95	73	74	14	7	27	6	5	98	3	89	4	88	99	87	92	88	90	81	58	71	93
Maputo	Matutuine		22	3%	6%	%	%	%	%	9%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							10				11		11	18	10	11		10		10									
		ScaleUp	FY	25	29	53	0	75	78	15	9	28	2	2	4	6	97	6	94	1	94	94	91	91	85	59	74	96
Maputo	Matutuine		23	%	%	%	%	%	%	1%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10						13		10													
		ScaleUp Sat	FY	29	50	57	68	4	83	14	91	11	26	6	28	3	47	98	62	96	71	76	56	58	49	56	70	75
Maputo	Moamba		19	%	%	%	%	%	%	8%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

														13														
		ScaleUp	FY 20	18%	57%	50%	45%	99%	74%	14%	99%	10%	29%	3%	29%	97%	42%	97%	64%	96%	73%	79%	64%	62%	53%	56%	75%	84%
Maputo	Moamba										11			15		11		11		11		10						
		ScaleUp	FY 21	11 8%	12 1%	52%	71%	97%	83%	15 9%	5 %	20 3%	64 %	6 %	50 %	7 %	59 %	1 %	74 %	8 %	92 %	4 %	81 %	81 %	71 %	69 %	88 %	94 %
Maputo	Moamba							10			12			19		12		11		11	10	10	10					10
		ScaleUp	FY 22	11 8%	12 1%	59%	71%	6 %	84 %	17 8%	3 %	21 8%	64 %	1 %	69 %	8 %	89 %	8 %	97 %	8 %	6 %	4 %	0 %	84 %	80 %	69 %	93 %	2 %
Maputo	Moamba							10			12			19		13		12	10	12	11	10	10					10
		ScaleUp	FY 23	35 %	43 %	60%	76%	8 %	87 %	18 1%	7 %	23 1%	67 %	9 %	77 %	3 %	97 %	1 %	6 %	1 %	2 %	5 %	5 %	85 %	84 %	70 %	97 %	6 %
Maputo	Moamba																											
							10	15	12		17			16		11		13	10	12	10	11						10
		ScaleUp	FY 19	43 %	67 %	71%	3 %	7 %	8 %	15 2%	6 %	13 5%	32 %	5 %	53 %	5 %	56 %	4 %	0 %	7 %	5 %	3 %	85 %	72 %	74 %	74 %	99 %	0 %
Maputo	Namaacha							11			13			10				10		10								11
		ScaleUp	FY 20	29 %	0%	45%	63%	5 %	83 %	14 2%	6 %	80 %	36 %	8 %	23 %	92 %	36 %	1 %	67 %	1 %	75 %	90 %	74 %	57 %	56 %	59 %	75 %	6 %
Maputo	Namaacha							12	11		15		14	20	10	14		14		15	11	13	11	11	10		10	12
		ScaleUp	FY 21	17 1%	20 0%	79%	97%	2 %	1 %	20 6%	7 %	36 2%	8 %	3 %	9 %	5 %	90 %	5 %	96 %	8 %	8 %	8 %	1 %	7 %	1 %	87 %	5 %	6 %
Maputo	Namaacha						10	13	11		17		14	23	11	15	11	15	12	15	13	14	12	11	10		10	13
		ScaleUp	FY 22	17 1%	20 0%	79%	6 %	3 %	3 %	20 6%	6 %	37 1%	8 %	2 %	7 %	7 %	4 %	2 %	1 %	8 %	1 %	1 %	9 %	7 %	5 %	88 %	6 %	3 %
Maputo	Namaacha						11	13	11		17		15	24	12	16	12	15	12	16	13	14	13	11	10		11	13
		ScaleUp	FY 23	43 %	50 %	82%	3 %	5 %	7 %	21 0%	9 %	38 8%	7 %	0 %	6 %	2 %	5 %	5 %	9 %	0 %	9 %	3 %	4 %	9 %	8 %	89 %	0 %	7 %
Maputo	Namaacha																											
		ScaleUp	FY 19	54 %	47 %	38%	35%	42 %	38 %	18 7%	62 %	69 %	45 %	47 %	30 %	44 %	35 %	39 %	34 %	34 %	38 %	24 %	28 %	21 %	26 %	17 %	28 %	34 %
Nampula	Angoche																											
		ScaleUp	FY 20	41 %	22 %	25%	30%	28 %	24 %	91 %	36 %	28 %	9 %	32 %	12 %	34 %	19 %	33 %	26 %	28 %	28 %	21 %	30 %	17 %	22 %	17 %	27 %	38 %
Nampula	Angoche																											
		ScaleUp	FY 21	10 5%	78 %	56%	42%	63 %	61 %	30 4%	96 %	95 %	87 %	60 %	37 %	65 %	43 %	61 %	49 %	59 %	59 %	51 %	54 %	48 %	59 %	39 %	54 %	55 %
Nampula	Angoche										16		11															
		ScaleUp	FY 22	10 5%	81 %	62%	65%	63 %	61 %	43 0%	4 %	14 1%	9 %	95 %	76 %	85 %	83 %	74 %	80 %	66 %	84 %	54 %	84 %	61 %	83 %	49 %	60 %	75 %
Nampula	Angoche										17		13	10														
		ScaleUp	FY 23	19 %	22 %	74%	74%	72 %	67 %	47 4%	4 %	15 9%	3 %	8 %	85 %	96 %	94 %	84 %	90 %	76 %	97 %	61 %	94 %	69 %	96 %	55 %	71 %	84 %
Nampula	Angoche																											
		Sustained	FY 19	36 %	55 %	41%	56%	47 %	32 %	11 3%	22 %	88 %	33 %	73 %	48 %	65 %	43 %	66 %	43 %	51 %	46 %	32 %	31 %	21 %	27 %	15 %	19 %	42 %
Nampula	Erati																											
		ScaleUp	FY 20	13 %	18 %	33%	45%	46 %	31 %	15 0%	30 %	60 %	13 %	66 %	26 %	60 %	36 %	64 %	38 %	43 %	40 %	34 %	24 %	22 %	27 %	18 %	19 %	47 %
Nampula	Erati												11	10														
		ScaleUp	FY 21	89 %	61 %	59%	56%	80 %	67 %	27 0%	55 %	12 1%	0 %	5 %	70 %	96 %	71 %	95 %	71 %	75 %	74 %	60 %	49 %	45 %	54 %	36 %	40 %	68 %
Nampula	Erati																											

Nampula	Erati	ScaleUp	FY22	89%	61%	67%	75%	80%	67%	37%	99%	15%	115%	127%	91%	108%	94%	103%	85%	77%	84%	60%	62%	53%	65%	43%	42%	79%
Nampula	Erati	ScaleUp	FY23	33%	39%	72%	81%	85%	70%	38%	101%	17%	128%	137%	103%	115%	103%	109%	92%	82%	90%	64%	66%	57%	70%	46%	46%	85%
Nampula	Ilha De Moçambique	Sustained	FY19	0%	38%	60%	35%	63%	46%	11%	50%	49%	23%	36%	20%	41%	17%	49%	28%	43%	26%	35%	25%	31%	24%	19%	25%	0%
Nampula	Ilha De Moçambique	ScaleUp	FY20	33%	13%	12%	32%	73%	34%	17%	63%	31%	19%	44%	18%	44%	18%	45%	28%	50%	31%	32%	24%	40%	32%	29%	31%	0%
Nampula	Ilha De Moçambique	ScaleUp	FY21	13%	75%	11% 6%	10% 8%	20% 0%	10% 9%	45%	12% 5%	14%	81%	99%	58%	93%	84%	93%	88%	94%	73%	65%	53%	68%	59%	56%	53%	0%
Nampula	Ilha De Moçambique	ScaleUp	FY22	13%	75%	11% 6%	10% 8%	20% 0%	10% 9%	51%	16% 3%	15%	90%	11% 2%	78%	97%	88%	93%	88%	94%	73%	65%	60%	79%	69%	60%	54%	0%
Nampula	Ilha De Moçambique	ScaleUp	FY23	22%	25%	14% 0%	13% 0%	22% 7%	12% 3%	54%	17% 5%	17%	10% 3%	12% 7%	89%	10% 9%	10% 5%	10% 3%	10% 4%	10% 4%	84%	69%	66%	84%	74%	63%	59%	0%
Nampula	Lalaua	Sustained	FY19	75%	29%	21%	34%	21%	29%	86%	29%	33%	11%	34%	21%	37%	22%	42%	29%	33%	29%	28%	22%	13%	26%	9%	18%	27%
Nampula	Lalaua	ScaleUp	FY20	0%	14%	55%	53%	39%	32%	11%	29%	42%	11%	46%	25%	45%	31%	49%	32%	44%	39%	29%	26%	19%	30%	13%	28%	42%
Nampula	Lalaua	ScaleUp	FY21	38%	43%	55%	91%	61%	58%	14%	57%	91%	96%	74%	54%	74%	51%	72%	54%	74%	69%	57%	49%	39%	52%	28%	47%	59%
Nampula	Lalaua	ScaleUp	FY22	38%	43%	71%	91%	61%	58%	22%	79%	10%	96%	81%	62%	74%	62%	74%	59%	74%	69%	57%	53%	43%	58%	31%	47%	62%
Nampula	Lalaua	ScaleUp	FY23	25%	29%	74%	10 3%	64%	61%	22%	86%	11%	10 7%	89%	68%	79%	68%	77%	63%	78%	75%	59%	57%	46%	61%	33%	49%	67%
Nampula	Larde	new Central	FY19	6%	67%	33%	51%	25%	18%	27%	0%	53%	29%	53%	37%	45%	38%	28%	32%	28%	24%	16%	25%	13%	18%	12%	19%	29%
Nampula	Larde	Support Central	FY20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	32%
Nampula	Larde	Support Central	FY21	25%	10%	55%	24%	80%	28%	40%	76%	21%	28 0%	59%	71%	44%	38%	47%	35%	59%	43%	64%	48%	77%	63%	44%	44%	58%
Nampula	Larde	Support Central	FY22	25%	10%	55%	33%	80%	30%	40%	11 4%	21%	28 0%	72%	82%	54%	61%	49%	52%	59%	56%	64%	61%	77%	76%	46%	48%	65%

											12		32																
		ScaleUp	FY			64	36	93	33	46	4	24	4	80	93	60	67	55	58	66	63	72	69	87	86	52	55	72
Nampula	Larde		23			%	%	%	%	4%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
			FY	60	25	9	30	25	28	50	13	49	25	23	8	26	17	25	15	20	28	20	17	10	13	7	15	19
Nampula	Liupo	new Central	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Support	FY			0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27
Nampula	Liupo	Central	20	0%	0%	%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Support	FY	16	20	35	40	50	44	20	10	13	23	38	64	31	36	33	33	38	37	37	36	43	42	28	28	41
Nampula	Liupo	Central	21	0%	0%	%	%	%	%	0%	0 %	2%	8 %	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Support	FY	16	20	39	45	50	44	22	11	13	23	54	76	43	57	39	49	39	50	37	48	44	51	32	32	49
Nampula	Liupo	Central	22	0%	0%	%	%	%	%	5%	3 %	2%	8 %	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Support	FY			43	50	56	50	25	12	14	25	58	81	46	60	42	51	43	53	41	50	48	54	36	35	52
Nampula	Liupo		23			%	%	%	%	0%	5 %	6%	6 %	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp Sat	FY	36	42	45	40	55	40	20	45	72	19	64	33	68	34	70	34	58	40	40	29	32	30	19	35	44
Nampula	Malema		19	%	%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	50	17	61	61	77	89	35	82	59	11	89	35	82	44	89	51	71	54	48	49	44	42	25	46	69
Nampula	Malema		20	%	%	%	%	%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						10		20	20		20		10	13		16	10	16	12	12	12							11
		ScaleUp	FY	12	50	9	98	4	8	63	0	12	9	7	88	3	1	1	8	6	6	92	96	72	79	48	81	3
Nampula	Malema		21	9%	%	%	%	%	%	6%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						10	10	20	20		20		11	15	10	16	11	16	12	12	12		10					12
		ScaleUp	FY	12	58	9	0	4	8	69	0	16	9	6	3	3	1	1	8	6	6	92	1	87	93	60	81	0
Nampula	Malema		22	9%	%	%	%	%	%	1%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						12	11	22	23		21		13	16	11	18	12	17	14	13	13		11					13
		ScaleUp	FY	36	42	1	6	8	4	73	4	17	2	9	6	0	5	2	4	4	9	98	0	90	98	62	85	0
Nampula	Malema		23	%	%	%	%	%	%	6%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Sustained	FY	44	70	50	55	76	45	15	54	47	19	45	17	43	19	43	19	34	23	28	21	22	20	19	20	30
Nampula	Meconta		19	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	17	20	36	49	50	33	15	52	34	13	46	16	44	19	46	25	36	25	28	26	28	22	23	26	55
Nampula	Meconta		20	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10					16																
		ScaleUp	FY	12	83	74	66	1	75	36	98	13	6	86	56	75	46	81	52	76	65	68	58	70	65	57	62	70
Nampula	Meconta		21	8%	%	%	%	%	%	7%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			13		17	10															
		ScaleUp	FY	12	83	74	77	1	75	44	8	15	2	2	77	86	67	85	66	77	71	68	72	75	75	59	63	79
Nampula	Meconta		22	8%	%	%	%	%	%	2%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10			14		17	10															
		ScaleUp	FY	22	27	79	81	4	78	45	0	16	8	9	80	90	70	89	69	81	76	71	74	79	79	62	67	82
Nampula	Meconta		23	%	%	%	%	%	%	4%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Nampula	Mecuburi	ScaleUp	FY19	10 0%	64 %	42 %	35 %	49 %	14 %	11 0%	48 %	57 %	17 %	60 %	25 %	54 %	27 %	45 %	35 %	30 %	34 %	21 %	24 %	18 %	21 %	14 %	22 %	33 %
Nampula	Mecuburi	ScaleUp	FY20	31 %	18 %	53 %	60 %	26 %	22 %	12 0%	62 %	60 %	20 %	75 %	32 %	57 %	33 %	56 %	33 %	38 %	37 %	26 %	25 %	23 %	30 %	15 %	27 %	49 %
Nampula	Mecuburi	ScaleUp	FY21	54 %	45 %	10 0 %	12 9 %	74 %	82 %	20 0%	11 9 %	12 8%	14 4 %	13 0 %	85 %	11 2 %	73 %	98 %	77 %	73 %	81 %	56 %	54 %	55 %	63 %	40 %	57 %	79 %
Nampula	Mecuburi	ScaleUp	FY22	69 %	73 %	10 0 %	12 9 %	74 %	82 %	36 0%	15 7 %	16 3%	14 4 %	14 4 %	10 3 %	11 4 %	96 %	10 2 %	88 %	77 %	90 %	57 %	73 %	65 %	80 %	50 %	60 %	89 %
Nampula	Mecuburi	ScaleUp	FY23	46 %	55 %	11 2 %	14 4 %	79 %	88 %	38 0%	16 7 %	18 1%	16 1 %	15 7 %	11 5 %	12 3 %	10 5 %	10 9 %	98 %	81 %	99 %	61 %	77 %	70 %	85 %	54 %	64 %	96 %
Nampula	Memba	Sustained Central	FY19	10 %	0%	28 %	28 %	30 %	21 %	10 7%	55 %	54 %	21 %	57 %	34 %	56 %	50 %	49 %	43 %	35 %	47 %	20 %	29 %	14 %	34 %	11 %	23 %	35 %
Nampula	Memba	Support Central	FY20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	48 %
Nampula	Memba	Support Central	FY21	16 5%	22 4%	37 %	49 %	52 %	53 %	22 0%	12 3 %	22 2%	35 5 %	61 %	10 0 %	45 %	52 %	47 %	46 %	54 %	52 %	54 %	51 %	62 %	60 %	37 %	41 %	58 %
Nampula	Memba	Support Central	FY22	16 5%	22 4%	43 %	51 %	52 %	53 %	29 3%	13 5 %	23 2%	35 5 %	81 %	11 7 %	59 %	75 %	56 %	63 %	59 %	66 %	55 %	64 %	66 %	71 %	44 %	46 %	68 %
Nampula	Memba	Support	FY23			46 %	53 %	55 %	54 %	30 7%	13 9 %	24 9%	38 0 %	86 %	12 4 %	63 %	78 %	59 %	66 %	63 %	70 %	59 %	67 %	70 %	75 %	46 %	49 %	71 %
Nampula	Mogincual	Sustained Central	FY19	0%	20 %	23 %	27 %	44 %	37 %	25 %	0 %	63 %	7 %	23 %	10 %	28 %	25 %	20 %	18 %	15 %	18 %	12 %	9 %	12 %	14 %	8 %	18 %	18 %
Nampula	Mogincual	Support Central	FY20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	28 %
Nampula	Mogincual	Support Central	FY21	13 3%	80 %	31 %	18 %	44 %	21 %	20 0%	19 57 %	14 1%	3 %	40 %	50 %	31 %	27 %	33 %	26 %	38 %	30 %	37 %	29 %	43 %	34 %	26 %	24 %	37 %
Nampula	Mogincual	Support	FY22	13 3%	80 %	35 %	32 %	44 %	26 %	22 5%	11 4 %	14 9%	19 3 %	58 %	71 %	45 %	53 %	41 %	46 %	42 %	48 %	38 %	45 %	47 %	49 %	32 %	32 %	48 %

		Central										11		22																
		Support	FY			38	32	50	26	25	4	16	7	64	79	50	58	46	50	47	53	43	50	53	55	36	36	53
Nampula	Mogincual	rt	23			%	%	%	%	0%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Sustained	FY	47	42	44	32	38	23	92	38	53	10	41	19	42	20	36	26	29	20	17	17	14	14	11	13	25
Nampula	Mogovolas		19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	37	38	41	45	47	27	10	28	60	8	63	26	54	29	44	34	36	29	25	20	19	19	16	19	40
Nampula	Mogovolas		20	%	%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleUp	FY	53	62	91	80	83	58	20	57	11	72	9	70	86	57	72	62	68	57	50	39	39	40	32	36	61
Nampula	Mogovolas		21	%	%	%	%	%	%	0%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleUp	FY	70	81	91	83	83	58	32	8	14	89	9	86	3	84	84	79	71	70	52	57	52	59	42	41	74
Nampula	Mogovolas		22	%	%	%	%	%	%	0%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleUp	FY	40	46	2	94	89	62	33	9	17	98	8	99	2	93	91	87	78	78	56	62	57	64	46	45	81
Nampula	Mogovolas		23	%	%	%	%	%	%	6%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	60	55	37	44	47	34	60	25	79	20	60	37	51	36	44	34	39	40	25	32	19	30	15	28	36
Nampula	Moma		19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	30	43	45	49	54	42	11	44	65	26	76	42	59	41	50	39	37	38	31	33	21	35	21	36	62
Nampula	Moma		20	%	%	%	%	%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleUp	FY	13	10	94	96	8	92	36	7	18	8	5	6	2	90	96	86	86	94	74	78	69	93	53	79	94
Nampula	Moma		21	7%	6%	%	%	%	%	6%	%	8%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleUp	FY	13	10	96	98	8	92	54	6	23	9	0	2	9	9	8	4	91	8	76	9	80	1	65	87	1
Nampula	Moma		22	7%	6%	%	%	%	%	6%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						10	11	12	10		20		24	18	15	14	14	11	12	10	12		11		13			12
		ScaleUp	FY	23	27	6	0	6	0	56	4	25	4	8	9	0	0	6	4	0	8	82	6	87	0	70	94	0
Nampula	Moma		23	%	%	%	%	%	%	9%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	31	38	25	33	29	25	80	32	39	17	34	19	30	19	27	24	23	27	20	21	13	19	10	20	23
Nampula	Monapo		19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	10	21	22	26	21	24	73	32	22	9	29	9	27	14	28	21	23	21	18	16	14	18	13	23	28
Nampula	Monapo		20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	76	33	47	49	51	43	18	57	75	87	56	37	50	35	51	43	45	49	35	40	33	46	29	48	44
Nampula	Monapo		21	%	%	%	%	%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleUp	FY	76	50	48	51	51	43	29	7	99	89	73	53	60	55	55	56	48	58	38	53	40	58	35	48	53
Nampula	Monapo		22	%	%	%	%	%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
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		ScaleUp	FY	14	17	54	58	55	47	30	0	11	0	80	59	65	60	60	61	53	64	41	58	43	64	38	54	58
Nampula	Monapo		23	%	%	%	%	%	%	0%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Sustained	FY	24	14	18	14	15	31	60	70	34	23	22	11	22	16	24	19	19	18	13	17	9	18	9	14	17
Nampula	Mossuril		19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY		14	32	23	10	24	70	35	25	5	23	5	22	12	23	17	17	20	15	22	7	19	7	13	38
Nampula	Mossuril		20	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

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Nampula	Mossuril	ScaleUp	FY 22	15 3%	71 %	69 %	55 %	73 %	45 %	38 0%	0 %	17 1%	4 %	88 %	74 %	69 %	70 %	67 %	66 %	59 %	68 %	51 %	68 %	51 %	71 %	35 %	43 %	64 %
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Nampula	Muecate	ScaleUp	FY 20	31 %	7%	31 %	19 %	25 %	25 %	16 4%	43 %	33 %	10 %	31 %	18 %	30 %	16 %	33 %	19 %	31 %	30 %	20 %	25 %	17 %	19 %	22 %	20 %	54 %
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Nampula	Muecate	ScaleUp	FY 22	12 5%	43 %	75 %	44 %	73 %	47 %	45 5%	7 %	18 0%	9 %	97 %	95 %	81 %	74 %	85 %	72 %	82 %	87 %	70 %	85 %	72 %	85 %	65 %	64 %	82 %
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Nampula	Murrupula	Sustained	FY 19	61 %	7%	35 %	48 %	39 %	42 %	11 8%	27 %	65 %	7 %	51 %	26 %	46 %	26 %	39 %	32 %	35 %	27 %	19 %	24 %	17 %	23 %	12 %	26 %	31 %
Nampula	Murrupula	ScaleUp	FY 20	11 %	33 %	27 %	20 %	35 %	21 %	64 %	27 %	28 %	2 %	37 %	9 %	37 %	13 %	32 %	23 %	23 %	24 %	16 %	18 %	15 %	13 %	11 %	21 %	34 %
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Nampula	Nacala	ScaleUp	FY 19	43 %	33 %	33 %	60 %	60 %	66 %	18 3%	87 %	51 %	19 %	58 %	20 %	55 %	31 %	50 %	39 %	44 %	38 %	43 %	41 %	30 %	38 %	24 %	51 %	43 %
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		ScaleUp	FY 19	33 %	62 %	49 %	40 %	46 %	42 %	13 0%	45 %	69 %	22 %	51 %	23 %	49 %	20 %	51 %	34 %	39 %	32 %	31 %	27 %	23 %	31 %	20 %	30 %	35 %
Nampula	Rapale																													

Nampula	Rapale	ScaleUp	FY 20	27%	54%	47%	48%	54%	37%	12 0%	55%	66%	13%	59%	28%	62%	23%	59%	37%	50%	38%	38%	35%	30%	30%	29%	35%	51%
Nampula	Rapale	ScaleUp	FY 21	93%	46%	93%	92%	12 3%	85%	25 0%	10 0%	13%	84%	11 6%	59%	11 2%	65%	10 0%	68%	98%	78%	76%	64%	68%	62%	62%	69%	83%
Nampula	Rapale	ScaleUp	FY 22	93%	85%	93%	92%	12 3%	85%	43 0%	17 5%	16 7%	13 3%	13 0%	97%	11 8%	94%	10 4%	95%	98%	98%	76%	92%	73%	91%	63%	75%	96%
Nampula	Rapale	ScaleUp	FY 23	33%	38%	10 6%	10 2%	13 5%	94%	45 0%	18 0%	7%	14 4%	14 6%	10 6%	12 9%	10 5%	11 3%	10 4%	10 6%	10 6%	84%	99%	81%	97%	70%	82%	10 5%
Nampula	Ribaue	Sustained	FY 19	20%	7%	22%	25%	36%	19%	11 7%	32%	40%	12%	33%	13%	27%	14%	29%	18%	19%	21%	16%	23%	11%	16%	6%	17%	20%
Nampula	Ribaue	ScaleUp	FY 20	11%	13%	23%	38%	48%	23%	83%	47%	30%	8%	38%	18%	31%	21%	36%	26%	24%	28%	17%	26%	12%	25%	9%	23%	35%
Nampula	Ribaue	ScaleUp	FY 21	57%	40%	44%	61%	77%	50%	20 6%	88%	85%	51%	64%	33%	64%	40%	62%	47%	49%	55%	42%	50%	35%	51%	24%	45%	49%
Nampula	Ribaue	ScaleUp	FY 22	57%	40%	44%	61%	77%	50%	27 8%	12 6%	10 3%	64%	75%	48%	64%	53%	65%	57%	51%	63%	42%	61%	41%	64%	30%	48%	56%
Nampula	Ribaue	ScaleUp	FY 23	17%	20%	51%	70%	81%	51%	29 4%	12 9%	11 3%	71%	81%	53%	69%	59%	69%	63%	54%	68%	46%	66%	44%	68%	32%	52%	60%
Niassa	Chimbonila	Central Support	FY 19							0%	0 0%	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%					0 0%	0 0%	52%
Niassa	Chimbonila	Central Support	FY 20	0%	0%	0 0%	0 0%	0 0%	0 0%	0%	0 0%	0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	72%
Niassa	Chimbonila	Central Support	FY 21	35 0%	35 0%	91%	78%	11 1%	67%	26 3%	78%	28 8%	27 8%	82%	17 3%	59%	89%	66%	65%	85%	70%	97%	74%	12 6%	89%	88%	74%	92%
Niassa	Chimbonila	Central Support	FY 22	35 0%	35 0%	91%	89%	11 1%	67%	28 8%	10 6%	30 8%	27 8%	11 4%	18 1%	84%	10 7%	82%	85%	94%	82%	97%	86%	12 9%	96%	99%	78%	10 6%
Niassa	Chimbonila	Central Support	FY 23			10 4%	94%	12 6%	71%	32 5%	11 1%	36 0%	33 9%	12 9%	21 9%	94%	12 6%	94%	99%	11 0%	97%	11 5%	10 2%	15 2%	11 5%	11 6%	94%	12 1%
Niassa	Cuamba	ScaleUp	FY 19	13%	10%	26%	26%	22%	27%	85%	34%	31%	15%	40%	15%	38%	17%	38%	25%	38%	38%	31%	25%	27%	33%	20%	38%	48%
Niassa	Cuamba	ScaleUp	FY 20	8%	17%	34%	35%	35%	31%	87%	40%	44%	25%	51%	17%	52%	29%	51%	42%	54%	48%	38%	34%	37%	40%	25%	55%	56%

Niassa	Cuamba	ScaleUp	FY21	60%	39%	49%	51%	65%	48%	15%	59%	12%	90%	81%	56%	83%	53%	83%	65%	83%	74%	66%	64%	71%	69%	51%	86%	73%
Niassa	Cuamba	ScaleUp	FY22	60%	41%	61%	62%	65%	51%	23%	10 0%	17%	90%	11 2%	70%	96%	72%	90%	86%	91%	85%	69%	74%	77%	79%	60%	88%	85%
Niassa	Cuamba	ScaleUp	FY23	21%	27%	73%	77%	76%	55%	25%	10 8%	20%	11 2%	12 8%	89%	10 8%	87%	10 0%	10 0%	99%	99%	76%	84%	85%	90%	67%	98%	97%
Niassa	Lago	Sustained	FY19	7%	0%	21%	16%	53%	40%	84%	15%	24%	29%	19%	11%	31%	18%	35%	23%	28%	24%	16%	21%	14%	20%	17%	17%	43%
Niassa	Lago	ScaleUp	FY20	0%	9%	25%	27%	49%	44%	11%	25%	24%	16%	25%	7%	34%	20%	39%	23%	31%	29%	21%	19%	16%	21%	19%	20%	55%
Niassa	Lago	ScaleUp	FY21	93%	10 9%	35%	59%	71%	58%	17 9%	65%	14 2%	12 9%	58%	79%	57%	56%	65%	52%	70%	63%	59%	54%	65%	61%	54%	57%	63%
Niassa	Lago	ScaleUp	FY22	93%	10 9%	53%	68%	78%	71%	22 6%	80%	16 2%	12 9%	78%	83%	71%	68%	75%	63%	72%	67%	61%	59%	68%	65%	59%	57%	72%
Niassa	Lago	ScaleUp	FY23	14%	18%	58%	70%	82%	75%	24 2%	85%	18 0%	14 6%	87%	97%	77%	77%	80%	70%	78%	73%	66%	65%	74%	72%	65%	63%	78%
Niassa	Lichinga	ScaleUp Sat	FY19	15%	27%	39%	34%	73%	66%	19 1%	66%	53%	36%	54%	26%	56%	37%	66%	48%	65%	55%	53%	44%	45%	49%	45%	70%	57%
Niassa	Lichinga	Attained	FY20	8%	22%	43%	37%	73%	72%	21 7%	81%	54%	45%	59%	26%	66%	37%	75%	54%	71%	63%	61%	54%	53%	59%	54%	87 10 %	65%
Niassa	Lichinga	ScaleUp	FY21	33%	27%	52%	47%	83%	75%	24 5%	93%	85%	70%	65%	46%	74%	50%	86%	67%	90%	80%	78%	68%	74%	76%	71%	5 10 %	76%
Niassa	Lichinga	ScaleUp	FY22	33%	35%	66%	60%	86%	84%	33 0%	12 5%	12 4%	70%	98%	58%	94%	65%	97%	82%	94%	85%	80%	78%	79%	84%	80%	9 10 %	88%
Niassa	Lichinga	ScaleUp	FY23	27%	35%	77%	75%	94%	93%	34 3%	13 4%	14 7%	78%	11 2%	72%	10 3%	80%	10 6%	95%	10 1%	97%	85%	87%	85%	92%	85%	11 7 %	98%
Niassa	Majune	Sustained	FY19							0%	0%	0%		0%	0%	0%	0%	0%	0%	0%	0%					0%	0%	35%
Niassa	Majune	Central Support	FY20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	44%
Niassa	Majune	Central Support	FY21	20 0%	12 5%	53%	33%	71%	33%	20 0%	45%	22 2%	18 7%	60%	10 4%	43%	54%	48%	47%	55%	52%	59%	54%	75%	64%	53%	50%	61%
Niassa	Majune	Central	FY22	20 0%	12 5%	53%	33%	71%	33%	20 0%	55%	22 2%	18 7%	68%	10 4%	49%	56%	49%	53%	55%	54%	59%	56%	75%	64%	53%	50%	64%

Niassa	Majune	Support Central Support	FY 23			68%	40%	93%	40%	26 0%	64%	25 9%	22 0%	78%	12 2%	56%	65%	57%	61%	64%	63%	69%	65%	88%	75%	61%	61%	73%
Niassa	Mandimba	Sustained	FY 19	3%	10%	16%	13%	16%	20%	54%	20%	26%	6%	22%	13%	25%	11%	21%	19%	18%	17%	14%	18%	10%	15%	9%	19%	30%
Niassa	Mandimba	ScaleUp	FY 20	5%	3%	17%	23%	24%	23%	89%	23%	35%	8%	33%	19%	32%	18%	33%	24%	27%	27%	24%	23%	16%	23%	16%	29%	40%
Niassa	Mandimba	ScaleUp	FY 21	47%	37%	27%	35%	46%	42%	11 4%	46%	11 6%	74%	51%	48%	49%	43%	49%	40%	51%	46%	43%	43%	43%	46%	34%	51%	47%
Niassa	Mandimba	ScaleUp	FY 22	47%	37%	40%	47%	46%	42%	21 4%	78%	15 5%	74%	83%	72%	67%	61%	63%	64%	58%	60%	50%	59%	52%	60%	46%	59%	62%
Niassa	Mandimba	ScaleUp	FY 23	13%	17%	49%	57%	54%	49%	24 0%	84%	18 7%	91%	97%	89%	75%	76%	69%	74%	65%	70%	55%	66%	59%	69%	50%	67%	71%
Niassa	Marrupa	Sustained	FY 19	8%	33%	19%	22%	31%	26%	33%	9%	29%	3%	39%	3%	21%	13%	28%	18%	23%	17%	16%	9%	7%	15%	6%	14%	22%
Niassa	Marrupa	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	28%
Niassa	Marrupa	Central Support	FY 21	12 5%	67%	32%	16%	43%	17%	12 5%	26%	16 6%	11 3%	45%	60%	31%	32%	34%	25%	41%	27%	43%	28%	55%	36%	39%	28%	41%
Niassa	Marrupa	Central Support	FY 22	12 5%	67%	32%	22%	43%	17%	13 3%	43%	16 6%	11 3%	53%	60%	38%	36%	37%	33%	41%	30%	43%	31%	55%	36%	39%	28%	44%
Niassa	Marrupa	Central Support	FY 23			43%	24%	57%	20%	17 5%	48%	19 8%	14 4%	62%	77%	44%	45%	43%	40%	49%	38%	52%	39%	66%	46%	46%	35%	52%
Niassa	Maua	Sustained	FY 19	6%	0%	7%	15%	15%	9%	61%	16%	32%	6%	30%	12%	21%	9%	18%	16%	10%	14%	8%	12%	5%	7%	4%	15%	19%
Niassa	Maua	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	16%
Niassa	Maua	Central Support	FY 21	71%	62%	17%	15%	23%	15%	67%	22%	84%	68%	22%	37%	16%	20%	18%	16%	22%	18%	23%	19%	28%	24%	18%	18%	23%
Niassa	Maua	Central	FY 22	71%	62%	17%	15%	23%	15%	72%	27%	84%	68%	28%	37%	20%	22%	20%	20%	23%	21%	23%	22%	28%	24%	18%	18%	25%

Niassa	Maua	Support Central	FY 23			22%	17%	28%	17%	89%	30%	10 2%	88%	33%	48%	24%	28%	24%	25%	28%	26%	28%	27%	34%	31%	22%	23%	29%
Niassa	Mavago	Sustained Central	FY 19							0%	0%	0%		0%	0%	0%	0%	0%	0%	0%	0%					0%	0%	16%
Niassa	Mavago	Support Central	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	13%
Niassa	Mavago	Support Central	FY 21	57%	20%	14%	5%	19%	5%	57%	7%	55%	63%	15%	30%	11%	16%	12%	15%	16%	18%	19%	19%	24%	24%	20%	22%	18%	
Niassa	Mavago	Support Central	FY 22	57%	20%	14%	9%	19%	5%	57%	14%	55%	63%	17%	30%	13%	16%	13%	16%	16%	18%	19%	19%	24%	24%	20%	22%	19%	
Niassa	Mavago	Support	FY 23			18%	9%	24%	5%	71%	14%	66%	79%	20%	38%	15%	21%	15%	20%	19%	22%	23%	24%	29%	30%	25%	28%	23%	
Niassa	Mecanhelas	Sustained	FY 19	0%	13%	19%	19%	31%	20%	32%	11%	28%	8%	34%	14%	27%	19%	31%	23%	21%	21%	16%	15%	10%	12%	8%	14%	39%	
Niassa	Mecanhelas	ScaleUp	FY 20	3%	13%	24%	38%	36%	35%	53%	35%	35%	14%	44%	22%	42%	31%	47%	38%	46%	37%	26%	32%	16%	25%	16%	29%	49%	
Niassa	Mecanhelas	ScaleUp	FY 21	40%	71%	38%	50%	61%	56%	12 4%	57%	10 9%	89%	69%	67%	63%	62%	75%	67%	68%	65%	58%	54%	49%	51%	42%	62%	63%	
Niassa	Mecanhelas	ScaleUp	FY 22	40%	71%	46%	61%	61%	56%	15 3%	74%	13 7%	89%	90%	74%	75%	70%	79%	75%	76%	69%	58%	63%	54%	57%	50%	62%	71%	
Niassa	Mecanhelas	ScaleUp	FY 23	17%	21%	54%	70%	66%	61%	16 8%	80%	15 9%	10 2%	10 2%	88%	85%	84%	88%	86%	83%	79%	64%	70%	62%	64%	56%	71%	80%	
Niassa	Mecula	Sustained Central	FY 19							0%	0%	0%		0%	0%	0%	0%	0%	0%	0%	0%					0%	0%	16%
Niassa	Mecula	Support Central	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	13%
Niassa	Mecula	Support Central	FY 21	10 0%	50%	26%	11%	35%	11%	86%	13%	49%	96%	13%	55%	10%	29%	11%	22%	14%	24%	15%	27%	19%	31%	13%	25%	20%	
Niassa	Mecula	Central	FY 22	10 0%	50%	26%	17%	35%	17%	10 0%	27%	51%	96%	22%	55%	16%	29%	15%	23%	16%	24%	16%	27%	20%	31%	15%	25%	23%	

Niassa	Mecula	Support Central Support	FY 23			30%	22%	41%	22%	11 4%	33%	66%	11 3%	26%	65%	19%	34%	18%	27%	20%	29%	21%	32%	26%	37%	20%	31%	28%
Niassa	Metarica	Sustained	FY 19	25%	0%	13%	25%	23%	20%	67%	31%	34%	11%	30%	0%	35%	14%	48%	29%	37%	19%	35%	26%	13%	17%	19%	40%	34%
Niassa	Metarica	ScaleUp	FY 20	0%	0%	63%	67%	54%	40%	67%	31%	38%	11%	63%	6%	40%	18%	63%	26%	51%	33%	33%	37%	25%	17%	27%	48%	51%
Niassa	Metarica	ScaleUp	FY 21	25%	67%	75%	50%	69%	67%	13 3%	46%	97%	53%	93%	63%	68%	42%	94%	53%	78%	67%	65%	62%	58%	33%	48%	70%	67%
Niassa	Metarica	ScaleUp	FY 22	50%	67%	10 0%	92%	77%	67%	20 0%	77%	14 1%	53%	12 0%	63%	87%	56%	10 8%	64%	90%	67%	66%	69%	66%	44%	61%	73%	80%
Niassa	Metarica	ScaleUp	FY 23	50%	67%	12 5%	12 5%	85%	87%	21 7%	77%	17 2%	58%	14 0%	88%	10 0%	65%	11 6%	78%	99%	81%	74%	74%	78%	52%	68%	78%	91%
Niassa	Muembe	Sustained Central Support	FY 19							0%	0 %	0%		0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %					0 %	0 %	43%
Niassa	Muembe	Central Support	FY 20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	43%
Niassa	Muembe	Central Support	FY 21	20 0%	23 3%	47%	50%	57%	44%	13 3%	50%	12 9%	11 6%	37%	73%	28%	39%	31%	31%	39%	33%	45%	34%	62%	42%	46%	39%	44%
Niassa	Muembe	Central Support	FY 22	20 0%	23 3%	71%	86%	64%	69%	23 3%	10 0%	19 4%	11 6%	82%	97%	62%	65%	58%	58%	62%	55%	61%	55%	85%	60%	71%	56%	71%
Niassa	Muembe	Central Support	FY 23			82%	86%	79%	69%	26 7%	10 0%	21 9%	13 2%	90%	10 7%	68%	70%	64%	63%	70%	59%	70%	60%	97%	66%	80%	61%	78%
Niassa	Ngauma	Sustained	FY 19	8%		11%	6%	17%	16%	21%	21%	19%	6%	10%	9%	17%	16%	20%	12%	19%	18%	18%	12%	12%	23%	10%	24%	30%
Niassa	Ngauma	ScaleUp	FY 20	8%	22%	22%	6%	19%	13%	21%	17%	13%	3%	13%	9%	19%	14%	24%	23%	22%	22%	21%	21%	16%	24%	12%	36%	40%
Niassa	Ngauma	ScaleUp	FY 21	67%	56%	30%	36%	28%	26%	71%	31%	12 4%	92%	45%	63%	40%	40%	44%	52%	48%	47%	51%	50%	58%	56%	41%	65%	49%
Niassa	Ngauma	ScaleUp	FY 22	67%	56%	48%	42%	39%	37%	15 0%	69%	15 6%	92%	75%	81%	61%	65%	58%	70%	59%	58%	57%	61%	66%	66%	55%	71%	64%
Niassa	Ngauma	ScaleUp	FY 23	17%	22%	59%	50%	44%	37%	16 4%	72%	17 8%	11 1%	85%	95%	69%	72%	63%	80%	65%	70%	63%	69%	73%	73%	60%	79%	72%

Niassa	Nipepe	Sustained Central	FY 19	0%	20%	26%	19%	14%	5%	25%	12%	29%	9%	39%	46%	33%	26%	34%	29%	23%	27%	15%	14%	4%	8%	3%	16%	25%
Niassa	Nipepe	Support Central	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	35%
Niassa	Nipepe	Support Central	FY 21	14 3%	80%	37%	19%	48%	18%	12 5%	24%	18 3%	14 5%	50%	91%	36%	48%	40%	38%	47%	42%	44%	42%	57%	51%	38%	38%	48%
Niassa	Nipepe	Support Central	FY 22	14 3%	80%	41%	19%	48%	18%	13 8%	29%	19 4%	14 5%	69%	91%	49%	55%	49%	46%	51%	45%	44%	45%	58%	51%	43%	38%	54%
Niassa	Nipepe	Support	FY 23			52%	24%	62%	23%	17 5%	35%	23 1%	18 6%	80%	11 7%	57%	68%	57%	57%	61%	57%	53%	57%	69%	65%	50%	49%	65%
Niassa	Sanga	Sustained Central	FY 19							0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%				0%	0%	31%
Niassa	Sanga	Support Central	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	32%
Niassa	Sanga	Support Central	FY 21	60%	13 8%	15%	37%	20%	35%	55%	50%	13 9%	13 5%	38%	75%	29%	40%	32%	33%	39%	36%	45%	38%	56%	47%	39%	38%	43%
Niassa	Sanga	Support Central	FY 22	60%	13 8%	26%	40%	27%	39%	10 0%	64%	13 9%	13 5%	45%	75%	34%	44%	35%	37%	39%	38%	45%	40%	56%	47%	39%	38%	45%
Niassa	Sanga	Support	FY 23			33%	43%	37%	42%	12 7%	68%	16 1%	16 1%	52%	89%	39%	51%	40%	43%	46%	45%	52%	47%	65%	56%	45%	46%	52%
Sofala	Beira	ScaleUp	FY 19	14%	21%	27%	35%	53%	46%	13 8%	70%	46 %	26%	55%	19%	48%	21%	48%	28%	46%	34%	43%	34%	34%	35%	29%	58%	40%
Sofala	Beira	ScaleUp	FY 20	23%	17%	25%	29%	52%	47%	15 7%	72%	44 %	32%	56%	20%	51%	23%	53%	32%	51%	39%	47%	39%	41%	41%	35%	68%	57%
Sofala	Beira	ScaleUp	FY 21	42%	62%	34%	41%	64%	65%	19 7%	99%	13 7%	85%	83%	42%	77%	41%	72%	46%	78%	60%	74%	58%	73%	67%	56%	91%	68%
Sofala	Beira	ScaleUp	FY 22	42%	62%	44%	51%	69%	66%	27 6%	12 0%	17 0%	11 91%	6%	64%	88%	64%	80%	62%	79%	71%	75%	75%	77%	79%	61%	98%	79%

Sofala	Beira	ScaleUp	FY 23	12%	15%	52%	60%	76%	72%	292%	125%	182%	100%	126%	77%	95%	76%	84%	72%	82%	82%	78%	83%	79%	87%	63%	106%	85%
Sofala	Buzi	ScaleUp	FY 19	9%	7%	9%	20%	37%	21%	56%	17%	16%	7%	29%	7%	28%	17%	29%	16%	21%	18%	17%	18%	11%	14%	8%	16%	39%
Sofala	Buzi	ScaleUp	FY 20	10%	9%	20%	26%	49%	39%	90%	30%	23%	11%	40%	12%	52%	27%	47%	28%	38%	33%	33%	31%	23%	32%	20%	35%	53%
Sofala	Buzi	ScaleUp	FY 21	72%	76%	38%	49%	82%	63%	139%	60%	107%	67%	73%	43%	80%	52%	77%	52%	70%	63%	65%	57%	54%	62%	41%	59%	63%
Sofala	Buzi	ScaleUp	FY 22	72%	76%	42%	52%	82%	63%	184%	68%	127%	69%	93%	60%	93%	75%	83%	71%	73%	78%	65%	76%	59%	72%	43%	63%	72%
Sofala	Buzi	ScaleUp	FY 23	14%	18%	55%	64%	90%	71%	200%	74%	136%	79%	100%	70%	98%	86%	87%	80%	76%	87%	68%	86%	61%	79%	45%	69%	78%
Sofala	Caia	Attained	FY 19	43%	58%	42%	57%	40%	27%	105%	34%	49%	15%	49%	19%	49%	26%	52%	29%	54%	31%	39%	28%	25%	29%	25%	37%	53%
Sofala	Caia	ScaleUp	FY 20	53%	33%	64%	78%	66%	42%	114%	49%	45%	12%	62%	25%	67%	30%	67%	38%	68%	50%	55%	39%	42%	44%	33%	59%	58%
Sofala	Caia	ScaleUp	FY 21	127%	138%	112%	135%	120%	88%	193%	88%	101%	52%	111%	49%	109%	65%	104%	70%	106%	85%	83%	65%	68%	74%	55%	90%	86%
Sofala	Caia	ScaleUp	FY 22	127%	138%	112%	135%	120%	88%	300%	112%	148%	64%	150%	93%	140%	118%	123%	116%	118%	133%	91%	119%	84%	105%	68%	106%	113%
Sofala	Caia	ScaleUp	FY 23	333%	423%	154%	183%	157%	112%	379%	132%	169%	80%	168%	112%	153%	141%	133%	136%	128%	155%	97%	132%	91%	121%	73%	120%	127%
Sofala	Chemba	Sustained	FY 19							0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%					0%	0%	28%
Sofala	Chemba	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	26%
Sofala	Chemba	Central Support	FY 21	129%	169%	33%	42%	37%	34%	79%	40%	97%	65%	33%	36%	26%	22%	28%	20%	35%	24%	37%	26%	47%	31%	27%	25%	34%
Sofala	Chemba	Central Support	FY 22	129%	169%	33%	44%	37%	34%	93%	45%	98%	65%	44%	43%	34%	35%	33%	30%	37%	35%	37%	38%	47%	38%	29%	29%	39%
Sofala	Chemba	Central Support	FY 23			44%	50%	49%	39%	118%	51%	108%	79%	47%	51%	37%	40%	36%	35%	41%	40%	41%	43%	52%	45%	32%	34%	43%
Sofala	Cheringoma	Sustained	FY 19	8%	0%	48%	23%	59%	30%	29%	30%	43%	9%	51%	9%	39%	12%	44%	21%	33%	23%	22%	13%	13%	17%	17%	22%	34%

Sofala	Cheringoma	ScaleUp	FY 20	25%	30%	44%	23%	51%	30%	53%	42%	49%	9%	58%	16%	41%	17%	49%	29%	36%	32%	28%	25%	15%	23%	20%	35%	42%
Sofala	Cheringoma	ScaleUp	FY 21	67%	80%	46%	51%	88%	42%	10 6%	58%	94%	46%	88 %	40%	71%	38%	68%	43%	59%	59%	51%	36%	34%	45%	35%	52%	55%
Sofala	Cheringoma	ScaleUp	FY 22	83%	10 0%	63%	51%	88%	44%	15 3%	76%	11 9%	51%	9 %	58%	84%	67%	83%	74%	67%	84%	54%	71%	43%	60%	45%	64%	71%
Sofala	Cheringoma	ScaleUp	FY 23	42%	50%	73%	77%	98%	49%	16 5%	82%	13 7%	60%	12 0 %	73%	91%	80%	87%	86%	71%	10 1%	58%	80%	47%	70%	49%	73%	79%
Sofala	Chibabava	ScaleUp Sat	FY 19	12%	11%	24%	28%	62%	44%	88%	52%	46%	13%	49 %	13%	50%	28%	58%	35%	54%	40%	38%	37%	22%	34%	14%	34%	57%
Sofala	Chibabava	ScaleUp	FY 20	21 %	7%	30%	36%	68%	58%	10 2%	55%	44%	19%	61 %	16%	61%	35%	77%	47%	70%	45%	52%	57%	26%	49%	21%	49%	79%
Sofala	Chibabava	ScaleUp	FY 21	91%	93%	51%	51%	95%	90%	21 2%	99%	16 2%	93%	11 2 %	58%	11 0 %	74%	11 8 %	85%	11 6 %	10 2 %	94%	94%	72%	94%	50%	87%	93%
Sofala	Chibabava	ScaleUp	FY 22	91%	93%	59%	65%	96%	90%	25 6%	11 3%	11 19%	10 1%	14 0 %	12 87 %	11 6 %	13 6 %	11 0 %	12 9 %	12 1 %	12 3 %	94%	12 5 %	76%	10 9 %	56%	94%	10 7 %
Sofala	Chibabava	ScaleUp	FY 23	18%	22%	69%	74%	0%	96%	27 6%	9%	21 4%	4%	0 %	0%	4%	5%	5%	3%	6%	2%	99%	9%	80%	4%	59%	4%	5%
Sofala	Dondo	ScaleUp	FY 19	28%	15%	38%	31%	52%	47%	91%	54%	39%	13%	51 %	17%	52%	22%	50%	28%	42%	28%	38%	25%	27%	25%	25%	41%	55%
Sofala	Dondo	ScaleUp	FY 20	31%	44%	60%	61%	83%	72%	13 8%	74%	61%	18%	92 %	25%	87%	37%	82%	49%	69%	48%	57%	42%	41%	46%	40%	63%	65%
Sofala	Dondo	ScaleUp	FY 21	50%	37%	67%	75%	6%	83%	16 8%	93%	82%	44%	11 7 %	39%	12 2 %	56%	11 3 %	73%	96%	79%	82%	67%	65%	71%	59%	94%	85%
Sofala	Dondo	ScaleUp	FY 22	55%	60%	85%	87%	10 6 %	88%	29 4%	12 6 %	14%	61%	15 9 %	13 75 %	9%	94%	12 0 %	96%	10 2 %	98%	86%	96%	77%	93%	68%	10 2 %	10 4 %
Sofala	Dondo	ScaleUp	FY 23	27%	33%	10 2 %	10 3 %	11 9 %	94%	31 1%	13 4 %	15%	69%	17 1 %	87%	14 8 %	11 0 %	12 7 %	11 2 %	10 7 %	11 2 %	90%	10 7 %	81%	10 3 %	71%	11 4 %	11 3 %
Sofala	Gorongosa	Attained	FY 19	11%	3%	14%	15%	19%	20%	51%	26%	26%	7%	30 %	8%	27%	13%	24%	19%	27%	22%	18%	17%	15%	15%	13%	22%	29%
Sofala	Gorongosa	ScaleUp	FY 20	8%	0%	13 %	13 %	23 %	19 %	64 %	32 %	23 %	4%	29 %	12 %	29 %	12 %	28 %	20 %	27 %	27 %	24 %	20 %	17 %	18 %	14 %	23 %	32 %
Sofala	Gorongosa	ScaleUp	FY 21	38%	40%	21%	24%	36%	28%	84%	49%	67%	43%	47 %	30%	48%	35%	46%	37%	46%	44%	42%	39%	38%	39%	31%	45%	41%
Sofala	Gorongosa	ScaleUp	FY 22	38%	40%	26%	27%	36%	29%	12 4%	56%	78%	43%	60 %	42%	54%	46%	49%	48%	48%	56%	42%	50%	41%	46%	33%	47%	48%
Sofala	Gorongosa	ScaleUp	FY 23	16%	20%	32%	33%	43%	31%	14 2%	62%	88%	51%	65 %	50%	58%	56%	53%	56%	51%	66%	45%	55%	44%	52%	35%	54%	53%

Sofala	Machanga	Attained	FY19	0%		24%	21%	40%	22%	61%	15%	22%	8%	25%	5%	28%	9%	32%	15%	30%	23%	24%	19%	16%	14%	8%	20%	50%
Sofala	Machanga	ScaleUp	FY20	5%	25%	17%	14%	41%	36%	75%	23%	22%	7%	29%	8%	31%	10%	37%	18%	31%	26%	29%	29%	20%	17%	10%	25%	58%
Sofala	Machanga	ScaleUp	FY21	16 0%	15 0%	59%	60%	92%	66%	18 6%	75%	18 0%	88%	73%	54%	69%	42%	75%	44%	74%	59%	72%	63%	70%	60%	36%	57%	66%
Sofala	Machanga	ScaleUp	FY22	16 0%	15 0%	60%	60%	92%	72%	23 2%	85%	20 4%	88%	10 8%	74%	88%	74%	86%	70%	80%	81%	76%	89%	75%	75%	40%	63%	79%
Sofala	Machanga	ScaleUp	FY23	5%	6%	73%	68%	10 5%	76%	25 4%	94%	21 7%	10 0%	11 4%	84%	92%	84%	90%	78%	84%	90%	79%	98%	79%	85%	42%	70%	84%
Sofala	Maringue	Sustained Central	FY19							0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %					0 %	0 %	22%
Sofala	Maringue	Support Central	FY20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	31%
Sofala	Maringue	Support Central	FY21	29 3%	28 2%	73%	70%	85%	61%	19 5%	74%	10 6%	66%	36%	37%	27%	22%	30%	21%	38%	27%	39%	27%	48%	32%	30%	25%	39%
Sofala	Maringue	Support Central	FY22	29 3%	28 2%	73%	73%	85%	61%	21 9%	81%	11 0%	66%	51%	48%	40%	43%	37%	39%	42%	46%	39%	46%	49%	42%	33%	31%	48%
Sofala	Maringue	Support	FY23			82%	75%	96%	63%	24 3%	83%	12 4%	83%	56%	57%	43%	49%	41%	45%	47%	53%	44%	53%	56%	50%	37%	38%	52%
Sofala	Marromeu	ScaleUp Sat	FY19	13 %	22 %	21 %	18 %	11 %	9 %	21 %	9 %	21 %	5 %	30 %	9 %	25 %	13 %	23 %	14 %	18 %	16 %	13 %	13 %	10 %	12 %	7 %	13 %	25%
Sofala	Marromeu	ScaleUp	FY20	11 %	16 %	21 %	27 %	17 %	14 %	34 %	8 %	22 %	5 %	38 %	10 %	33 %	17 %	30 %	18 %	24 %	21 %	19 %	16 %	14 %	18 %	9 %	19 %	25%
Sofala	Marromeu	ScaleUp	FY21	41 %	45 %	34 %	43 %	27 %	24 %	48 %	16 %	46 %	21 %	56 %	20 %	55 %	28 %	44 %	31 %	40 %	33 %	33 %	28 %	25 %	29 %	18 %	31 %	35%
Sofala	Marromeu	ScaleUp	FY22	41 %	45 %	38 %	44 %	29 %	24 %	10 7%	31 %	72 %	25 %	78 %	38 %	66 %	53 %	54 %	49 %	46 %	54 %	36 %	49 %	34 %	43 %	26 %	38 %	48%
Sofala	Marromeu	ScaleUp	FY23	16 %	20 %	52 %	57 %	34 %	27 %	11 5%	34 %	83 %	35 %	87 %	50 %	71 %	66 %	58 %	58 %	50 %	63 %	40 %	58 %	37 %	52 %	28 %	45 %	54%
Sofala	Muanza	Sustained Central	FY19							0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %					0 %	0 %	43%
Sofala	Muanza	Support	FY20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	38%

		Central Support	FY	18	18	44	47	52	43	13	60	15	13	53	60	44	36	50	35	53	41	51	38	67	40	54	39	53
Sofala	Muanza	rt	21	3%	0%	%	%	%	%	8%	%	8%	1 %	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Central Support	FY	18	18	44	53	52	43	17	73	16	13 1	75	70	63	61	61	57	57	60	51	56	68	47	59	47	64
Sofala	Muanza	rt	22	3%	0%	%	%	%	%	5%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Central Support	FY			56	58	67	48	21	80	17	16 5	80	86	67	70	66	67	63	71	57	66	75	58	65	59	71
Sofala	Muanza	rt	23			%	%	%	%	3%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Nhamatanda	ScaleUp Sat	FY 19	11 %	8%	18 %	23 %	29 %	21 %	59 %	26 %	22 %	7 %	34 %	9 %	34 %	17 %	34 %	22 %	30 %	25 %	24 %	21 %	16 %	20 %	15 %	27 %	36 %
Sofala																													
	Nhamatanda	ScaleUp	FY 20	19 %	22 %	29 %	35 %	47 %	35 %	87 %	42 %	32 %	9 %	55 %	16 %	54 %	25 %	55 %	36 %	45 %	41 %	35 %	35 %	26 %	31 %	24 %	39 %	46 %
Sofala																													
	Nhamatanda	ScaleUp	FY 21	28 %	38 %	38 %	46 %	61 %	52 %	13 1%	61 %	75 %	34 %	75 %	29 %	80 %	41 %	77 %	54 %	68 %	65 %	57 %	56 %	47 %	49 %	37 %	58 %	59 %
Sofala																													
	Nhamatanda	ScaleUp	FY 22	28 %	38 %	46 %	52 %	61 %	52 %	19 3%	79 %	10 1%	44 %	99 %	52 %	91 %	69 %	83 %	75 %	70 %	82 %	57 %	78 %	52 %	66 %	41 %	65 %	70 %
Sofala																													
	Nhamatanda	ScaleUp	FY 23	18 %	22 %	59 %	67 %	68 %	57 %	21 3%	84 %	11 2%	52 %	10 9 %	60 %	97 %	82 %	87 %	87 %	74 %	96 %	60 %	88 %	55 %	74 %	43 %	73 %	77 %
Sofala																													
	Angonia	Sustained	FY 19		0%	14 %	28 %	26 %	32 %	10 0%	47 %	53 %	27 %	80 %	47 %	60 %	43 %	63 %	43 %	64 %	54 %	51 %	56 %	39 %	46 %	38 %	62 %	75 %
Tete																													
	Angonia	ScaleUp	FY 20	0%	6%	13 %	36 %	34 %	32 %	10 0%	49 %	92 %	32 %	12 1 %	61 %	84 %	59 %	79 %	57 %	78 %	66 %	64 %	60 %	46 %	60 %	44 %	74 %	88 %
Tete																													
	Angonia	ScaleUp	FY 21	56 %	63 %	29 %	44 %	45 %	62 %	12 4%	61 %	29 7%	13 4 %	19 0 %	13 0 %	13 4 %	97 %	11 7 %	10 1 %	11 4 %	10 5 %	99 %	93 %	84 %	94 %	71 %	10 1 %	10 5 %
Tete																													
	Angonia	ScaleUp	FY 22	56 %	63 %	40 %	57 %	52 %	62 %	20 0%	11 0 %	37 2%	15 0 %	24 3 %	18 5 %	15 2 %	15 3 %	12 7 %	13 1 %	12 1 %	13 2 %	99 %	12 1 %	85 %	10 7 %	73 %	10 5 %	12 0 %
Tete																													
	Angonia	ScaleUp	FY 23	56 %	63 %	44 %	70 %	54 %	67 %	20 5%	11 2 %	40 5%	16 0 %	26 1 %	19 4 %	16 2 %	16 3 %	13 3 %	14 2 %	12 7 %	14 0 %	10 3 %	12 8 %	89 %	11 2 %	76 %	10 9 %	12 7 %
Tete																													
	Cahora Bassa	Sustained	FY 19	6%	13 %	33 %	20 %	52 %	51 %	78 %	63 %	11 8%	47 %	13 3 %	42 %	95 %	62 %	10 3 %	63 %	72 %	68 %	49 %	43 %	36 %	39 %	30 %	48 %	66 %
Tete																													
	Cahora Bassa	ScaleUp	FY 20	0%	6%	34 %	24 %	45 %	51 %	88 %	57 %	13 4%	45 %	13 4 %	11 54 %	10 0 %	71 %	10 4 %	79 %	77 %	78 %	55 %	58 %	39 %	45 %	34 %	52 %	95 %
Tete																													
	Cahora Bassa	ScaleUp	FY 21	89 %	81 %	47 %	40 %	67 %	76 %	14 4%	79 %	31 3%	14 8 %	21 1 %	13 6 %	16 9 %	12 6 %	15 2 %	12 8 %	12 9 %	12 9 %	10 93 %	2 %	82 %	80 %	66 %	89 %	11 6 %
Tete																													

Tete	Cahora Bassa	ScaleUp	FY 22	89%	81%	64%	53%	70%	77%	18%	113%	39%	154%	260%	173%	189%	169%	162%	152%	142%	94%	115%	87%	90%	69%	89%	130%
Tete	Cahora Bassa	ScaleUp	FY 23	17%	19%	68%	57%	73%	78%	19%	113%	41%	161%	272%	185%	195%	177%	166%	158%	132%	148%	96%	120%	89%	94%	71%	92%	134%
Tete	Changara	ScaleUp	FY 19	14%	15%	31%	37%	72%	63%	87%	56%	12%	26%	129%	59%	120%	78%	95%	76%	79%	76%	54%	54%	37%	51%	41%	49%	89%
Tete	Changara	ScaleUp	FY 20	36%	15%	38%	46%	76%	83%	11%	70%	11%	33%	160%	77%	109%	104%	126%	105%	96%	107%	68%	73%	48%	63%	50%	67%	105%
Tete	Changara	ScaleUp	FY 21	79%	69%	53%	56%	94%	92%	17%	94%	21%	88%	210%	113%	192%	154%	163%	150%	142%	150%	95%	112%	75%	102%	71%	100%	125%
Tete	Changara	ScaleUp	FY 22	79%	69%	64%	67%	96%	100%	19%	113%	27%	93%	251%	149%	208%	180%	170%	165%	142%	161%	96%	124%	80%	104%	73%	100%	135%
Tete	Changara	ScaleUp	FY 23	36%	38%	69%	80%	100%	100%	20%	115%	30%	97%	264%	149%	218%	188%	178%	173%	147%	169%	99%	128%	82%	108%	74%	103%	140%
Tete	Chifunde	Sustained	FY 19							0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%					0%	0%	43%
Tete	Chifunde	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	57%
Tete	Chifunde	Central Support	FY 21	25 0%	16 0%	44%	27%	43%	22%	58%	22%	34 2%	7%	170%	120%	73%	72%	70%	47%	81%	43%	82%	38%	103%	44%	80%	34%	71%
Tete	Chifunde	Central Support	FY 22	25 0%	16 0%	53%	33%	43%	25%	81%	32%	34 4%	7%	171%	150%	91%	93%	79%	62%	84%	54%	82%	48%	103%	47%	80%	35%	80%
Tete	Chifunde	Central Support	FY 23			56%	37%	46%	28%	85%	35%	36 4%	0%	191%	150%	95%	98%	83%	66%	89%	57%	87%	51%	109%	50%	84%	37%	83%
Tete	Chiuta	Attained	FY 19			24%	4%	33%	33%	50%	63%	10 4%	25%	108%	69%	69%	54%	52%	35%	56%	47%	36%	42%	23%	19%	20%	38%	79%
Tete	Chiuta	ScaleUp	FY 20	0%	0%	17%	23%	52%	41%	71%	79%	14 8%	29%	139%	81%	96%	76%	71%	51%	64%	73%	46%	49%	32%	35%	27%	48%	88%

Tete	Chiuta	ScaleUp	FY 21	10 0%	12 0%	41 %	42 %	56 %	67 %	14 3%	12 1 %	36 0%	13 3 %	21 3 %	16 3 %	14 9 %	14 1 %	11 4 %	95 %	11 4 %	10 8 %	86 %	89 %	78 %	81 %	63 %	81 %	10 6 %
Tete	Chiuta	ScaleUp	FY 22	10 0%	12 0%	45 %	58 %	63 %	74 %	16 4%	14 7 %	43 2%	13 8 %	26 9 %	20 6 %	17 5 %	18 6 %	12 9 %	12 7 %	11 9 %	13 8 %	87 %	10 9 %	82 %	87 %	63 %	84 %	12 2 %
Tete	Chiuta	ScaleUp	FY 23	60 %	60 %	52 %	62 %	67 %	78 %	17 1%	15 3 %	46 0%	15 0 %	28 4 %	21 9 %	18 2 %	19 7 %	13 5 %	13 4 %	12 4 %	14 5 %	91 %	11 5 %	87 %	91 %	66 %	87 %	12 8 %
Tete	Doa	new Central	FY 19	0%		4 %	14 %	63 %	17 %	47 %	10 %	62 %	15 %	39 %	13 %	57 %	42 %	45 %	41 %	62 %	30 %	34 %	23 %	19 %	14 %	23 %	26 %	53 %
Tete	Doa	Support Central	FY 20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	66 %
Tete	Doa	Support Central	FY 21	25 0%	25 0%	42 %	45 %	42 %	42 %	67 %	48 %	43 8%	26 2 %	14 8 %	21 9 %	96 %	12 8 %	81 %	84 %	90 %	83 %	86 %	73 %	10 6 %	80 %	74 %	51 %	96 %
Tete	Doa	Support Central	FY 22	25 0%	25 0%	54 %	50 %	46 %	42 %	10 7%	67 %	44 2%	26 2 %	19 2 %	21 9 %	12 4 %	15 3 %	93 %	10 1 %	95 %	96 %	86 %	85 %	10 6 %	80 %	74 %	51 %	10 5 %
Tete	Doa	Support	FY 23			58 %	55 %	50 %	46 %	11 3%	71 %	47 7%	28 5 %	20 4 %	23 9 %	13 1 %	16 4 %	99 %	10 9 %	10 2 %	10 4 %	92 %	91 %	11 4 %	87 %	80 %	55 %	11 2 %
Tete	Macanga	Sustained	FY 19	25 %		21 %	14 %	46 %	33 %	67 %	41 %	42 %	35 %	70 %	26 %	64 %	49 %	62 %	53 %	49 %	48 %	35 %	34 %	28 %	31 %	32 %	30 %	87 %
Tete	Macanga	ScaleUp	FY 20	50 %	25 %	8 %	23 %	42 %	46 %	10 0%	27 %	35 %	19 %	95 %	40 %	82 %	47 %	65 %	65 %	61 %	62 %	43 %	37 %	38 %	39 %	41 %	42 %	10 4 %
Tete	Macanga	ScaleUp	FY 21	32 5%	20 0%	75 %	82 %	96 %	75 %	18 0%	55 %	30 8%	22 7 %	18 0 %	20 0 %	14 6 %	13 9 %	11 8 %	11 9 %	13 3 %	12 6 %	10 0 %	11 84 %	3 %	87 %	99 %	88 %	12 0 %
Tete	Macanga	ScaleUp	FY 22	32 5%	20 0%	92 %	82 %	10 0 %	88 %	27 3%	10 5 %	45 0%	23 1 %	31 3 %	27 4 %	21 0 %	21 8 %	16 1 %	17 8 %	15 8 %	16 7 %	11 9 %	12 9 %	13 6 %	11 2 %	12 2 %	99 %	16 3 %
Tete	Macanga	ScaleUp	FY 23	75 %	75 %	10 0 %	10 95 %	10 8 %	10 0 %	28 0%	10 9 %	47 3%	24 6 %	32 6 %	29 7 %	22 0 %	22 8 %	16 8 %	18 6 %	16 5 %	17 4 %	12 3 %	13 3 %	14 0 %	11 6 %	12 6 %	10 2 %	16 9 %
Tete	Magoe	Sustained	FY 19	20 %	11 %	31 %	27 %	61 %	47 %	58 %	53 %	10 0%	22 %	10 2 %	32 %	71 %	50 %	79 %	48 %	68 %	49 %	48 %	37 %	33 %	31 %	32 %	38 %	59 %
Tete	Magoe	ScaleUp	FY 20	30 %	33 %	33 %	33 %	67 %	65 %	10 6%	87 %	11 3%	30 %	13 5 %	59 %	10 7 %	84 %	99 %	81 %	87 %	77 %	64 %	60 %	46 %	50 %	42 %	57 %	94 %

								11	10		11		14	18	14	17	14	14	13	13	12	10	10					12
		ScaleUp	FY	11	16	53	58	9	9	16	9	24	6	7	0	0	3	2	8	4	7	4	4	93	95	74	93	1
Tete	Magoe		21	0%	7%	%	%	%	%	4%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								11	10		15		14	26	18	19	18	15	15	13	14	10	11					13
		ScaleUp	FY	11	16	69	71	9	9	20	1	33	6	4	0	4	8	6	9	6	0	4	6	95	98	77	93	6
Tete	Magoe		22	0%	7%	%	%	%	%	9%	%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								12	11		15		15	27	19	20	20	16	16	14	14	10	12		10			14
		ScaleUp	FY	50	56	76	85	4	5	21	7	35	6	6	1	2	2	3	9	1	7	6	2	98	5	80	97	2
Tete	Magoe		23	%	%	%	%	%	%	5%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
			FY			27	26	46	22	24	17	36	9	49	16	37	32	61	25	43	31	27	26	26	17	19	18	79
Tete	Marara	new	19			%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY		25	50	22	50	63	57	24	79	16	80	22	59	35	88	45	63	48	62	47	44	34	44	43	84
Tete	Marara		20	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10					11	15	10	12		14		13		10		10				10
		ScaleUp	FY	20	30	81	78	4	93	81	59	24	1	4	2	4	94	3	86	0	92	7	80	4	78	82	79	4
Tete	Marara		21	0%	0%	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
								10	10				11	18	11	13	11	15	10	13	10	10		10				11
		ScaleUp	FY	20	30	96	83	4	4	12	79	26	1	6	6	8	5	2	5	0	4	7	95	4	80	82	79	3
Tete	Marara		22	0%	0%	%	%	%	%	4%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						10		10	10				11	19	12	14	12	16	11	13	11	11	10	10				11
		ScaleUp	FY	40	50	4	96	8	4	12	79	28	8	8	8	7	6	0	1	8	1	2	0	8	85	85	84	9
Tete	Marara		23	%	%	%	%	%	%	4%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Sustained	FY	25		35	17	23	25	16	26	40	3	51	11	61	15	45	18	40	20	29	25	26	16	28	15	81
Tete	Maravia		19	%		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Central Support	FY			0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	78
Tete	Maravia		20	0%	0%	%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Central Support	FY	40	26	80	44	73	33	84	30	43	20 6	17 5	18 4	11 7	96	10 7	59	12 0	52	12 4	46	15 4	54	11 4	39	98
Tete	Maravia		21	0%	7%	%	%	%	%	%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Central Support	FY	40	26	10 0	89	73	58	14	78	51	20 6	29 5	24 5	19 6	17 8	15 1	11 1	14 9	95	13 2	84	16 4	75	12 9	51	13 6
Tete	Maravia		22	0%	7%	%	%	%	%	2%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Central Support	FY			10 5	94	77	63	14	81	53	21 8	30 4	25 5	20 2	18 4	15 7	11 4	15 5	98	13 9	87	17 2	78	13 6	53	14 0
Tete	Maravia		23			%	%	%	%	7%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														16		15		12	11	12	10							13
		ScaleUp Sat	FY		14	41	46	75	65	10	85	13	57	0	52	9	91	7	4	5	6	83	89	62	73	54	82	1
Tete	Moatize		19	9%	%	%	%	%	%	7%	%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
									10		10			23		21	11	18	15	16	15	11	13		10		11	15
		ScaleUp	FY	17	33	63	58	95	3	16	4	20	70	1	83	2	6	8	9	6	7	5	3	87	6	75	8	0
Tete	Moatize		20	%	%	%	%	%	%	9%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

								13	12		11		13	29	13	26	15	24	20	21	22	15	17	11	14	10	15	17
		ScaleUp	FY21	12 6%	62 %	68 %	62 %	3 %	1 %	23 4%	7 %	28 7%	9 %	0 %	3 %	2 %	6 %	3 %	1 %	1 %	3 %	4 %	1 %	7 %	1 %	0 %	4 %	8 %
Tete	Moatize							13	12		16		14	35	18	28	22	24	23	21	23	15	20	12	15	10	15	19
		ScaleUp	FY22	12 6%	62 %	93 %	81 %	3 %	5 %	29 0%	5 %	40 5%	5 %	4 %	9 %	8 %	0 %	5 %	9 %	3 %	6 %	4 %	1 %	3 %	5 %	3 %	4 %	6 %
Tete	Moatize					10		13	13		17		15	37	19	30	23	25	25	22	24	15	20	12	15	10	15	20
		ScaleUp	FY23	61 %	67 %	0 %	88 %	8 %	0 %	29 8%	0 %	43 0%	0 %	9 %	9 %	0 %	2 %	4 %	3 %	0 %	6 %	7 %	7 %	6 %	9 %	5 %	8 %	4 %
Tete	Moatize																													
		ScaleUp	FY19	0%	0%	20 %	22 %	28 %	31 %	29 %	27 %	38 %	14 %	52 %	19 %	54 %	21 %	40 %	29 %	45 %	34 %	26 %	32 %	19 %	14 %	14 %	22 %	67 %
Tete	Mutarara																													
		ScaleUp	FY20	18 %	0%	27 %	35 %	53 %	47 %	54 %	37 %	59 %	25 %	74 %	33 %	81 %	40 %	66 %	43 %	77 %	61 %	56 %	47 %	28 %	33 %	25 %	40 %	68 %
Tete	Mutarara																													
													10	13	10	14	10	12		12	12	10						
		ScaleUp	FY21	13 6%	11 0%	61 %	65 %	84 %	95 %	12 6%	82 %	19 7%	6 %	8 %	6 %	5 %	9 %	0 %	91 %	0 %	0 %	0 %	87 %	67 %	74 %	54 %	72 %	98 %
Tete	Mutarara																													
											10		10	20	14	17	15	13	13	13	14	10	11					11
		ScaleUp	FY22	13 6%	11 0%	71 %	72 %	84 %	95 %	16 3%	0 %	27 0%	6 %	1 %	0 %	3 %	5 %	1 %	0 %	2 %	9 %	0 %	9 %	70 %	83 %	57 %	72 %	6 %
Tete	Mutarara																													
									10		10		12	22	15	18	17	14	14	14	16	10	12					12
		ScaleUp	FY23	9%	10 %	80 %	85 %	91 %	7 %	18 0%	8 %	30 3%	2 %	0 %	7 %	4 %	0 %	2 %	2 %	0 %	0 %	7 %	7 %	78 %	91 %	62 %	78 %	5 %
Tete	Mutarara																													
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		ScaleUp Sat	FY19	21 %	16 %	27 %	31 %	57 %	54 %	11 6%	63 %	12 9%	69 %	9 %	55 %	93 %	65 %	80 %	74 %	71 %	80 %	50 %	59 %	39 %	55 %	39 %	82 %	68 %
Tete	Tete																													
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		ScaleUp Sat	FY20	19 %	21 %	29 %	26 %	64 %	58 %	12 9%	75 %	14 2%	73 %	9 %	69 %	0 %	77 %	94 %	94 %	88 %	99 %	62 %	79 %	48 %	68 %	48 %	0 %	83 %
Tete	Tete																													
														16		13		10	10	10	12						11	
		ScaleUp	FY21	23 %	17 %	29 %	30 %	69 %	59 %	15 6%	86 %	15 4%	82 %	0 %	82 %	3 %	91 %	7 %	7 %	8 %	3 %	74 %	97 %	59 %	85 %	58 %	8 %	97 %
Tete	Tete																													
											12			21	12	14	13	11	13	10	13		11				12	11
		ScaleUp	FY22	23 %	17 %	43 %	38 %	72 %	66 %	21 2%	2 %	25 6%	98 %	3 %	8 %	6 %	5 %	4 %	4 %	8 %	6 %	74 %	5 %	62 %	94 %	62 %	1 %	0 %
Tete	Tete																													
											12		10	22	13	15	14	11	14	11	14		11				12	11
		ScaleUp	FY23	27 %	30 %	45 %	45 %	74 %	68 %	21 9%	3 %	27 5%	1 %	6 %	6 %	3 %	3 %	8 %	1 %	1 %	1 %	76 %	9 %	63 %	97 %	63 %	3 %	4 %
Tete	Tete																													
																													11	
		Sustained Central Support	FY19							0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %					0 %	0 %	3 %	
Tete	Tangano																												10	
			FY20	0%	0%	0 %	0 %	0 %	0 %	0%	0 %	0%	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	7 %	
Tete	Tangano												33	19	23	11	11	10		11		12		14				11	
		Central	FY21	26 0%	30 0%	52 %	52 %	57 %	50 %	10 0%	67 %	65 2%	3 %	6 %	5 %	2 %	6 %	6 %	80 %	9 %	79 %	0 %	74 %	2 %	81 %	98 %	59 %	6 %
Tete	Tangano																													

		Support Central									12		33	32	30	18	20	15	14	15	13	13	12	16	10	11		16
Tete	Tsangano	Support	FY 22	26 0%	30 0%	84 %	78 %	74 %	67 %	21 5%	8 %	80 4%	3 %	4 %	6 %	2 %	3 %	1 %	3 %	3 %	7 %	8 %	8 %	3 %	8 %	6 %	74 %	1 %
		Central									13		35	33	32	18	21	15	14	15	14	14	13	17	11	12		16
Tete	Tsangano	Support	FY 23			84 %	83 %	74 %	71 %	21 5%	3 %	84 0%	4 %	5 %	1 %	8 %	0 %	6 %	8 %	9 %	2 %	5 %	2 %	0 %	3 %	1 %	77 %	6 %
		Sustained	FY								0		0	0	0	0	0	0	0	0	0					0	0	68
Tete	Zumbu	Central	19							0%	%	0%	%	%	%	%	%	%	%	%	%					%	%	%
		Support	FY			0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	90
Tete	Zumbu	Central	20	0%	0%	%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Support	FY	35	25	64	50	58	42	78	38	45	33 3	16 9	29 4	10 9	15 6	97	98	10 7	85	11 1	74	13 7	88	10 0	68	11 3
Tete	Zumbu	Central	21	0%	0%	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Support	FY	35	25	73	60	67	50	11	54	49	33 3	22 6	29 4	14 6	16 9	11 5	10 8	12 0	92	11 3	79	14 0	88	10 7	68	12 4
Tete	Zumbu	Central	22	0%	0%	%	%	%	%	1%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Support	FY			73	60	67	50	11	54	51	35 3	23 4	31 2	15 2	17 8	12 0	11 4	12 5	97	11 9	84	14 7	93	11 0	71	12 9
Tete	Zumbu		23			%	%	%	%	1%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Alto	ScaleUp	FY	22	35	45	47	66	45	11	28	50	16	65	40	67	46	57	42	51	44	34	32	26	28	22	43	46
Zambezia	Molocue		19	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Alto	ScaleUp	FY	17	19	31	34	42	28	10	27	29	18	52	29	55	43	52	47	44	42	29	34	22	26	18	39	53
Zambezia	Molocue		20	%	%	%	%	%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Alto	ScaleUp	FY	83	74	43	41	69	40	17	50	10	76	80	76	84	78	91	84	77	79	60	68	54	59	39	67	72
Zambezia	Molocue		21	%	%	%	%	%	%	6%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Alto	ScaleUp	FY	83	74	52	56	69	44	23	68	12	87	94	99	84	90	91	84	77	79	60	68	55	59	42	67	76
Zambezia	Molocue		22	%	%	%	%	%	%	4%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Alto	ScaleUp	FY	20	29	57	70	72	50	24	76	13	96	10 5	11 5	95	10 4	10 1	99	85	91	65	78	59	68	45	74	85
Zambezia	Molocue		23	%	%	%	%	%	%	7%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY			38	33	43	30	29	17	31	3	31	18	28	22	33	25	25	21	19	21	10	14	9	21	24
Zambezia	Chinde		19	8%	6%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		Central																										
		Support	FY			0	0	0	0		0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33
Zambezia	Chinde		20	0%	0%	%	%	%	%	0%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Zambezia	Chinde	Central Support	FY 21	17 2%	18 2%	39 %	41 %	48 %	34 %	12 6%	44 %	15 2%	15 7 %	42 %	84 %	31 %	45 %	33 %	36 %	40 %	38 %	43 %	42 %	51 %	49 %	32 %	41 %	45 %
Zambezia	Chinde	Central Support	FY 22	17 2%	18 2%	39 %	44 %	48 %	34 %	15 0%	52 %	15 2%	15 7 %	50 %	92 %	35 %	55 %	34 %	39 %	40 %	39 %	43 %	42 %	51 %	49 %	32 %	41 %	47 %
Zambezia	Chinde	Central Support	FY 23			44 %	49 %	54 %	39 %	16 8%	58 %	16 8%	17 5 %	54 %	10 2 %	38 %	60 %	38 %	43 %	44 %	43 %	47 %	46 %	56 %	55 %	35 %	46 %	51 %
Zambezia	Derre	new	FY 19	0%	33 %	22 %	31 %	15 %	13 %	6%	1 %	25 %	0 %	28 %	19 %	23 %	12 %	18 %	14 %	18 %	10 %	14 %	7 %	8 %	9 %	6 %	8 %	15 %
Zambezia	Derre	ScaleUp	FY 20	29 %	33 %	17 %	31 %	16 %	5 %	20 %	2 %	30 %	2 %	35 %	26 %	28 %	20 %	16 %	18 %	14 %	12 %	15 %	10 %	7 %	7 %	7 %	9 %	24 %
Zambezia	Derre	ScaleUp	FY 21	71 %	67 %	53 %	87 %	46 %	26 %	49 %	10 %	81 %	30 %	71 %	59 %	56 %	48 %	38 %	36 %	38 %	29 %	42 %	23 %	36 %	21 %	31 %	24 %	41 %
Zambezia	Derre	ScaleUp	FY 22	71 %	78 %	53 %	87 %	46 %	26 %	80 %	21 %	91 %	30 %	71 %	69 %	56 %	50 %	38 %	36 %	38 %	29 %	42 %	23 %	38 %	21 %	34 %	24 %	42 %
Zambezia	Derre	ScaleUp	FY 23	21 %	33 %	62 %	11 3 %	51 %	32 %	83 %	22 %	10 6%	36 %	82 %	81 %	61 %	57 %	42 %	40 %	43 %	33 %	45 %	26 %	42 %	24 %	37 %	27 %	47 %
Zambezia	Gile	ScaleUp	FY 19	44 %	88 %	48 %	71 %	44 %	37 %	81 %	19 %	95 %	16 %	77 %	65 %	55 %	53 %	45 %	40 %	36 %	46 %	28 %	33 %	19 %	24 %	18 %	37 %	43 %
Zambezia	Gile	ScaleUp	FY 20	42 %	52 %	45 %	78 %	66 %	41 %	86 %	30 %	82 %	12 %	92 %	74 %	67 %	64 %	51 %	54 %	42 %	55 %	31 %	41 %	23 %	29 %	22 %	46 %	56 %
Zambezia	Gile	ScaleUp	FY 21	48 %	55 %	61 %	88 %	71 %	64 %	11 9%	41 %	11 1%	46 %	11 3 %	10 9 %	88 %	94 %	72 %	81 %	60 %	80 %	47 %	60 %	40 %	52 %	35 %	67 %	70 %
Zambezia	Gile	ScaleUp	FY 22	50 %	70 %	61 %	94 %	77 %	64 %	17 5%	60 %	14 0%	59 %	12 4 %	12 9 %	88 %	10 1 %	72 %	81 %	60 %	80 %	47 %	62 %	41 %	52 %	36 %	67 %	74 %
Zambezia	Gile	ScaleUp	FY 23	26 %	39 %	69 %	11 8 %	79 %	73 %	18 4%	63 %	16 2%	65 %	13 5 %	14 8 %	93 %	11 3 %	76 %	90 %	64 %	90 %	49 %	66 %	44 %	58 %	39 %	74 %	80 %
Zambezia	Gurue	Sustained	FY 19	22 %	13 %	27 %	24 %	35 %	31 %	77 %	35 %	46 %	21 %	44 %	37 %	41 %	37 %	43 %	35 %	36 %	34 %	31 %	27 %	21 %	23 %	16 %	35 %	45 %
Zambezia	Gurue	ScaleUp	FY 20	17 %	19 %	23 %	26 %	37 %	29 %	10 3%	37 %	43 %	23 %	51 %	46 %	45 %	46 %	48 %	45 %	39 %	38 %	37 %	35 %	24 %	28 %	19 %	46 %	51 %
Zambezia	Gurue	ScaleUp	FY 21	59 %	65 %	40 %	38 %	48 %	31 %	14 6%	44 %	96 %	10 0 %	67 %	80 %	63 %	65 %	66 %	60 %	60 %	59 %	58 %	52 %	53 %	51 %	38 %	67 %	60 %
Zambezia	Gurue	ScaleUp	FY 22	59 %	65 %	40 %	45 %	52 %	38 %	19 0%	63 %	11 4%	10 0 %	80 %	10 1 %	65 %	79 %	67 %	66 %	60 %	60 %	58 %	54 %	53 %	51 %	40 %	67 %	64 %

Zambezia	Gurue	ScaleUp	FY 23	24%	35%	44%	55%	56%	41%	19 8%	65%	12 9%	11 0%	88%	11 2%	69%	87%	71%	72%	63%	65%	61%	58%	57%	55%	42%	70%	69%
Zambezia	Ile	Sustained	FY 19	57%	55%	49%	70%	56%	46%	71%	17%	56%	11%	67%	44%	55%	45%	57%	47%	53%	49%	33%	36%	26%	32%	15%	32%	44%
Zambezia	Ile	ScaleUp	FY 20	40%	50%	34%	61%	53%	43%	74%	19%	51%	9%	63%	53%	52%	51%	56%	50%	46%	50%	33%	42%	27%	37%	17%	36%	56%
Zambezia	Ile	ScaleUp	FY 21	77%	95%	50%	67%	74%	64%	14 3%	49%	10 1%	54%	86%	11 77%	73%	77%	80%	72%	78%	76%	59%	63%	55%	62%	35%	58%	68%
Zambezia	Ile	ScaleUp	FY 22	77%	95%	53%	84%	74%	64%	18 3%	58%	13 2%	67%	99%	11 5%	76%	94%	80%	79%	78%	77%	59%	65%	55%	62%	36%	58%	73%
Zambezia	Ile	ScaleUp	FY 23	23%	35%	57%	94%	79%	68%	19 0%	61%	14 5%	73%	10 8%	12 9%	81%	10 2%	83%	86%	82%	82%	62%	69%	58%	67%	38%	60%	77%
Zambezia	Inhassunge	ScaleUp	FY 19	44%	65%	63%	77%	73%	68%	11 9%	56%	70%	24%	85%	77%	79%	79%	86%	62%	73%	60%	66%	50%	43%	40%	31%	55%	64%
Zambezia	Inhassunge	ScaleUp	FY 20	35%	70%	72%	98%	78%	78%	17 9%	67%	64%	30%	97%	11 7%	94%	10 7%	10 3%	84%	91%	75%	81%	62%	55%	56%	43%	77%	82%
Zambezia	Inhassunge	ScaleUp	FY 21	35%	26%	75%	90%	98%	97%	20 0%	81%	74%	39%	99%	11 8%	10 1%	12 7%	11 3%	10 2%	10 5%	94%	93%	77%	68%	78%	52%	89%	91%
Zambezia	Inhassunge	ScaleUp	FY 22	47%	61%	89%	11 8%	98%	97%	29 4%	10 5%	13 4%	64%	13 8%	17 9%	11 8%	15 8%	12 2%	11 3%	10 8%	10 1%	95%	86%	74%	83%	56%	93%	10 5%
Zambezia	Inhassunge	ScaleUp	FY 23	26%	39%	95%	13 7%	10 6%	11 1%	30 6%	11 15%	1%	14 71%	8%	19 7%	12 5%	17 4%	12 7%	12 2%	11 1%	10 9%	99%	92%	78%	89%	59%	99%	11 2%
Zambezia	Luabo	new	FY 19	0%	0%	12%	27%	17%	12%	50%	24%	20%	2%	26%	31%	19%	16%	22%	13%	14%	19%	11%	16%	9%	7%	5%	17%	16%
Zambezia	Luabo	Central Support	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	24%
Zambezia	Luabo	Central Support	FY 21	22 7%	31 4%	50%	67%	60%	52%	15 6%	65%	10 0%	12 0%	28%	63%	22%	33%	25%	26%	32%	29%	35%	31%	43%	40%	27%	31%	36%
Zambezia	Luabo	Central Support	FY 22	22 7%	31 4%	50%	67%	60%	52%	15 6%	65%	10 0%	12 0%	35%	72%	25%	42%	26%	29%	32%	30%	35%	31%	43%	40%	27%	31%	38%
Zambezia	Luabo	ScaleUp	FY 23			58%	82%	69%	64%	18 1%	79%	11 2%	13 8%	39%	81%	28%	47%	29%	33%	35%	34%	39%	36%	48%	46%	30%	35%	42%

		Sustai	FY	26	31	28	41	24	16	22	4	23	4	33	13	27	14	24	16	22	13	14	9	12	8	8	10	34
Zambezia	Lugela	ned	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	18	23	43	50	34	20	25	7	30	5	46	23	41	25	42	27	33	22	24	15	17	13	16	16	35
Zambezia	Lugela	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	49	58	49	61	60	31	57	16	55	38	59	50	57	47	53	38	50	34	41	28	35	29	29	30	43
Zambezia	Lugela	p	21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	49	65	56	71	60	31	75	23	77	40	71	67	60	56	58	45	51	38	41	29	38	29	32	30	47
Zambezia	Lugela	p	22	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	21	31	59	82	64	34	81	26	87	46	79	78	65	66	63	50	54	43	44	32	41	33	34	33	52
Zambezia	Lugela	p	23	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Maganja	ScaleU	FY	54	43	55	94	57	30	31	12	41	5	68	38	76	43	91	40	88	32	64	27	38	21	28	26	54
Zambezia	Da Costa	p	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							12							10		11		13		12								
	Maganja	ScaleU	FY	59	71	81	2	76	41	42	19	50	11	0	61	1	78	0	75	0	60	93	43	56	35	40	37	74
Zambezia	Da Costa	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							11							12		13	10	16		15		11						
	Maganja	ScaleU	FY	44	63	71	5	84	49	58	23	56	12	4	80	8	6	2	98	3	86	9	63	78	53	54	51	95
Zambezia	Da Costa	p	21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							15							15	11	14	12	16	10	15		11						10
	Maganja	ScaleU	FY	57	89	97	0	90	50	10	37	10	26	0	3	6	9	2	5	3	87	9	66	81	56	59	51	4
Zambezia	Da Costa	p	22	%	%	%	%	%	%	4%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
						10	17							16	12	15	14	17	11	16		12						11
	Maganja	ScaleU	FY	33	51	3	6	93	55	10	38	12	28	6	8	8	4	2	5	2	97	3	72	86	62	62	55	3
Zambezia	Da Costa	p	23	%	%	%	%	%	%	7%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	24	10	31	43	52	39	10	34	50	16	54	42	50	39	53	40	49	39	41	35	33	31	30	45	49
Zambezia	Milange	p Sat	19	%	%	%	%	%	%	3%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	15	13	45	56	77	63	16	51	61	31	86	77	81	68	81	69	74	66	62	54	52	54	46	73	70
Zambezia	Milange	p	20	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														11	12	10	10	10	10									10
		ScaleU	FY	18	19	50	65	98	75	19	66	93	56	3	5	6	6	9	2	97	95	85	81	71	80	67	4	94
Zambezia	Milange	p	21	%	%	%	%	%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														13	16	11	12	10	10									10	10
		ScaleU	FY	23	33	63	83	98	78	29	95	14	77	7	5	2	8	9	4	97	95	85	81	80	81	71	4	2
Zambezia	Milange	p	22	%	%	%	%	%	%	8%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
							11	10			10			15	19	12	14	11	11	10	10							11	11
		ScaleU	FY	32	48	73	0	6	88	31	4	16	86	2	2	2	5	8	6	5	7	90	89	85	91	76	3	2
Zambezia	Milange	p	23	%	%	%	%	%	%	9%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	41	49	45	63	65	47	10	34	80	15	91	44	72	56	65	51	55	44	46	36	31	31	31	47	55
Zambezia	Mocuba	p Sat	19	%	%	%	%	%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleU	FY	26	36	44	63	69	56	11	44	67	15	98	49	82	61	81	61	66	54	56	44	41	41	37	58	64
Zambezia	Mocuba	p	20	%	%	%	%	%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														11		10		10										
		ScaleU	FY	17	31	55	73	82	66	15	61	73	22	6	73	9	87	4	87	88	79	73	63	55	59	49	78	82
Zambezia	Mocuba	p	21	%	%	%	%	%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														13		10	10	10										
		ScaleU	FY	40	62	59	84	83	67	20	75	11	39	2	99	9	0	4	87	88	79	73	63	58	59	52	78	87
Zambezia	Mocuba	p	22	%	%	%	%	%	%	7%	%	4%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

							10							14	11	11	11	11											
		ScaleUp	FY	29	45	66	3	86	75	21	80	13	42	5	5	6	2	0	95	93	86	76	68	61	64	55	83	94
Zambezia	Mocuba		23	%	%	%	%	%	%	7%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
			FY	18	31	33	48	35	23	26	8	89	14	86	73	54	58	53	43	44	42	38	32	20	26	23	38	50
Zambezia	Mocubela	new	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														13	12		10											
		ScaleUp	FY	25	29	46	66	51	34	52	18	92	16	2	7	85	1	76	73	65	65	55	49	37	42	32	57	67
Zambezia	Mocubela	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														14	15	10	13											
		ScaleUp	FY	24	12	44	62	66	59	69	23	81	20	2	4	6	2	87	99	77	84	61	61	46	54	37	68	80
Zambezia	Mocubela	p	21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														16	18	10	14		10									
		ScaleUp	FY	24	29	55	80	66	59	12	42	14	37	8	6	9	8	92	1	80	88	65	69	52	59	42	69	89
Zambezia	Mocubela	p	22	%	%	%	%	%	%	8%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														18	21	11	16		11									
		ScaleUp	FY	18	27	59	94	71	67	13	46	16	44	2	6	7	7	97	2	84	98	67	73	55	64	44	74	96
Zambezia	Mocubela	p	23	%	%	%	%	%	%	2%	%	1%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
			FY			11	16	16	14	27	4	21	11	22	25	17	14	15	17	15	16	12	13	7	9	7	13	21
Zambezia	Molumbo	new	19	9%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	11	20	19	23	21	17	44	11	26	10	40	42	26	31	27	27	24	24	20	19	11	15	12	23	28
Zambezia	Molumbo	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	27	33	28	32	43	31	76	25	54	39	61	70	45	54	42	44	42	43	35	33	26	33	24	43	42
Zambezia	Molumbo	p	21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	27	33	31	37	43	31	11	35	73	47	66	88	45	60	42	45	42	43	35	33	28	33	27	43	44
Zambezia	Molumbo	p	22	%	%	%	%	%	%	5%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
															10													
		ScaleUp	FY	20	30	35	45	47	38	12	39	82	54	72	0	49	67	45	49	45	47	36	36	30	37	29	46	48
Zambezia	Molumbo	p	23	%	%	%	%	%	%	2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	25	52	19	43	36	37	47	28	51	12	44	32	37	30	37	30	33	28	24	25	17	17	11	29	30
Zambezia	Mopeia	p	19	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
		ScaleUp	FY	28	29	23	43	32	27	72	32	59	19	63	40	46	40	45	42	42	38	29	32	22	26	17	38	48
Zambezia	Mopeia	p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														10	11													
		ScaleUp	FY	75	57	61	76	64	47	10	40	12	81	5	3	74	83	74	70	72	68	53	63	52	55	37	66	70
Zambezia	Mopeia	p	21	%	%	%	%	%	%	5%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
														11	12													
		ScaleUp	FY	75	71	61	76	64	47	19	71	15	87	3	7	78	99	74	78	72	72	53	63	54	56	42	66	75
Zambezia	Mopeia	p	22	%	%	%	%	%	%	5%	%	0%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
													10	12	15		11											
		ScaleUp	FY	31	48	70	96	70	51	21	77	17	1	9	0	85	4	81	87	78	80	59	70	60	62	45	73	84
Zambezia	Mopeia	p	23	%	%	%	%	%	%	2%	%	9%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Morrumbala	ScaleUp	FY			22	30	25	18	39	21	35	7	29	26	28	21	31	21	29	23	28	20	18	17	16	24	27
Zambezia		p	19	5%	7%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Morrumbala	ScaleUp	FY	14	16	19	25	20	19	56	21	36	5	35	30	31	24	31	23	33	23	25	19	18	17	14	24	39
Zambezia		p	20	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
	Morrumbala	ScaleUp	FY	49	88	39	48	39	39	73	34	71	67	62	71	51	61	49	49	53	49	49	41	43	44	33	48	50
Zambezia		p	21	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%

Zambezia	Morrumbala	ScaleUp	FY 22	49%	88%	39%	51%	39%	39%	12 1%	47%	98%	70%	68%	91%	53%	66%	50%	49%	53%	49%	49%	41%	47%	44%	37%	48%	53%
Zambezia	Morrumbala	ScaleUp	FY 23	22%	33%	45%	71%	42%	46%	12 6%	53%	11 1%	78%	77%	10 4%	58%	74%	54%	54%	57%	53%	53%	45%	51%	48%	40%	52%	58%
Zambezia	Mulevala	new Central	FY 19	39%	75%	44%	55%	31%	30%	65%	29%	56%	13%	67%	57%	44%	49%	34%	41%	44%	47%	39%	42	16%	24%	13%	32%	39%
Zambezia	Mulevala	Support Central	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	35%
Zambezia	Mulevala	Support Central	FY 21	11 1%	10 8%	26%	25%	31%	22%	10 0%	34%	14 3%	16 3%	36%	71%	26%	35%	35%	33%	50%	40%	52%	39%	54%	44%	34%	37%	43%
Zambezia	Mulevala	Support Central	FY 22	11 1%	10 8%	26%	29%	31%	22%	12 0%	45%	14 3%	16 3%	42%	80%	28%	43%	36%	37%	50%	42%	52%	40%	54%	44%	34%	37%	45%
Zambezia	Mulevala	Support	FY 23			29%	33%	36%	25%	13 5%	50%	15 5%	18 3%	45%	89%	31%	48%	39%	41%	55%	47%	57%	45%	58%	50%	36%	41%	48%
Zambezia	Namacurra	ScaleUp	FY 19	53%	59%	50%	79%	71%	64%	89%	30%	92%	20%	95%	65%	73%	61%	70%	53%	62%	43%	51%	37%	32%	35%	25%	41%	56%
Zambezia	Namacurra	ScaleUp	FY 20	34%	31%	47%	72%	80%	70%	10 9%	39%	86%	17%	11 5%	92%	92%	84%	86%	73%	78%	58%	64%	47%	44%	50%	32%	53%	71%
Zambezia	Namacurra	ScaleUp	FY 21	26%	23%	61%	76%	10 3%	93%	16 5%	54%	95%	23%	13 7%	12 3%	11 9%	12 0%	10 8%	10 7%	10 1%	84%	80%	65%	60%	66%	42%	75%	91%
Zambezia	Namacurra	ScaleUp	FY 22	33%	44%	64%	92%	10 3%	93%	21 6%	72%	14 5%	42%	15 6%	15 5%	11 9%	13 7%	10 8%	10 7%	10 1%	84%	80%	71%	62%	72%	45%	75%	96%
Zambezia	Namacurra	ScaleUp	FY 23	22%	33%	70%	10 5%	10 9%	10 0%	22 7%	78%	16 7%	46%	16 9%	17 5%	12 6%	15 0%	11 2%	11 6%	10 6%	92%	83%	74%	65%	76%	46%	79%	10 2%
Zambezia	Namarroi	Sustained Central	FY 19	31%	13%	14%	11%	13%	18%	0%	5%	14%	7%	12%	15%	13%	10%	13%	14%	15%	11%	7%	10%	7%	8%	3%	10%	59%
Zambezia	Namarroi	Support Central	FY 20	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	37%
Zambezia	Namarroi	Support	FY 21	20 0%	12 5%	46%	27%	54%	20%	13 7%	24%	16 0%	15 6%	43%	90%	31%	47%	36%	37%	45%	38%	45%	35%	57%	43%	38%	41%	46%

Zambezia	Namarroi	Central Support	FY 22	20 0%	12 5%	48 %	38 %	54 %	24 %	16 8%	39 %	16 0%	15 6 %	52 %	10 6 %	35 %	61 %	38 %	42 %	45 %	41 %	45 %	38 %	57 %	43 %	38 %	41 %	49 %
Zambezia	Namarroi	Central Support	FY 23			54 %	41 %	60 %	25 %	18 4%	41 %	17 5%	17 0 %	56 %	11 5 %	38 %	65 %	41 %	46 %	49 %	45 %	50 %	41 %	62 %	47 %	42 %	45 %	53 %
Zambezia	Nicoadala	ScaleUp	FY 19	42 %	60 %	48 %	64 %	62 %	45 %	89 %	36 %	11 1%	17 %	10 4 %	65 %	62 %	62 %	57 %	46 %	52 %	42 %	45 %	30 %	32 %	32 %	21 %	40 %	52 %
Zambezia	Nicoadala	ScaleUp	FY 20	38 %	33 %	59 %	75 %	76 %	61 %	11 4%	49 %	10 8%	19 %	13 4 %	94 %	85 %	91 %	74 %	68 %	66 %	59 %	57 %	44 %	41 %	46 %	30 %	57 %	69 %
Zambezia	Nicoadala	ScaleUp	FY 21	27 %	17 %	53 %	66 %	82 %	64 %	12 7%	48 %	87 %	20 %	12 5 %	86 %	94 %	10 0 %	80 %	77 %	73 %	68 %	66 %	53 %	46 %	54 %	38 %	68 %	74 %
Zambezia	Nicoadala	ScaleUp	FY 22	36 %	46 %	71 %	95 %	90 %	72 %	23 0%	84 %	16 7%	46 %	17 1 %	15 0 %	10 9 %	13 6 %	92 %	95 %	83 %	82 %	72 %	67 %	61 %	68 %	46 %	73 %	94 %
Zambezia	Nicoadala	ScaleUp	FY 23	22 %	33 %	78 %	10 9 %	96 %	80 %	24 2%	88 %	19 1%	52 %	18 7 %	17 1 %	11 6 %	15 1 %	97 %	10 6 %	88 %	89 %	75 %	72 %	64 %	73 %	48 %	79 %	10 1 %
Zambezia	Pebane	ScaleUp	FY 19	41 %	41 %	60 %	74 %	73 %	46 %	55 %	19 %	89 %	11 %	98 %	65 %	72 %	57 %	68 %	49 %	58 %	49 %	47 %	38 %	31 %	35 %	35 %	43 %	56 %
Zambezia	Pebane	ScaleUp	FY 20	30 %	43 %	54 %	80 %	84 %	50 %	81 %	25 %	84 %	17 %	11 3 %	78 %	89 %	74 %	84 %	61 %	71 %	61 %	56 %	46 %	42 %	42 %	43 %	55 %	69 %
Zambezia	Pebane	ScaleUp	FY 21	28 %	53 %	53 %	81 %	10 4 %	61 %	11 1%	38 %	94 %	29 %	12 8 %	92 %	10 4 %	96 %	97 %	75 %	86 %	75 %	70 %	60 %	56 %	54 %	55 %	70 %	80 %
Zambezia	Pebane	ScaleUp	FY 22	39 %	62 %	67 %	10 1 %	10 4 %	62 %	16 6%	53 %	14 2%	45 %	15 3 %	13 2 %	11 5 %	11 8 %	10 5 %	87 %	91 %	83 %	72 %	66 %	62 %	60 %	59 %	70 %	91 %
Zambezia	Pebane	ScaleUp	FY 23	29 %	43 %	73 %	12 4 %	11 0 %	68 %	17 4%	58 %	16 6%	51 %	16 8 %	15 2 %	12 1 %	13 2 %	10 9 %	94 %	95 %	90 %	75 %	70 %	66 %	64 %	62 %	73 %	98 %
Zambezia	Quelimane	ScaleUp	FY 19	23 %	23 %	45 %	62 %	80 %	65 %	16 4%	60 %	80 %	27 %	83 %	56 %	66 %	54 %	67 %	53 %	63 %	50 %	57 %	48 %	42 %	44 %	37 %	72 %	59 %
Zambezia	Quelimane	ScaleUp Sat	FY 20	21 %	18 %	45 %	61 %	86 %	71 %	20 4%	77 %	78 %	35 %	10 0 %	72 %	81 %	72 %	84 %	70 %	74 %	64 %	69 %	60 %	54 %	60 %	46 %	90 %	78 %
Zambezia	Quelimane	ScaleUp	FY 21	20 %	47 %	35 %	52 %	92 %	76 %	21 7%	90 %	92 %	51 %	10 8 %	85 %	98 %	94 %	96 %	86 %	94 %	84 %	86 %	79 %	72 %	79 %	58 %	11 1 %	87 %

								10			11			13	12	10	11	10									11	
		ScaleUp	FY 22	23 %	47 %	55 %	80 %	0 %	85 %	31 1%	7 %	15 3%	80 %	8 %	6 %	4 %	2 %	2 %	94 %	94 %	87 %	87 %	84 %	78 %	87 %	62 %	2 %	97 %
Zambezia	Quelimane																												
								10			12			14	13	10	12	10	10								11	10
		ScaleUp	FY 23	19 %	28 %	59 %	89 %	4 %	93 %	31 9%	1 %	16 6%	84 %	7 %	9 %	9 %	2 %	5 %	1 %	97 %	93 %	90 %	89 %	80 %	91 %	63 %	6 %	2 %
Zambezia	Quelimane																												

APPENDIX B – Budget Profile and Resource Projections

B1. COP22 Planned Spending in Alignment with Planning Level Letter Guidance

Table B.1.1 COP22 Budget by Program Area

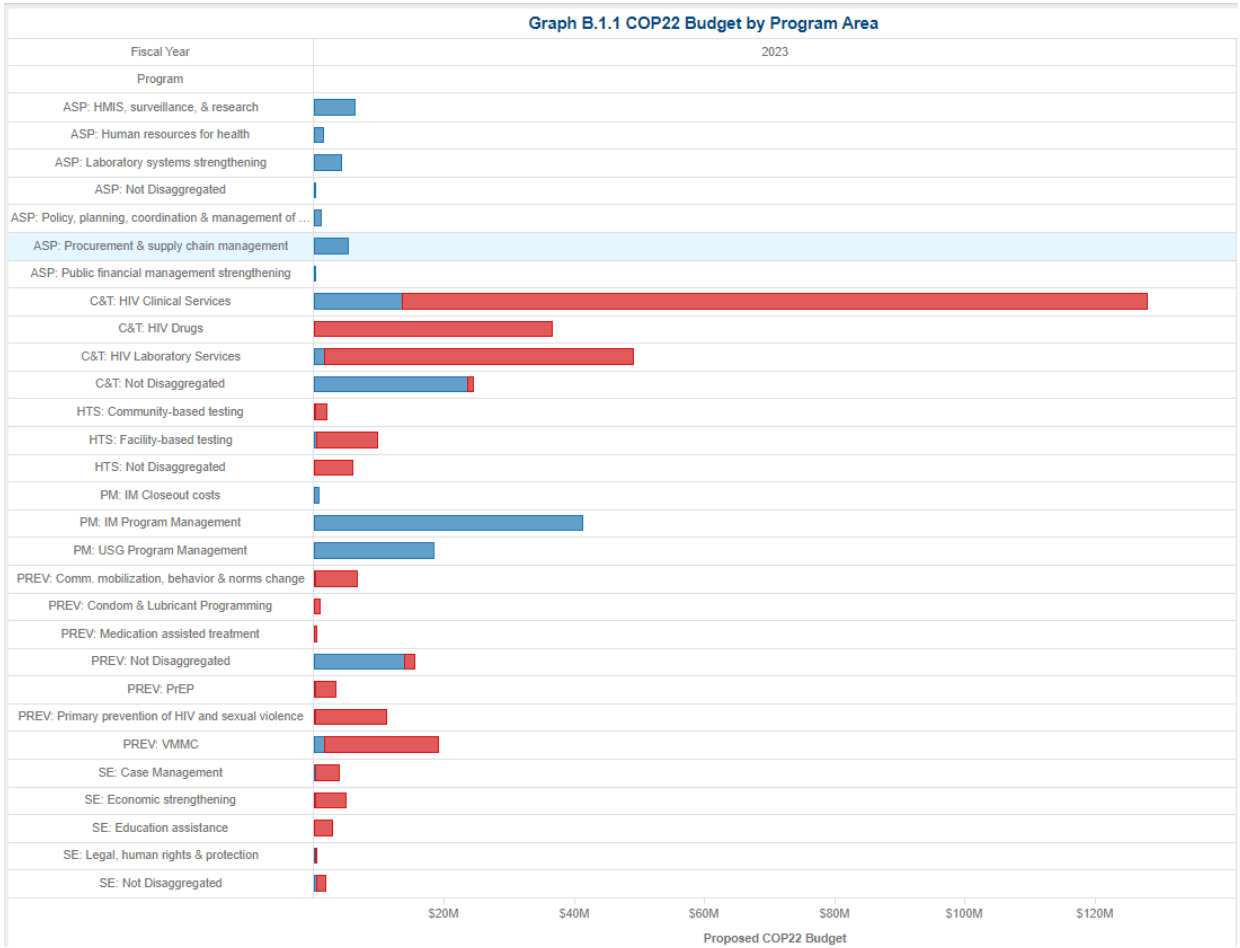


Table B.1.2 COP22 Budget by Program Area

Program	Metrics	Proposed COP22 Budget			Percent of Proposed COP 22 Budget		
	Sub-Program	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
Total		**$133,950,367**	**$270,724,633**	**$404,675,000**	**33%**	**67%**	**100%**
C&T	**Total**	**$38,673,186**	**$199,263,875**	**$237,937,061**	**16%**	**84%**	**100%**
	HIV Clinical Services	$13,457,312	$114,564,306	**$128,021,618**	11%	89%	**100%**
	HIV Drugs		$36,560,564	**$36,560,564**		100%	**100%**
	HIV Laboratory Services	$1,628,256	$47,363,204	**$48,991,460**	3%	97%	**100%**
	Not Disaggregated	$23,587,618	$775,801	**$24,363,419**	97%	3%	**100%**
HTS	**Total**	**$335,557**	**$17,300,970**	**$17,636,527**	**2%**	**98%**	**100%**
	Community-based testing	$42,475	$1,927,909	**$1,970,384**	2%	98%	**100%**
	Facility-based testing	$293,082	$9,484,426	**$9,777,508**	3%	97%	**100%**
	Not Disaggregated		$5,888,635	**$5,888,635**		100%	**100%**
PREV	**Total**	**$15,616,594**	**$41,110,984**	**$56,727,578**	**28%**	**72%**	**100%**
	Comm. mobilization, behavior & norms change	$85,000	$6,559,423	**$6,644,423**	1%	99%	**100%**
	Condom & Lubricant Programming		$900,000	**$900,000**		100%	**100%**
	Medication assisted treatment		$361,250	**$361,250**		100%	**100%**
	Not Disaggregated	$13,881,044	$1,482,394	**$15,363,438**	90%	10%	**100%**
	PrEP	$42,475	$3,245,535	**$3,288,010**	1%	99%	**100%**
	Primary prevention of HIV and sexual violence	$60,000	$11,091,946	**$11,151,946**	1%	99%	**100%**
	VMMC	$1,548,075	$17,470,436	**$19,018,511**	8%	92%	**100%**
SE	**Total**	**$592,437**	**$13,048,804**	**$13,641,241**	**4%**	**96%**	**100%**
	Case Management	$89,000	$3,725,952	**$3,814,952**	2%	98%	**100%**
	Economic strengthening	$45,000	$4,882,828	**$4,927,828**	1%	99%	**100%**
	Education assistance		$2,847,256	**$2,847,256**		100%	**100%**
	Legal, human rights & protection	$107,937	$135,732	**$243,669**	44%	56%	**100%**
	Not Disaggregated	$350,500	$1,457,036	**$1,807,536**	19%	81%	**100%**

Program	Metrics	Proposed COP22 Budget			Percent of Proposed COP 22 Budget		
	Sub-Program	Non Service Delivery	Service Delivery	Total	Non Service Delivery	Service Delivery	Total
ASP	Total	$18,408,776		$18,408,776	100%		100%
	HMIS, surveillance, & research	$6,286,229		$6,286,229	100%		100%
	Human resources for health	$1,387,745		$1,387,745	100%		100%
	Laboratory systems strengthening	$4,227,017		$4,227,017	100%		100%
	Not Disaggregated	$85,000		$85,000	100%		100%
	Policy, planning, coordination & management of disease control programs	$1,040,785		$1,040,785	100%		100%
	Procurement & supply chain management	$5,254,500		$5,254,500	100%		100%
	Public financial management strengthening	$127,500		$127,500	100%		100%
PM	Total	$60,323,817		$60,323,817	100%		100%
	IM Closeout costs	$632,027		$632,027	100%		100%
	IM Program Management	$41,250,422		$41,250,422	100%		100%
	USG Program Management	$18,441,368		$18,441,368	100%		100%

Table B.1.3 COP22 Total Planning Level

Overall Summary: $404,675,000 of $404,675,000 budgeted					
Table 1: Funding Sources (Home)					
Funding Source	Appropriation Year	Funding Category	Control $	Budget $	Difference
GHP-State	FY22	Bilateral	$381,017,011	$381,017,011	$0
GHP-USAID	FY22	Central	$900,000	$900,000	$0
GAP	FY22	Bilateral	$3,075,000	$3,075,000	$0
HHS/CDC	Unspecified	Bilateral	$2,682,171	$2,682,171	$0
HHS/HRSA	Unspecified	Bilateral	$1,274,202	$1,274,202	$0
PC	Unspecified	Bilateral	$2,819,697	$2,819,697	$0
USAID	Unspecified	Bilateral	$12,906,919	$12,906,919	$0

Table B.1.4 COP22 Resource Allocation by Program and Beneficiary

Metrics	Proposed COP22 Budget							Percent to Total						
Beneficiary	C&T	HTS	PREV	SE	ASP	PM	Total	C&T	HTS	PREV	SE	ASP	PM	Total
Total	**$237,937,061**	**$17,636,527**	**$56,727,578**	**$13,641,241**	**$18,408,776**	**$60,323,817**	**$404,675,000**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
Females	$34,723,966		$28,449,716	$5,423,967			**$68,597,649**	15%		50%	40%			**17%**
Key Pops		$1,538,550	$4,969,410		$300,000		**$6,807,960**		9%	9%		2%		**2%**
Males	$35,303,209		$16,799,765				**$52,102,974**	15%		30%				**13%**
Non-Targeted Pop	$150,713,792	$15,822,356	$3,769,720	$432,542	$18,066,276	$60,323,817	**$249,128,503**	63%	90%	7%	3%	98%	100%	**62%**
OVC	$248,618			$7,784,732	$42,500		**$8,075,850**	0%			57%	0%		**2%**
Pregnant & Breastfeeding Women	$13,339,451						**$13,339,451**	6%						**3%**
Priority Pops	$3,608,025	$275,621	$2,738,967				**$6,622,613**	2%	2%	5%				**2%**

B.2 Resource Projections

First, in order to predict necessary commodity levels, notional national targets for COP22 were developed to align with GRM targets for 2022-23. Then, commodity needs were estimated, accounting for prior Global Fund and GRM commitments, as well as procurements already in pipeline from prior years. This allowed for an initial budget allocation by program area to be proposed. These budget levels were then revised through in-country discussions which began with more than a week of stakeholder consultations, starting with big picture national conversations that transitioned into highly detailed activity-specific negotiations within the national Technical Working Group framework. There were also meetings with civil society to ensure their voice was incorporated from the outset, in addition to our weekly calls with the CAST. All this input was then incorporated into an initial strategy, one that required discussions with MISAU leadership and Global Fund counterparts, before Agency Heads guided the in-country PEPFAR technical team to translate all this information into a digestible COP22 plan.

Translating the vision into a budget required finding efficiencies, assessing partner expenditure and program performance, and reducing non-essential activities – all in an effort to launch, maintain, and/or expand key priority interventions. During the budget development process, the PEPFAR-Mozambique conducted an in-depth VMMC unit expenditure review, resulting in approval of a VMMC earmark reduction while maintaining ambitious VMMC targets. In addition, an additional $1.5 million was allocated by OGAC in order to expand intensive PEPFAR AJUDA support to five sustainability sites.

APPENDIX C – Tables and Systems Investments for Section 6.0

Key Systems Barriers-E (Entry of Objectives, Related SID Elements, Barriers to Local Responsibility)					
Step 1: Select SID element	**SID score (autopopulated)**	**Step 2 - What is the outcome expected from investing in this element? (may duplicate outcome to more than one row to allow capture of all barriers)**	**Step 3: What are the barriers to local responsibility for this outcome?**	**Step 4: Describe the barrier**	**Step 5: Timeline to Barrier Addressed**
7. Human Resources for Health		Government has adequate HRH to reach and maintain epidemic control	Lack of Financial Resources	The government does not have adequate funding available to absorb PEPFAR supported HRH	4-5 years
8. Commodity Security and Supply Chain		Strengthened collection, management, and use of supply chain-related data	Lack of technical capacity	The government does not have adequate funding or technical capacity to absorb PEPFAR supported commodity forecasting and supply planning, management of outsourced contracts with the private sector for commodity distribution, and electronic logistics management information systems.	4-5 years
10. Laboratory		Improve quality, panels of proficiency and to reach SPLITA and FOGELA standards. Train lab personnel to ensure quality services.	Lack of Financial Resources	Military partners do not recieve sufficient financial support from the government to sustain their laboratoy activities	10+ years
14. Epidemiological and Health Data		Strengthened collection, management, and use of patient monitoring and program data and support timely dissemination to information for policy	Lack of Financial Resources	The government does not have adequate funding or technical capacity to absorb PEPFAR supported information systems.	4-5 years

7. Human Resources for Health		Government has adequate HRH to reach and maintain epidemic control	Lack of technical capacity	The gorverment does not have adequate capacity to support the distance learning platforms	4-5 years
7. Human Resources for Health		Policies allowing HRH absoption by MoH	Legal, policy or regulatory constraint	2/3 of PEPFAR supported staff are Auxiliary cadres not aligned with MOH	4-5 years
1. Planning and Coordination		Provincial Health Authorities leading the HIV response and able to prioritize key interventions and monitor them	Lack of Financial Resources	Health Provincial authorities have limited resources to implement supportive supervision, mentoring to health facilities, implement essential package in sustainability sites	6-9 years
11. Domestic Resource Mobilization		Increased government resources allocated to financing the national HIV response	Lack of Financial Resources	Limited fiscal capacity to support the national HIV response, including lack of resources to acquire HIV commodities	10+ years
16. Performance Data		Improved data quality and inclusion of early retention data in national HMIS	Lack of sufficient HRH	Lack of sufficient personnel to update DQA protocols and conduct field work to collect DQA data and publish DQA reports	4-5 years
10. Laboratory		Government has adequate HRH to reach and maintain epidemic control	Lack of Financial Resources	The government does not have adequate funding available to absorb PEPFAR supported HRH	4-5 years

Table 6												
Activity Budget	COP22 Program Area	COP22 Beneficiary	COP22 Activity Category	SID Element	SID Score 2019	SID Score 2021	SID component the activity is expected to impact	Expected Outcome	Primary Barrier to Local Responsibility this activity addresses	COP22 Activity Description	Intervention Start	Intervention End
$693,497	ASP: Human resources for health-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.1 Health workforce Supply: To what extent is the clinical health worker supply adequate to enable the volume and quality of HIV/AIDS services needed for sustained epidemic control at the facility and/or community site level?	Improve capacity of staff for delivering services	Lack of managerial capacity	Provide technical assistance to increase access to and the supply of qualified health professionals, technical specialists, and administrative support staff through the following human resource (HR) services and support: planning, distribution, advertisement, recruitment, deployment, compensation, payroll administration, personnel support, and human resource management (HRM)	COP22	Post COP25
$467,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Complete and timely data for patient and program monitoring for patients on HIV C&T, HIV/TB Co infected monitoring, PrEP monitoring and PTV transition monitoring.	Lack of technical capacity	EPTS (patient tracking system) development and maintenance.	COP19	COP25

$21,250	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Complete and timely data for patient and program monitoring for patients on HIV C&T, HIV/TB Co infected monitoring of patients in prisons.	Lack of technical capacity	EPTS (patient tracking system) for prisons	COP22	COP25
$276,250	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	EPTS data centralized at the provincial level to improve data quality, minimize costs, ensure security requirements are standardized, and facilitate ownership to the DPS	Lack of technical capacity	EPTS Provincial Centralization	COP20	COP24
$318,750	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Complete and timely pharmacy and laboratory data reported to EPTS, Complete and timely drug dispensation data reported from pharmacy to supply chain system.	Lack of technical capacity	Interoperability (EPTS/pharmacy, EPTS/laboratory, pharamacy/supply chain)	COP19	COP25

$314,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	Revision, improvement and modernization of national patient database and improvement to security and confidentailty of system	Lack of technical capacity	Mozart National Patient Database Data management	COP21	COP24
$40,375	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	Key mimimum requirement: registration o children with the national unique id (NUIC) to facilitate unique identification of patientsf	Lack of sufficient HRH	Unique Patient Id (NUIC) implementation in Zambezia	COP21	COP23
$40,374	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	Key mimimum requirement: registration of children with the national unique id (NUIC) to facilitate unique identification of patients	Lack of sufficient HRH	Unique Patient Id (NUIC) implementation in Sofala	COP21	COP23

$85,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	The abilty to provide clinicians timely laboratory and pharmacy data to improve patient care and to reduce duplicate registration of patients in the registry	Lack of technical capacity	EPTS Clinical Summary App	COP22	COP24
$162,837	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Improve and reintegrate IIT patients and digitize and manage household index case testing	Lack of technical capacity	Muzima community and index case testing system	COP22	COP24
$42,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Assess the feasibilty of a national HTC system for use in facillities and community.	Lack of technical capacity	HTC system assessment	COP22	COP23

$339,235	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	EPTS data centralized at the provincial level to improve data quality, minimize costs, ensure security requirements are standardized, and facilitate ownership to the DPS	Lack of technical capacity	EPTS Centralization Hardware	COP22	COP24
$255,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Complete and timely data for patient and program monitoring for patients on HIV C&T, HIV/TB Co infected monitoring, PrEP monitoring and PTV transition monitoring. Certification of reports to improve data qulaity and program monitoring.	Lack of technical capacity	EPTS Development Double Coding	COP22	Post COP25

$178,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Improve technical response to system support requests and ensuring system users have completed S&C training and signed NDAs	Lack of technical capacity	PEPFAR Helpdesk	COP22	Post COP25
$0	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Improve the monitoring of a health facilities abilty to provide GBV services	Lack of technical capacity	GBV eIMD system	COP21	COP23
$61,285	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	Support data dissemination and provide ICT support at MISAU	Lack of technical capacity	DPC Seconded Staff	COP19	COP24

$42,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Improve the patient and program monitoring of OVC clients	Lack of technical capacity	OVC client management system	COP22	COP25
$190,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	Improve the identification of defaulters/ IIT patients through predictive analytics	Lack of technical capacity	Data Fi Predictive Analytics	COP21	COP25
$170,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	Provide the abilty for MISAU to monitor HIV C&T, HIV/TB, PreP and PTV at the national level (MISAU)	Lack of technical capacity	Data Fi Dashboard	COP21	COP25
$127,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	Provide the abilty for MISAU to monitor HIV C&T, HIV/TB, PreP and PTV at the national level (INS)	Lack of technical capacity	Data Management Unit	COP20	COP25

$26,690	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	Support data dissemination and provide ICT support at DPS	Lack of sufficient HRH	DPS Maputo Cidade seconded ICT staff	COP22	COP24
$27,540	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	Support data dissemination and provide ICT support at DPS	Lack of sufficient HRH	DPS Cabo Delgado seconded ICT staff	COP22	COP24
$11,900	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	Support data dissemination and provide ICT support at DPS	Lack of sufficient HRH	DPS Sofala seconded ICT staff	COP22	COP24

$16,235	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	Support data dissemination and provide ICT support at DPS	Lack of sufficient HRH	DPS Gaza seconded ICT staff	COP22	COP24
$16,235	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	Support data dissemination and provide ICT support at DPS	Lack of sufficient HRH	DPS Ihambane seconded ICT staff	COP22	COP24
$51,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.7 HR Data Collection and Use: Does the country systematically collect and use health workforce data, such as through a Human Resource Information Systems (HRIS), for HIV/AIDS services and/or health workforce planning and management?	Support data dissemination and provide ICT support at DPS	Lack of sufficient HRH	DPS Zambezia seconded ICT staff	COP22	COP24

$42,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.10 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?	Improve patient and program monitoring of VMMC clients	Lack of technical capacity	VMMC client management system	COP22	COP24
$2,396,576	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	8. Commodity Security and Supply Chain	4.95	7.15	8.8 Management and Monitoring of Supply Chain: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monit	Strengthened collection, management, and use of supply chain-related data	Lack of technical capacity	Support the expansion of MMD, DDD, PrEP Scale Up, paediatric DTG10mg transition implementation, advanced HIV disease management and sustainable, people centered VMMC programming by developing policy, training materials, commodity consumption analysis, and routine supply plan updates.	COP20	COP23
$1,625,975	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	8.8 Management and Monitoring of Supply Chain: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monit	Strengthened collection, management, and use of supply chain-related data	Lack of technical capacity	Strengthen GRM capacity for end-to-end supply chain data availability, visibility, security, triangulation, and use, with execution of logistics information system functions (Ferramenta Central, MACS, SIMAM, SIGLUS).	COP19	COP23

$210,000	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	8. Commodity Security and Supply Chain	4.95	7.15	8.8 Management and Monitoring of Supply Chain: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monit	Strengthened government capacity on managing outsourced contracts for the private sector on distribution, and supported planning for transition to government.	Lack of technical capacity	Strengthen GRM capacity in contracting and performance management to support successful GRM transition to management of outsourcing contracts with private sector distributors.	COP21	COP22
$300,000	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	8. Commodity Security and Supply Chain	4.95	7.15	8.8 Management and Monitoring of Supply Chain: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monit	Completed 3rd party monitoring and verification for performance management of outsourced private sector last mile commodity deliveries.	Lack of technical capacity	Ensure systematic third party monitoring of on-time and in-full last mile commodity deliveries to sites.	COP21	COP22

$170,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	National strategic plans, operational plans and budgets	1. Planning and Coordination	7.83	8.33	14.6 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units?	Sufficient HIV estimates to inform program planning	Lack of technical capacity	Complete 2023 estimates (Spectrum, Naomi, Shiny90), KP estimates (new Spectrum module), Data quality review for improved incidence estimates (PMTCT, VMMC). Development of factsheets, high-incidence district profiles, policy briefs and media training. Capacity building of provincial GTMs in the analysis, use and visualization of HIV and HIV-related data, including the Situation Room and fast-track action plans in high-burden districts.	COP20	Post COP25
$85,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Civil society engagement	3. Civil Society Engagement	4.17	5.08	14.8 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)	Improve strategic information in focus areas including for key populations	Lack of technical capacity	Ehanced capacity of PLHIV to use community-led monitoring data for advocacy (Training TA, data collection tools, Cycle 1 Implementation Reports, Results dashboard, People's COP, Accountability Plans) and coordination of technical assitance.	COP21	COP22

$233,750	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	14. Epidemiological and Health Data	4.47	5.03	14.6 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units?	Improve monitoring of key sentinel events among PLHIV to better understand HIV disease progression at the patient level	Lack of Financial Resources	Development of approaches to track individuals testing positive for HIV as a foundation for case-based surveillance for patients across multiple sites in one province.	COP20	COP25
$170,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	14. Epidemiological and Health Data	4.47	5.03	14.6 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units?	To detect changes in HIV and syphilis present at Polana Caniço "A" and Polana Caniço "B" neighborhoods in Maputo city as part of continuously monitored health and demographic indicators	Lack of Financial Resources	HDSS Polana Canico support with the implementation of HIV/Syphilis round of surveillance including biomarkers	COP19	COP25

$187,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	14.10 Quality of Surveillance and Survey Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS surveillance and survey data?		Lack of Financial Resources	DMU staffing support to increase the capacity of INS to monitor and evaluate HIV programs for improvement of key programmatic areas including retention, HIV-related mortality and viral suppression by funding pre-implementation, implementation, and dissemination activities including contract staff salary support	COP18	COP25
$178,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Institutionalization of in-service training	7. Human Resources for Health	7.26	6.49	N/A	Increased leadership and human resource capacity in surveillance and epidemiology.	Lack of Financial Resources	Field Epidemiology Training Program (FETP) continuation and support for ongoing HIV responses and analyses	Prior to COP 18	Post COP25
$34,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	14. Epidemiological and Health Data	4.47	5.03	14.8 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)	Point estimates of the number of KP in provinces throughout the country and identification of hotpots to better target HIV prevention and care services.	Lack of Financial Resources	KP mapping and population size estimation analysis of results and PIR development	COP20	COP22

$170,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Information and sensitization for public and government officials	5. Public Access to Information	5.89	3.89	14.6 Comprehensiveness of Prevalence and Incidence Data: To what extent does the host country government collect HIV prevalence and incidence data according to relevant disaggregations, populations and geographic units?	More rigorous analysis of routine HIV program data and use of this information for improved program planning.	Lack of Financial Resources	National Health Observatory (MOZART) analysis and information sharing from HIV Platform support to continue regular analysis on retention, HIV-related mortality, viral suppression, etc., and build on MozART 2.0 and other datasets, including PHIA/INSIDA.	COP20	COP24
$50,725	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	14. Epidemiological and Health Data	4.47	5.03	14.8 Comprehensiveness of Key and Priority Populations Data: To what extent does the host country government conduct IBBS and/or size estimation studies for key and priority populations? (Note: Full score possible without selecting all disaggregates.)	Definition of objectives and key priorities to guide the next round of BBS activities.	Lack of Financial Resources	KP BSS strategic planning for the next round of FSW/MSM studies planned for 2024 including support to develop the BBS FSW 2024 Protocol and conduct strategic planning for KP/BBS work over the next 5 years.	COP22	COP24
$127,500	ASP: Public financial management strengthening-NSD	Non-Targeted Pop: Not disaggregated	Domestic resource mobilization	11. Domestic Resource Mobilization	5.14	5.56	11.2 Domestic Budget: To what extent does the national budget explicitly account for the national HIV/AIDS response?	Imcreased budget allocation for HIV including commodities	Lack of Financial Resources	Government to Government agreement with Ministry of Finance to improve national PFM systems, advance program based budgeting and advocate for increased resources for HIV response	COP22	Post COP25

$127,500	ASP: Human resources for health-NSD	Non-Targeted Pop: Not disaggregated	HRH recruitment and retention	7. Human Resources for Health	7.26	6.49	7.3 Health workforce transition: What is the status of transitioning PEPFAR and/or other donor supported HIV/AIDS health worker salaries to local financing/compensation?	Increased absorption of PEPFAR funded staff by GRM and improved alignment between PEPFAR cadres and GRM cadres, specifically community health cadres (CHWs)	Lack of sufficient HRH	New USAID program to strengten national health system capacity to improve HRH management, review cadres, increase financing and implement policy and regulatory changes	COP22	Post COP25
$276,250	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Oversight, technical assistance, and supervision to subnational levels	6. Service Delivery	5.28	6.23	6.8 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services?	Adequate HR to support National Reference Laboratory services for HIV related testing and quality assurance	Lack of Financial Resources	Provide reference laboratory testing services including lot verification and specialized testing; includes laboratory staff remuneration and specimen referral	Prior to COP 18	Post COP25
$127,500	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Oversight, technical assistance, and supervision to subnational levels	6. Service Delivery	5.28	6.23	6.8 National Service Delivery Capacity: Do national health authorities have the capacity to effectively plan and manage HIV services?	Quality Reference Laboratory services	Lack of Financial Resources	Equip and provide adequate laboratory reagents and supplies at the Reference Laboratories to support Lot verification, training and laboratory operations for HIV related testing	Prior to COP 18	Post COP25

$238,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab accreditation	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality Reference and Clinical Laboratory services	Lack of Financial Resources	Implement continuous quality improvement (CQI) programs for VL/EID, Central, Provincial and General Hospital Laboratories. Including SLMTA mentorship, site supervision and audits and advanced QMS training (ISO standard, SLMTA 3, QC and method validation, internal audit); Capacity building for decentralised programs including TOT's, strategic planning etc	Prior to COP 18	Post COP25
$127,500	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality Reference and Clinical Laboratory services	Lack of Financial Resources	Implement and manage proficiency testing programs for HIV related tests to ensure accurate test results for ongoing monitoring to ensure reductions in morbidity and mortality of PLHIV (HIV rapid tests, VL/EID, EID POCT, CD4 POC and CrAg	COP18	Post COP25

$51,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality Reference and Clinical Laboratory services	Lack of Financial Resources	Implement and manage proficiency testing programs for TB diagnostic tests to ensure accurate and timely test results for improved outcomes among TB patients; including introduction of dry tube TB Xpert PTpanels	Prior to COP 18	Post COP25
$68,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality Reference and Clinical Laboratory services	Lack of Financial Resources	Develop and implement guidelines for continuous quality improvement programs for Point of care testing (POCT); including RTCQI, VL/EID, Advanced disease diagnostics and STI POCT	COP18	Post COP25
$255,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	14. Epidemiological and Health Data	4.47	5.03	14.2 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (population-based household surveys, case reporting/clinical surveillance, drug resistance surveillance, etc.)?	Understanding of National HIV and TB treatment Drug resistance profiles	Lack of Financial Resources	Conduct testing for HIV and TB drug resistance surveillance	COP21	Post COP25

$68,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Oversight, technical assistance, and supervision to subnational levels	6. Service Delivery	5.28	6.23	6.4 Domestic Provision of Service Delivery: To what extent do host country institutions (public, private, or voluntary sector) deliver HIV/AIDS services without external technical assistance from donors?		Lack of managerial capacity	Implement Supranational reference lab activities including: regional workshops, staff training in Uganda supranational Reference lab, site visits, conduct TB drug resistance, TA for blinded rechecking and PT panel preparation	COP22	Post COP25
$890,256	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.7 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known, please note in Comments column)	Reliable and traceable laboratory data for quality patient and program management	Lack of Financial Resources	Purchase unlimited DISA LIS licence to expand and maintain electronic laboratory information systems for HIV and TB related tests (e.g VL/EID/TB/Advanced disease tests). Generate timely quality indicators to track progress and address gaps in laboratory VL scale up and clinical programs	Prior to COP 18	Post COP25
$170,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.7 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known,	Reliable and traceable laboratory data for quality patient and program management	Lack of Financial Resources	Expand DISA and EPTS integration to increase efficiency of results return; and with SISMA improve data completeness at MISAU for improved program management (TOT, Additional IT support person)	COP19	Post COP25

						please note in Comments column)					
$263,500	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.7 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known, please note in Comments column)	Reliable and traceable laboratory data for quality patient and program management	Lack of Financial Resources	Expand DISA-POC to facilitate onsite data entry and electronic data access at the HF level for EID, VL and other TB and HIV related POC tests (Advanced disease); and transfer of data to the central lab data repository for data completeness on national Dashboard. Pilot DISA POC mobile to improve dat capture for EID POCT and Advanced disease testing . Increase staff to support LIS expansion and data management; implement routine protocols to guarantee data quality.	COP21	COP25
$85,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.7 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known, please note in Comments column)	Reliable and traceable laboratory data for quality patient and program management	Lack of Financial Resources	Develop a TB Dashboard and improve EID Dashboard and availability for ongoing monitoring for continuous program improvement	COP21	Post COP25

$42,500	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.7 Comprehensiveness of Viral Load Data: To what extent does the host country government collect/report viral load data according to relevant disaggregations and across all PLHIV? (if exact or approximate percentage known, please note in Comments column)	Reliable and traceable laboratory data for quality patient and program management	Lack of Financial Resources	Expand DISA link to strategic hub locations identified by IP's to support efficient sample referral and results reporting; and maintain DISA link helpdesk	Prior to COP 18	Post COP25
$238,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality National Reference Laboratory services that meets international standards	Lack of Financial Resources	Provide technical assistance for the implementation of laboratory quality management systems and accreditation to INS, including training and mentorship, maintenance and calibration of laboratory equipment and international audits	Prior to COP 18	Post COP25

$238,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Laboratory infrastructure	10. Laboratory	3.92	4.74	10.2 Management and Monitoring of Laboratory Services: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, purchase, and provide guidance - laboratory services at the regional and district level across all sectors? Select only ONE answer.	High quality Laboratory Network management capacity	Lack of Financial Resources	Strengthen laboratory management at all levels of laboratory network through revision of management structures roles and responsibilities, training and mentoring provincial managers to implement decentralized laboratory programs; Second an advisor at DMAD to support strategic planning, implementation and monitoring of laboratory programs	COP21	COP25
$80,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Evaluations	14. Epidemiological and Health Data	4.47	5.03	14.1 Management and Monitoring of Surveillance Activities: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV/AIDS epidemiological surveys and/or su		Other	Somos Iguais key message coverage, recall and relevancy of message for young men newly enrolled or newly returned to Tx in areas wheere Somos Iguais wsa implemented with greatest intensity.	COP22	COP22

$60,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Evaluations	14. Epidemiological and Health Data	4.47	5.03	14.1 Management and Monitoring of Surveillance Activities: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - for HIV/AIDS epidemiological surveys and/or su		Other	DDD client and provider satisfaction survey	COP22	COP22

$25,000	ASP: Policy, planning, coordination & management of disease control programs-NSD	Non-Targeted Pop: Not disaggregated	Civil society engagement	3. Civil Society Engagement	4.17	5.08	3.1 Civil Society and Accountability for HIV/AIDS: Are there any laws or policies that restrict civil society from playing an oversight role in the HIV/AIDS response?	Having a civil society better represented as a single voice, advocating for the health of Mozambicans particularly people living with and affected by HIV	Lack of technical capacity	To strengthen their capacity as an interlocutor in the different forums: Build the capacity of PLASOC-M to fulfill its mandate; Ensure the organizational and institutional development of the platform; Develop sustainable mechanisms for mobilizing partnerships and resources; Contribute to different consultation forums with a view to improve and access health services; Provide technical and methodological support to initiatives to consolidate provincial platforms; Maintain the connection and working relationship with cooperation/bilateral partners at different levels; Manage the platform resources correctly.	COP20	COP22

$246,500	ASP: Laboratory systems strengtheni ng-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality Clinical laboratory servcies for the Mozambican population	Lack of technical capacity	Provide technical assistance to assure continuous quality improvement for all POCT tests namely VL/EID, CD4, CrAg and HIV rapid tests through the implementation of the RTCQI program (including internal QC,PT supplies and tester certification);	COP18	COP25
$238,000	ASP: Laboratory systems strengtheni ng-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality Clinical laboratory servcies for the Mozambican population	Lack of managerial capacity	Provide technical support for continuous quality improvement (SLMTA) in the National Clinical Laboratory Network; including mentorship, development of a national certification program for lower level laboratories, international audits and laboratory equipment maintenance; support the regional TB reference laboratories to achieve and maintain accreditation; and support establishment for a local accrediting body	Prior to COP 18	Post COP25

$119,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated			-	-			Lack of managerial capacity	Provide technical assistance for the development of guidelines and adoption of strategies for waste management for molecular testing (VL/EID, TB)	COP19	Post COP25
$255,511	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites?	Quality Clinical laboratory servcies for the Mozambican population	Lack of Financial Resources	Provide technical assistance to INS to establish and implement proficiency testing programs (including POCT VL/EID, CrAg, CD4, TB LAM, Xpert TB etc.); implement national EQA database and dashboard	COP19	COP25
$102,000	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Lab quality improvement and assurance	10. Laboratory	3.92	4.74	10.3 Regulations to Monitor Quality of Laboratories and Point of Care Testing (POCT) Sites: To what extent does the host country have regulations in place to monitor the quality of its laboratories and POCT sites? (if exact or approximate percentage known, please note in Comments column)	Quality Clinical laboratory servcies for the Mozambican population	Lack of managerial capacity	Coordinate mentorship and M&E for VL/EID laboratories and manage ongoing monitoring of VL/EID testing laboratory network for continuous improvement	COP22	COP25

$127,500	ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	Training in laboratory systems strengthening	10. Laboratory	3.92	4.74	10.4 Capacity of Laboratory Workforce: Does the host country have an adequate number of qualified laboratory personnel (human resources [HR]) in the public sector, to sustain key functions to meet the needs of PLHIV for diagnosis, monitoring treatment and viral load suppression		Lack of technical capacity	Reactivate TB miscroscopy training package and conduct TOT and develop , print and distribute TB user manuals	COP22	COP24
$424,449	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Forecasting, supply chain plan, budget, and implementation	8. Commodity Security and Supply Chain	4.95	7.15	8.8 Management and Monitoring of Supply Chain: Does an administrative entity, such as a national office or Bureau/s, exist with specific authority to manage - plan, monitor, and provide guidance - supply chain activities including forecasting, stock monit	Strengthened collection, management, and use of supply chain-related data	Lack of technical capacity and not being autonmous Authority	Implementation and operationalization of 3 IW Ile-Irrego, Mocuba and Mopeia in Zambezia. Support CMAM with critical WH needs (e.g. bridge support by continuing the rental of Munhava warehouse until the rehabilitation of Pioneiros Central Warehouse is finalized);Support establishment of a Data Management Unit (DMU) at CMAM (Unidade de Gestão de Dados – UGD), that will enable better planning and forecasting support, as well as the internal audits and controls to support the Senior Management in decision making.	COP21	COP23

$297,500	ASP: Procurement & supply chain management-NSD	Non-Targeted Pop: Not disaggregated	Product selection, registration, and quality monitoring	8. Commodity Security and Supply Chain	4.95	7.15	N/A	Strengthened drug quality laboratory testing capacity for sustained control of the HIV epidemic in Mozambique, ensured quality monitoring of ARVs and related drugs at community and patient level, and quality monitoring of medical products for the prevention and treatment of COVID 19	Lack of technical capacity, ISO certification	Quality assurance of ARVs and HIV commodities for sustained epidemic control in Mozambique; Optimizing use of pediatric dolutegravir 10 mg dispersible tablet (DTG-10 DT); Assuring the quality of HIV rapid diagnostic test kits to support community-based HIV case finding; Downstream monitoring and assuring quality of ARVs and related HIV commodities along the health supply chain; and,Leveraging PEPFAR supported systems to monitor and assure quality of COVID-19 prevention and treatment medical products		

$12,750	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	National strategic plans, operational plans and budgets	1. Planning and Coordination	7.83	8.33	14.2 Who Leads General Population Surveys & Surveillance: To what extent does the host country government lead and manage planning and implementation of the HIV/AIDS portfolio of general population epidemiological surveys and/or surveillance activities (p	Better coordinated and strategic decisions and commitments for mid and long-term surveillance activities	Lack of technical capacity	Review and update draft framework, host collaboration meeting with MISAU and pursue official approval of strategic planning. Conduct a mapping of sentinel surveillance sites to serve as a foundation for integrated sentinel surveillance and mortality surveillance platforms.	COP22	COP23
$51,000	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Surveillance	14. Epidemiological and Health Data	4.47	5.03	N/A	Enhanced understanding of the risks, HIV service needs and access issues for IDP in northern Mozambique.	Lack of technical capacity	Conduct formative assessment and initiate sentinel surveillance to document the HIV care needs and risks of internally displaced persons in Northern Mozambique.	COP22	COP25
$590,121	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	National DQA on core HIV indicators to gain a better understanding of data quality gaps and opportunities for quality improvement actions	Lack of sufficient HRH	External DQA led by MMEMS follow in collaobration with National HIV/AIDS Program. DQA includes data collection in HF, training for local provincial staff, results analysis and report generation.	COP20	COP22

$170,000	ASP: Human resources for health-NSD	Non-Targeted Pop: Not disaggregated	Institutionalization of in-service training	7. Human Resources for Health	7.26	6.49	7.6 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?	Increase ude of distance learning platform for staff capacity buiding. training, mentoring and supervision	Lack of sufficient HRH	Provide technical assistance to the training department and technological management of tele-education, teleconsulting and telediagnosis services, and appraisal of the infrastructure, organization and activities carried out in the delivery of Telessaúde RS services.	COP21	COP25
$85,000	ASP: Not Disaggregated-NSD	Non-Targeted Pop: Not disaggregated	Institutionalization of in-service training	7. Human Resources for Health	7.26	6.49	7.6 In-service Training: To what extent does the host country government (through public, private, and/or voluntary sectors) plan and implement HIV/AIDS in-service training necessary to equip health workers for sustained epidemic control?	External quality assessment of Telessaude Warm Line to improve provision of high quality services. Utilization of data from Warm Line will be used to identify flows/gaps in knowledge among service providers for capacity building activities.	Lack of technical capacity	External quality assessments will inform CQI activities to assure and strengthen the quality of MoH based Warm Line interactions and subsequent health service delivery.	COP22	COP22

$225,000	ASP: HMIS, surveillance, & research-NSD	Pregnant & Breastfeeding Women: Not disaggregated	Evaluations	14. Epidemiological and Health Data	4.47	5.03	N/A	Increased VL testing among HIV+ pregnant and lactating women and, HII < 5 years old	Lack of information on costs and program requirements	Evaluation of multiplexing of VL on mPima (EID) and GeneXpert (TB) molecular testing platforms to improve TAT and coverage of VL for priority populations (HIV+ pregnant and lactating women on ART and HIV+ children <5 years old on ART)	COP22	COP22
$85,000	ASP: HMIS, surveillance, & research-NSD	Priority Pops: Not disaggregated	Evaluations	14. Epidemiological and Health Data	4.47	5.03	N/A	Better understanding of priority populations for PrEP	Lack of information on costs and program requirements	Baseline assessment for PrEP expansion. Evaluation to address barriers to nationwide expansion of PrEP and develop recommendations for adjusting service delivery models and quality standards to ensure uptake and adherence.	COP22	COP22
$484,500	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	HMIS systems	14. Epidemiological and Health Data	4.47	5.03	14.9 Timeliness of Epi and Surveillance Data: To what extent is a timeline for the collection of epidemiologic and surveillance data outlined in a national HIV/AIDS surveillance and survey strategy (or a national surveillance and survey strategy with spec	Complete and timely pharmacy dispensation data, the abilty to monitor drug dispensation for patients and to provide stock management information to the supply chain system (SIGLUS)	Lack of technical capacity	IDART/IDMED pharmacy system development and maintenance	COP19	COP22

$66,057	ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	Program and data quality management	16. Performance Data	5.78	5.89	16.6 Quality of Service Delivery Data: To what extent does the host country government define and implement policies, procedures and governance structures that assure quality of HIV/AIDS service delivery data?	DQA on core HIV indicators to gain a better understanding of data quality gaps and opportunities for quality improvement actions	Lack of sufficient HRH	DQA activities by the National HIV/AIDS Program in collaboration with PEPFAR team and implementing partners. DQA includes data collection in HF, training for local provincial staff, results analysis and report generation.	COP22	

SRE Tool-SaSR (Entry of Surveillance, Surveys, and Research Activities)

COP22 Program Area	COP22 Beneficiary	COP 22 Activity Budget	Activity Description	Activity Type	Total budget planned for the activity (across all COP years)	Planned start date of data collection	Expected end date of data collection	Budget planned for the close out year of the activity	Activity Title	Primary evaluation or study questions	Activity objectives	Activity's primary study population	Additional populations studied	Planned activity sample size	Planned sampling methodology	HIV biomarkers to be assessed as part of protocol	Activity Start COP/FY Year	Activity End COP/FY Year	Current Stage of activity (as of COP22)	COP22 Baseline Status (major)	COP22 Baseline Status (detail)	How does this activity advance COP priorities?
ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	$ 233,750	Development of approaches to track individuals testing positive for HIV as a foundation for case-based surveillance for patients across multiple sites in one province.	Other	420,000 for COP 21 and COP 22, future TBD	June 2022	TBD	TBD	Assessing opportunities to improve unique HIV case identification in support of designing a full-fledged HIV case surveillance in Mozambique.	The activity aims to investigate opportunities to improve unique HIV case identification and inform the future design of a full-fledged HIV case surveillance system in Mozambique by demonstrating the opportunities and advantages of using data already available for unique case identification, and potential limitations of the existing HIV testing and counseling (HTC) system for unique HIV case identification and case surveillance.	Demonstrate the extent to which existing routine health data can be used to characterize HIV sentinel events (e.g. newly identified HIV cases, linkage to care, ART initiation, ART regimens, viral load results, pregnancy/birth outcomes, drug resistance, retention in care, AIDS diagnosis/advanced disease, mortality, and other sentinel events) by age, sex, and geographic distribution, and identify factors associated with these sentinel events, within the project area of a limited number of health facilities.	PLHIV		Initially starting in one health facility and then expanding.	No sampling at the individual level, initial sites selected for characteristics that will support the accomplishment of activity objectives	No	COP21/FY22	COP25/FY26	NRD pending approval	Protocol_Scope	Not started	This activity will inform and support the appropriate design and development of a full fledged HIV case surveillance system in Mozambique.

ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	$ 170,000	HDSS Polana Canico support with the implementation of HIV/Syphilis round of surveillance including biomarkers	Other	500,000 for COP 21 and COP 22, future TBD	Ongoing	TBD	TBD	Health and Demographic Surveillance System (HDSS) Polana Caniço – Maputo:	The primary objective is to continuously monitor health and demographic indicators present at Polana Caniço "A" and Polana Caniço "B" neighborhoods in Maputo city. The surveillance questions relate to the health and demographic indicators described in the objectives.	Overall objective: To continuously monitor health and demographic indicators present at Polana Caniço "A" and Polana Caniço "B" neighborhoods in Maputo city. Specific objectives: 1) To determine and monitor birth, fertility, death, migration rates in a large population of Polana Caniço "A" and Polana Caniço "B" neighborhoods. 2) To assess the social and economic status of the population. 3) To determine risk factors and burden of infectious and chronic diseases in the DSA population. 4) To estimate the prevalence and annual incidence of HIV infection among household's members aged 15-59 years old. 5) To estimate the prevalence of syphilis infection among household's members aged 15-59 years old. 6) To evaluate ART initiation among household members aged 15-59 years old. 7) To monitor and estimate retention in HIV care at 1, 3, 6 and 12 months of following among household members aged 15-59 years old. 8) To evaluate clinical outcomes among household members aged 15-59 years old. 9) To identify the main barriers and facilitators of ART enrollment and retention in care. 10) To determine the specific causes of mortality and the proportion due to Human Immunodeficiency Virus (HIV) and other priority diseases. 11) To assess knowledge and access to preventive and curative health care, including woman's health and family planning and immunization.	General population with a focus on PLHIV		2700 households. Specific sampling done for each component of surveillance, and calculations available in the protocol.	The sample size calculation will correspond to the minimum number of households and individuals to be enrolled in the first year of HDSS implementation. An estimation of the minimum number of households and individuals to be enrolled along the next 5 years after the implementation of the HDSS will be provided by the National Institute of Statistics. After enrolling the minimum sample for the first year, the following households to be enrolled will be those adjacent to the enrolled households. Sample size can be expanded according to available funds and according to the objectives of the System (to cover the total population of the two neighborhoods).	Yes	COP21/FY22	COP25/FY26	Currently planning for biomarker round of surveillance. HDSS established for non-biomarker components of surveillance.	Protocol_Scope	Cleared	This activity will provide measures of HIV prevalence, HIV incidence, and the 95-95-95 cascade from a well-defined urban population in Maputo.

ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	$ 34,000	KP mapping and population size estimation analysis of results and PIR development	Population size estimation	250,000 for COP21 and COP22	Ongoing	In COP22	40,000	Hotspot Mapping and Population Size Estimation Among Key Populations for HIV in Mozambique	What is the population size of people who inject drugs, female sex workers and sexually exploited adolescents, men who has sex with men, and transgender people at the provincial level in Mozambique?	This activity aims to identify the locations of key population hotspots and obtain estimates of the size of the key population: female sex workers and sexually exploited adolescents, men who have sex with men, transgender people, and people who inject drugs at the provincial level using the empirical methods of multiple-source capture-recapture. This will include a formative assessment, quantifying, mapping and describing the characteristics of hotspots and locations where key populations can be found and describing the factors that contribute to how these key populations use existing HIV prevention and treatment services.	Key Populations		All KP hotspots will be mapped and visited for population size estimation using the multiple-source capture-recapture methodology. Sampling was done at the provincial level and ranges from 1,000 to 3,000 KP per province, per population size estimation capture round.	Sample size estimates were done by simulation using the Shiny User Interface for Multiple Source Capture Recapture Models available at: https://epiapps.com/shiny/app_direct/shinyproxy_popsize_power/. This model was built to facilitate the simulation processes needed to estimate required sample sizes and power analysis for multiple source capture-recapture studies. The model includes the input parameters of 1) estimate population size, 2) the number of simulated capture recapture surveys, 3) the sample size of each capture round, 4) the number of rounds of capture, 5) the degree of heterogeneity of capture probability, and 6) the odds ratio of capture of the 90th percentile most likely to be captured compared to the average, and generates the percent of simulated estimates within the credibility sets of 95%, 90%, 80%, 70%, 60%, and 50%. For each credibility set, the calculator generates the A) percent estimate accuracy and B) absolute accuracy.	No	COP21/FY22	COP22/FY23	Formative assessment data collection	Data_collection	In progress	Estimates the population size of KP.

ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	$ 50,725	KP BSS strategic planning for the next round of FSW/MSM studies planned for 2024 including support to develop the BBS FSW 2024 Protocol and conduct strategic planning for KP/BBS work over the next 5 years.	Bio-behavioral survey (BBS)	TBD	January 2024	December 2024	TBD	BBS for FSW and MSM	TBD based on protocol design	TBD based on protocol design	FSW and MSM	Clients of sex workers	TBD based on current size estimation acitivites	RDS	Yes	COP22/FY23	COP25/FY26	Development	Protocol_Scope	Not started	Informs needs for key population activities.
ASP: Laboratory systems strengthening-NSD	Non-Targeted Pop: Not disaggregated	$ 255,000	Conduct testing for HIV and TB drug resistance surveillance	HIV drug resistance surveillance	300,000	November 2022	November 2025	300,000	HIVDR surveillance	Assess the emergence of resistance to dolutegravir-based ART	Genotype remnant unsuppressed VL samples	Patients on ART for at least 6 months on TLD-based regimen		1,000 randomly selected patients across the country	CADRE: randomly selected samples from VL testing	Genotyping to determine the presence of drug resistance mutation correlated to unsuppressed VL	COP21/FY22	COP25/FY26	Development	Protocol_Scope	Not started	Provides information to better understand national HIV and TB treatment drug resistance profiles to support program management
ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	$ 51,000	Conduct formative assessment and initiate sentinel surveillance to document the HIV care needs and risks of	Other	150,000 COP22	March 2023	TBD	TBD	IDP Sentinel Surveillance in Northern Mozambique	TBD based on protocol design	TBD based on protocol design	Internally displaced persons in northern Mozambique		TBD based on protocol design	TBD based on protocol design	Yes	COP22/FY23	COP25/FY26	Development	Protocol_Scope	Not started	Attempts to minimize treatment disruption by assessing challenges to HIV services among IDP

			internally displaced persons in Northern Mozambique.																				

SRE Tool-Evaluation (Entry of Evaluation Activities)

COP22 Program Area	COP22 Beneficiary	COP22 Evaluation Budget	Evaluation Description	Evaluation Type	Evaluation Title	Estimated budget for entire evaluation (across all COP years)	Is this evaluation being proposed in multiple OUs? If so, what other OUs?	Is this a cooperative agreement or contract-level evaluation?	Is the evaluation partner a local institution?	If a local institution, is any individual or group of individuals fulfilling the role as principal investigator/co-investigator/evaluation team lead(s)/other leadership role?	Name of project being evaluated	Is the project being evaluated PEPFAR funded?	Primary evaluation method	Primary evaluation target population	Evaluation target population's HIV status	Primary evaluation or study questions	Evaluation technical area	Are costing data collected as part of the evaluation?	Activity Start COP/FY Year	Activity End COP/FY Year	Current Stage of activity (as of COP22)	COP22 Baseline Status (major)	COP22 Baseline Status (detail)	How does this activity advance COP priorities?
ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	$ 80,000	Somos Iguais key message coverage, recall and relevancy of message for young men newly enrolled or newly returned to Tx in areas wheere Somos Iguais wsa implemented with greatest intensity.	Process	Somos Iguais coverage, recall and saliency assessment	$ 80,000	No	No	No	N/A	Somos Iguais communication campaign	Yes	Client survey	HIV+ young men newly initiating or newly returning to ART	HIV+	1) Among the general population and the target population (young HIV+ men) in the areas where Somos Iguais has been implemented with the greatest intensity to-date, what is the recall, relevancy and salience of Somos Iguais' key messages?, 2) Among young men who have recently initiated or returned to ART in Areas coveregd by Somos Iguais, to what degree has Somos Iguais supported or motivated their (re) engagement in ART?	SBC, male treatment, stigma reduction, normalization of a healthy and productive life on ART	No	COP22/FY23	COP22/FY23	Proposed in COP	Protocol_Scope	In clearance	Normalizing a healthy and productive life for HIV+ individuals on treatment, particularly young men, is key to achieving and maintaining epicdemic control. Part of this effort are the COP investments that have been made into the SBC campaign in Mozambique called Somos Iguais. This survey assesses coverage, recall and salience of teh messages that have been disseminated in as part of the Somos Iguais campaign to demonstrate whether 1) coverage and intensity of the campaign has been sufficiently high to be heard and recalled by young HIV+ men, and 2) whether the messaging has supported those men in their decisions to engage in or return to ART.

ASP: HMIS, surveillance, & research-NSD	Non-Targeted Pop: Not disaggregated	$ 60,000	DDD client and provider satisfaction survey	Process	Client and pharmacist satisfaction with decentralized drug distribution (DDD) of ART via private pharmacies	$ 60,000	No	No	No	N/A	Decentralized Drug Distribution pilot at private pharmacies	Yes	Client survey	Patients on ART eligible for Decentralized Drug Distribution through private pharmacies	HIV+	1) Which aspects of the current DDD model appeal to eligible clients relative to other DSD models?, 2) Which aspects of the current DDD model do not appeal to eligible clients?, 3) Which aspects of the current DDD model work well for participating pharmacies?, 4) Which aspects of the current DDD model work poorly for participating pharmacists?, 5) How could beneficial aspects be strengthened and detrimental aspects be addressed in a cost-effective manner as DDD is brought to scale?	DSD	No	COP22/ FY23	COP22/ FY23	Proposed in COP	Protocol_Scope	In clearance	Decentralized Drug Distribution via private pharmacies is a DSD model currently in its pilot phase in Mozambique. In order to refine the model and better understand how it fits into the mix of DSD models currently available, we need to hear from eligible clients and participating pharmacies about whether the model, as currently piloted, is appealing to them, and what would need to be maintained or improved to maintain/improve quality if/as the model is scaled.
ASP: HMIS, surveillance, & research-NSD	Pregnant & Breastfeeding Women: Not disaggregated	$ 225,000	Evaluation of multiplexing of VL on mPima (EID) and GeneXpert (TB) molecular testing platforms to improve TAT and coverage of VL for priority populations (HIV+ pregnant and lactating women on ART and HIV+ children <5 years old on ART)	Process	Evaluation of integration of VL testing into mPima and GeneXpert platforms	$ 225,000	No	No	No	N/A	PMTCT: Integration of VL testing into mPima and GeneXpert platforms	Yes	retrospective data analysis	HIV+ pregnant and lactating women on ART; HIV+ children <5 years old on ART	HIV+	1) Will VL testing integrated into mPima and GeneExpert platforms improve VL coverage and suppression in the study populations (PLW and HIl<5 years? 2) How will VL integration in mPima and GeneXpert influence EID and TB testing?	PMTCT, viral load testing	Yes	COP22/ FY23	COP22/ FY23	Proposed in COP	Protocol_Scope	Not started	the results will support decision making on whether or not to continue supporting or expanding multiplexing in future COP budgets

ASP: HMIS, surveillance, & research-NSD	Priority Pops: Not disaggregated	$ 85,000	Baseline assessment for PrEP expansion. Evaluation to address barriers to nationwide expansion of PrEP and develop recommendations for adjusting service delivery models and quality standards to ensure uptake and adherence.	Process	Baseline assessment for PrEP implementation	$ 200,000	No	No	No	N/A	National PrEP program	Yes	cross-sectional record review and qualitative methods	HIV negative at increased risk of HIV infection	HIV-	1) what are barriers and enablers of PrEP uptake in different geographic and socioeconomic settings in Mozambique, 2) what are the barriers to adherence and retention in different PrEP priority populations	PrEP	No	COP22/ FY23	COP23/ FY24	Proposed in COP	Protocol_Scope	Not started	This activity will help informing the program national scale up, learn the main barriers and PrEP enrolment and continuity

APPENDIX D– Minimum Program Requirements

Care and Treatment	
1) Adoption and implementation of Test and Start, with demonstrable access across all age, sex, and risk groups, and with direct and immediate (>95%) linkage of clients from testing to uninterrupted treatment across age, sex, and risk groups.	Status: Completed Summary: Test and start is in place in all facilities. Overall proxy linkage remained above 93% across FY21 however linkage by age group varies and is still <95% for some age bands (5-29 and 50+ years).
2) Rapid optimization of ART by offering TLD to all PLHIV weighing ≥30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children who are ≥4 weeks of age and weigh ≥3 kg, and removal of all NVP- and EFV-based ART regimens.	Status: Completed Summary: DTG use is the adult standard of care in Mozambique. 99.8% of adolescents and adults on TLD as of FY 2021 Q4. DTG50 mg and LPV/r formulations at 42% and 58% consumption rates for children respectively, NVP consumption has been virtually eliminated. Pediatric DTG is in-country with dispensing started in January 2022.
3) Adoption and implementation of differentiated service delivery models for all clients with HIV, including 6MMD, decentralized drug distribution (DDD), and services designed to improve identification and ART coverage and continuity for different demographic and risk groups.	Status: Completed Summary: 75% of clients are on 3- or 6-MMD (mostly 3 month). In February 2022 the Government expanded 6MMD for 85 sites, to occur by FY 2022 Q2. Maputo City resumed 6MMD enrollment in FY 2022 Q1.
4) All eligible PLHIV, including children and adolescents, should complete TPT, and cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient.	Status: In-process Summary: While there was an increase in total clients who completed TPT in FY 2021 Q4 (81%), there was wide variability in completion across provinces. Maputo, Maputo City, Military Mozambique and Tete had >90% completion while Cabo Delgado, Inhambane, and Gaza's TPT completion was <72%.

	The coverage of all eligible PLHIV, that completed or are actively on TPT is 76% (TPT monthly AJUDA dashboard - February 2022 data)
5) Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	Status: Completed Summary: Mozambique finalized the Diagnostic Network Optimization exercise in FY 2020; Moving forward, Mozambique plans to continue to optimize VL testing network, aiming to reduce turnaround time of results for priority populations. The EID testing capacity is robust, with significant support from the POC network. Completion of laboratory construction projects, acquisition of high throughput instruments, expansion of LIS, and continued optimization of the sample transport system, consolidated under one single private implementing partner, have already enabled a national average turnaround time of results below 3 weeks. The continuation of these activities will create the conditions and capacity needed to meet VL and EID targets in FY23.
Case Finding	
6) Scale-up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV positive biological parent should be offered testing for HIV.	Status: In-process Summary: Facility and community index testing modalities continued to scale, with IPs identifying 30% of positives from index testing (10.7 facility+20.2% community). Early results from a community-based self-testing pilot show that 66% of HIVST recipients were 15-29 years, 7% of HIVST recipients who were followed-up had positive results and 29% of HIVST users followed-up never previously tested.
Prevention and OVC	
7) Direct and immediate assessment and offer of prevention services, including PrEP, to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (Sero discordant	Status: In-process

couples, PLW and AGYW in high HIV-burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices)	Summary: While the majority of PrEP users are sero-discordant couples (47%), expansion of PrEP screening and offer within maternity wards is now reaching more PLW (18% in September FY21). PrEP initiations increased almost 400% percent between FY20 and FY21. 44,328 were newly initiated and PrEP_CURR was 57,717 in FY21 Q4. Geographic coverage of PrEP is expected to expand during FY22. PEPFAR will continue to collaborate with MISAU to expand PrEP access for priority populations across all provinces as rapidly as possible.
8) Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) facilitating linkage to treatment and providing support and case management for vulnerable children and adolescents living with HIV, 3) reducing risk for adolescent girls in high HIV-burden areas and for 10-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	Status: Completed Summary: Mozambique prioritizes facilitating testing for all children at risk of HIV infection. Among the 196,519 OVC beneficiaries under the age of 18 who reported knowing their HIV status at the end of FY21 Q4, a total of 41,173 were known to be HIV+. Among these, 41,106 beneficiaries reported receiving ART services;, corresponding to 99.8% of the known HIV+ OVC beneficiaries. Despite COVID restrictions, the OVC program was able to reach 315,063 boys and girls 10-14 years-old with primary prevention of sexual violence and HIV interventions.
Policy & Public Health Systems Support	
9) In support of the targets set forth in the Global AIDS strategy and the commitments expressed in the 2021 political declaration, OUs demonstrate evidence of progress toward advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups.	Status: In-process HIV prevention and treatment services are widely available in Mozambique, and mechanisms have been created and implemented to help overcome individual and societal barriers to access these services. However, stigma and discrimination remain a critical barrier for controlling the epidemic as it prevents many individuals from getting diagnosed, being

	linked to care, and adhering to ART. In coordination with the GRM, civil society, and other stakeholders including the Global Fund, in COP22 PEPFAR will support effective interventions to reduce stigma and discrimination. Building on COP21 and existing human rights and stigma and discrimination activities funded by other donors, PEPFAR will prioritize interventions that can advance national efforts to reach UNAIDS′s 2025 10-10-10 societal enabler targets and PEPFAR's minimum program requirement #9. In addition to funding critical activities such as stigma and discrimination awareness campaigns, health and legal literacy promotion, training of health service providers, and community-led monitoring programs, PEPFAR will contribute to the dissemination of an updated version of the Patient′s Bill of Rights, strengthen mechanisms for patients to file complaints related with the violation of their health rights, and develop and distribute updated educational materials in local languages and adapted to the needs of people with disabilities.
10) Elimination of all formal and informal user fees in the public sector for access to all direct HIV services and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services affecting access to HIV testing and treatment and prevention.	Status: Completed Summary: Mozambique does not have formal user fees for HIV and HIV-related services.
11) OUs assure program and site standards, including infection prevention & control interventions and site safety standards, are met by integrating effective Quality Assurance (QA) and CQI practices into site and program management. QA/CQI is supported by IP work plans, Agency agreements, and national policy.	Status: Completed Summary: Site-level quality assurance and improvement processes dynamically adapted to COVID-19 context through development of a new site assessment tool and virtual support practices.
12) Evidence of treatment literacy and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U=U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	Status: In-process In COP22, PEPFAR Mozambique will continue to fund health literacy programs that focus on HIV and TB prevention and treatment information and use evidence-based interventions for promoting behavior

	change. These programs will also support the dissemination of U=U and viral load messages to support ART adherence and reduce HIV-related stigma and discrimination.
13) Clear evidence of agency progress toward local partner direct funding, including increased funding to key populations-led and women-led organizations in support of Global AIDS Strategy targets related to community-, KP- and women-led responses	Status: In-process Summary: In FY 2021, 36% of PEPFAR Mozambique's budget transitioned to local partners (a 7% increase compared to FY 2020). The majority of PEPFAR funding is still programmed through international partners and agencies are actively identifying opportunities to transition to local entities wherever feasible.
14) Evidence of partner government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended	Status: In-process Summary: While GRM supports health systems and allocated $10 million to HIV commodities (ARVs and test kits) in COP19, they were unable to meet the financial commitment in COP21 due to economic constraints and the ongoing COVID-19 pandemic. In COP 22, GRM has committed to putting $5 million into TLD. In COP21 the GRM successfully implemented the $3.2M HRH support to sustainability sites and was able to absorb and is now paying salaries for 70% of these HRH (350/500). It is expected that year after year the number of HRH to be absorbed by the government's payroll should increase.
15) Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	Status: In-process Summary: PEPFAR and non-PEPFAR stakeholders continue to work on monitoring and reporting of morbidity and mortality outcomes but not on a national level. Neither of the existing systems provides complete clinical determination of

	Cause of Death or guarantees formal registration of mortality events.
16) Scale-up of case surveillance and unique identifiers for patients across all sites.	Status: In-process Summary: Exists but is limited in scale. Continue to support registration of children and collection of the national unique identifier (NUIC) in Zambezia and Sofala provinces.

APPENDIX E – Assessing Progress towards Sustainable Control of the HIV/AIDS Epidemic

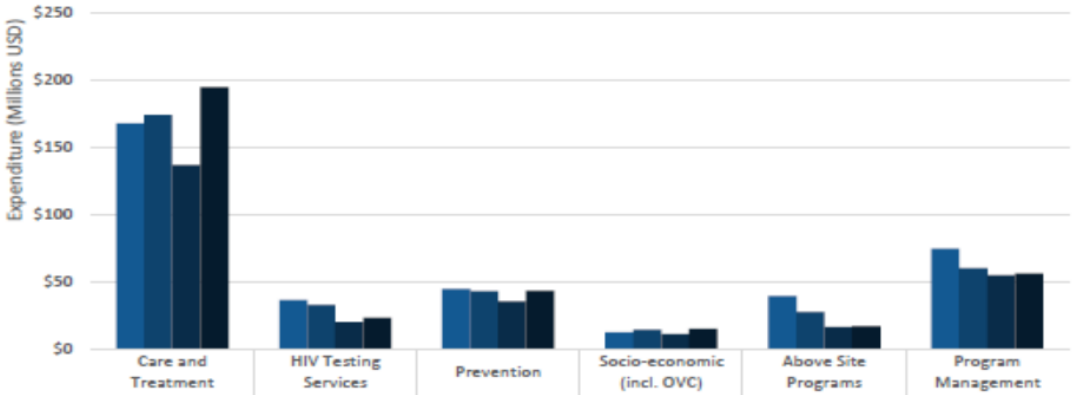
Although this COP is focused on reaching the 95-95-95 care and treatment targets and further scaling prevention interventions to reach epidemic control, as Mozambique begins approaching these targets it will be important to start a national dialogue and lay the groundwork for a sustainable transition of HIV related services. The PEPFAR country team proposes a multifaceted approach that includes a) development of a roadmap for sustainability guided by key Government of Mozambique stakeholders, b) transitioning selected program components and sites to local partner management, with enhanced support, intensive mentoring and capacity building from USG and clinical IPs to ensure success, c) continuing efforts to facilitate transition of HR to GRM.

1. Misalignments between Investments and Outcomes

Overall, PEPFAR's Mozambique's expenditures are well aligned with program priorities and needs. Over 65% of expenditures are directed towards care and treatment, and other key areas required for attainment of the 95-95-95 goals. Despite a high dependency on external partners, PEPFAR's above-site program expenditures have been on a downward trend since 2018.

Program Expenditures vs. SID Score Trends and Responsibility Ratings:

Figure D-S4: Trends in Expenditure By Program Area : PEPFAR



	Care and Treatment	HIV Testing Services	Prevention	Socio-economic (incl. OVC)	Above Site Programs	Program Management
2018	$168,102,595	$36,493,521	$44,550,293	$12,460,513	$39,242,129	$74,490,544
2019	$174,293,620	$32,845,308	$43,069,824	$14,213,275	$27,509,778	$60,114,530
2020	$137,094,055	$20,028,761	$35,214,537	$11,091,369	$16,245,116	$54,854,996
2021	$194,876,049	$23,202,293	$43,344,929	$15,016,945	$16,912,123	$56,255,858

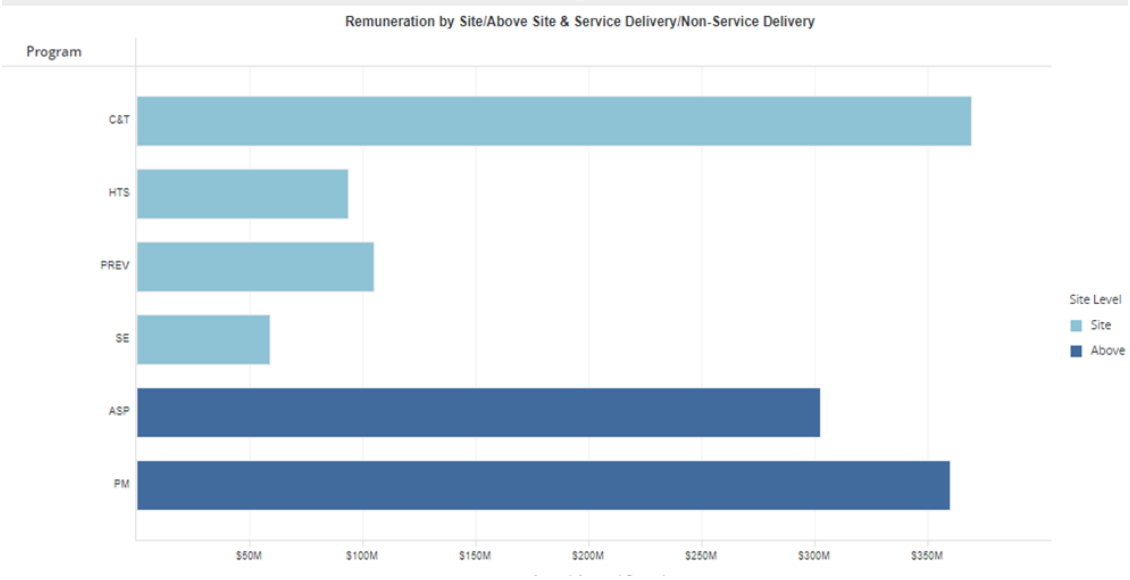
Expenditures on service delivery and commodities have been increasing since 2018, and expenditures on non-service delivery components have dramatically reduced for above site programs. Program management costs have remained flat over the last three years, indicating a need for identification of additional efficiencies in this category. Prevention expenditures have also been flat over the last four years, and the overall funding levels for socio-economic interventions (including OVC) have stabilized. As Mozambique approaches epidemic control, efforts will be made to identify additional programmatic efficiencies (i.e. implementation and expansion of differentiated service delivery models), as well as to further reduce program management costs. Efforts will also be made to identify resources to fund catalytic and essential systems strengthening interventions, wherever possible.

HRH Remuneration by Site/Above Site & Service Delivery/Non-Service Delivery

Following the pivot that was implemented in 2018 aimed at accelerating progress towards epidemic control, PEPFAR Mozambique concentrated its support on 628 high volume sites (from ~1300) and directed partners to invest 70% of their budgets on site level activities. A significant portion of this site level investments were focused on human resources for health. The HRH inventory completed in Q1 FY21 shows that PEPFAR currently supports 30,775 health workers, of which 19,711 are full time equivalents (FTE). PEPFAR Mozambique total expenditure on HRH in 2021 amounted to $130,258,270.

Expenditure report data shows that approximately 50% of HRH expenditures are incurred at the site level, and 50% at the above-site level. Program management costs also account for a substantial amount of the HRH spending. This indicates a potential misalignment between program goals and expenditures. Leading up to COP22 work planning, the PEPFAR Mozambique team will conduct a detailed inter-agency HRH needs assessment for each program area and use the findings of this analysis to guide partner workplans and budgets. Additionally, the program will aggressively seek out more efficient operating models, without sacrificing program quality. Finally, CDC Mozambique will work with a local partner to support hiring and placement of HRH, starting in Maputo City, with potential for expansion to additional CDC-supported provinces in future years. This marks a first step towards increasing efficiency in HRH expenditures.

Trajectory of Service Delivery, Commodities, Non-Service Delivery, Above Site Program, and Program Management Expenditures and Country's Status of Achieving HIV/AIDS Epidemic Control:



2. Areas of Transition

Over the last three years, Mozambique has aggressively worked towards epidemic control. As the program has achieved great gains and Mozambique is closer than ever to achieving the 95-95-95 goals, the country team, including government leadership, multilateral partners, civil society organizations, and the PEPFAR USG team are acutely aware of the need to ensure the sustainability of the HIV response. Substantial steps have been taken in this regard. In COP19, the country team worked towards standardizing salaries and job descriptions for lay staff, as well as maximizing, wherever possible, alignment with government cadres. PEPFAR has also provided support to the government to increase service delivery staff at sustainability sites, and approximately 70% of all staff hired through this support have been absorbed on the government payroll. Efforts to transfer more financial and managerial responsibility of the HIV response to government partners are in progress with increasing direct funding to all provincial health directorates that are currently assuming core components of the program in sustainability sites.

During COP22 TWG discussions on G2G support, the country team identified some areas for additional transition to government partners including supervision visits, trainings, meetings, and workshops. In FY23, more discussions and concrete actions will be taken to determine to what extent the government can take partial or full responsibility for these activities and in what timeframe. At the central level the government has identified the GBV and VMMC programs as potential opportunities for transition but concrete plans focusing on technical capacity building as well as HRH support will be needed.

3. Engagement with Partner Country Governments in COP22 to Ensure Sustainability of Core Elements of the HIV Response

In FY23, the program will commence work on a sustainability dialogue and roadmap. Defining the vision and goalposts for a future sustainable program must be led by the GRM. As such, we

propose that the process be co-led by the Executive Secretary of the National AIDS Council (CNCS), the National Director of Public Health at the Ministry of Health (DNSP), and PEPFAR agency leadership. We will propose that the team specifically work on the following:

- Create a steering committee and a task force;
- Define a short-term / mid-term / long-term vision and objectives for sustainability;
- Hold workshops and focus groups to solicit key stakeholder inputs (communities, patients, health providers, IPs, district/provincial health authorities, central level CNCS, MISAU, other ministries and institutions) to define sustainability and how to prioritize it;
- Look at costs and efficiencies to make the HIV program more affordable for the government to assume full ownership.

Additionally, the program will implement the following activities in FY2023 to prepare for transition to sustainability.

- Continue building DPS/SPS financial and administrative capacity to manage cooperative agreements at the provincial level via regular supportive site visits and increased G2G staffing.
- Identify additional program components to transfer to DPS/SPS management.
- Transition additional program components (i.e., Cervical Cancer, DREAMS, GBV) to local partners (i.e., facilities, districts) in selected sites to assess feasibility of a larger-scale transition.
- Pilot the use of EPTS at select sustainability sites to trial MER data collection and reporting with IP/PEPFAR support.
- Pilot the transfer of selected AJUDA sites that have reached a level of quality deemed appropriate to sustainability sites (‘graduation’) and monitor to ensure that services continue to be provided with quality. This will occur with deliberate transition planning and mentorship from clinical IPs and PEPFAR in only two provinces. The pilot will allow the country team to understand the challenges and requirements of this transfer in preparation for potential shift of AJUDA support to alternative sites in need of additional support in future COP cycles.
- Ensure that sufficient staff of appropriate cadres are hired to provide quality services and maintain the level of effort required for epidemic control, while working with MISAU to resolve some inefficiencies and policy barriers that would significantly improve sustainability of our support.
- Continue to work with MISAU and DPSs/SPSs in optimizing the health workforce to provide services in accordance with the size of the population in need.
- Continue to support the hiring of staff by PEPFAR IPs in accordance with the GRM policies and processes, as a bridge to absorption into civil service.
- Support MISAU to develop and implement policies and strategies that will allow the absorption of PEPFAR-hired lay staff in the future.

The main risks envisaged with transitioning these components are implementation delays, as the GRM adapts its procurement and hiring processes, and efficiency while PEPFAR works with MISAU to find appropriately costed ways to provide these services. Additionally, there is a need

for a high-level policy dialogue with the host country government beyond the health sector on financing of the whole program- especially once epidemic control has been achieved and maintenance is necessary. Specific metrics and budgets will be defined as part of the sustainability roadmap development process outlined above.

4. Agreements and Plans on Data Use and Sharing and Quality Control (including Central Support reporting).

PEPFAR Mozambique recognizes the importance of balancing improving the health of the people of Mozambique and protecting health information. In 2018, PEPFAR Mozambique implemented Data Security and Confidentiality Guidelines (DSCG) to ensure the security and confidentiality of patient information. The guidelines are based on guiding principles for data collection, storage, sharing and use in addition to ensuring security and confidentiality of data. The guidelines align with Mozambique law regarding the protection of health data. The DSCG are applicable to the following relationships – G2G, two or more programs, organizations, agencies or implementing partners. The guidelines are grouped into seven topical areas:

1. Program policies and responsibilities
2. Data collection and use
3. Data sharing and release
4. Physical security
5. Electronic (systems and cyber) security
6. Assurances of confidentiality
7. Breach Monitoring

The creation and implementation of a memorandum of understanding (MOU), data sharing and data use agreements and assurances of confidentiality that involve training and the signing of non-disclosure agreements are key inputs to implementation. The guidelines are evaluated annually to align with changes in laws, policies, and procedures; considerations to changes in HRH, programs, the operationalization of activities in the field, in addition to changes in technology standards regarding systems, data and cyber security.