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Condensed COP Report

Mozambique

2005

Country Operational Plan (COP)

Country Name: Mozambique
Fiscal Year 2005

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Table 1: Country Program Strategic Overview

1.1 National Response

Mozambique is struggling to care for and treat 1.4 million PLWHA, provide care and support for 1.6 million orphans and vulnerable children affected by HIV/AIDS, and prevent new infections which currently occur at the rate of more than 500 a day. Estimated 2004 adult HIV prevalence is 14.9%, with important geographic, age and gender differences. The National AIDS Council leads and coordinates the multisectoral response, while the Ministry of Health is gearing up the public health system to manage the increased complexity and level of services required by the pandemic. Other government agencies, civil society, and the private sector all are providing increasing resources and attention to the crisis. Numerous bilateral donors and multilateral agencies are deeply involved, contributing resources and technical support.

The FY 2005 Country Operational Plan for Mozambique makes a remarkable contribution to this effort, with a balanced and integrated program of prevention, treatment, and care. Service scale-up in all program areas will center around the integrated HIV/AIDS services network (IHN) sites which are the heart of Mozambique's network model. COP05 activities provide for strong linkages and cross-referrals to ensure access of those in need to the full range of HIV/AIDS services. USG support includes both direct service provision through the Ministry of Health and a wide array of other partners, and substantial and crucial contributions to strengthening systems and building the human capacity for effective service scale-up.

Under leadership of the National AIDS Council, Mozambique's National Strategic Plan for Combating HIV/AIDS 2005-2010 (PNCS II) is nearing completion. The PNCS II recognizes the primacy of the Ministry of Health's National Strategic Plan for Scale-Up of HIV/AIDS/STI Services (PEN), completed in late 2003, which provides guidance and sets priorities for all contributions, including those of the USG, to rapidly expand care and treatment services, including ARV therapy, under the coordination of the MOH. USG staff have been deeply involved in the development and implementation of both of these national strategies.

The PNCS II calls on all economic, socio-cultural, administrative, and political elements to contribute to the national response. The 2005-2010 objectives are to: (i) reduce the number of new infections from 500 to 350 per day by 2010 (and 150 by 2015); (ii) mobilize leadership and active participation and assure support and financing for the multi-sectoral response to HIV/AIDS; (iii) protect the human rights of PLWHA and their dependents; (iv) increase the number of chronically ill receiving care and treatment and guarantee the continuity and sustainability of ARV treatment programs; (v) mitigate the consequences of the disease for the individual, families, communities, enterprises, and the nation as a whole; (vi) increase the level of scientific understanding about HIV/AIDS in Mozambique, its consequences, and best practices in fighting the disease; and (vii) reinforce coordination and impact of the national response, and ensure implementation of sound action plans in all sectors.

In FY 2005, USG resources will contribute substantially to these objectives. USG staff and program funds also will continue to support the development and implementation of a single, coordinated action framework for HIV/AIDS. Support will be provided to key government agencies – the NAC, the MOH, the Ministry of Women and Coordination of Social Action, the Ministry of Defense, and others as appropriate – to ensure that practical action plans and guidelines for these sectors are implemented effectively within a network model, and that the overall national response is monitored appropriately. Key USG-supported areas include strategic information, logistics management for medicines and supplies, increasing service delivery sites and coverage, and building human and institutional capacity to carry on the scale up.

Coordination of the fight against HIV/AIDS in Mozambique is the mandated responsibility of the National AIDS Council. The NAC Board of Directors is chaired by the Prime Minister, and includes the Minister of Health, the Minister of Plan and Finance, and other government members, as well as civil society and private sector participation. The NAC's executive body (also called the NAC) has a decentralized structure, with a headquarters serving an overall national role of mobilizing, coordinating, and monitoring the national response, and 11 provincial units ("núcleos") responsible for channeling funds to and coordinating programs within the provinces. Created only in late 2000, the NAC is still extremely fragile organizationally and technically, at both central and provincial levels. Nonetheless, coordination across agencies and sectors has improved in the past year as the new National Strategic Plan for Combating HIV/AIDS II was developed. Numerous donor partners, themselves coordinated through a Partners Forum, collaborate and contribute to strengthen NAC's capability to fulfill its mandate. NAC receives and manages direct funding for the national response from the government budget, the World Bank, and several donor contributors to a "Common Fund for HIV/AIDS;" in late 2004, NAC also will begin managing a portion of Mozambique's Global Fund resources.

In FY 2005, the USG will provide essential technical, training, and material assistance to the NAC and to other key government agencies – especially the Ministry of Health, the Ministry of Women and Coordination of Social Action, and the Ministry of Defense – to strengthen the systems and human capacity necessary to ensure a coordinated national response to the epidemic. A particular focus is strengthening the MOH to fulfill its leadership role in rapidly expanding service delivery through the integrated HIV/AIDS services networks (IHN).

1.1.3

National HIV/AIDS M&E System

In 2004, the National AIDS Council and donor partners recognized the need to establish a multi-sectoral Monitoring and Evaluation system that proactively monitors the HIV/AIDS epidemic and evaluates the impact of prevention, care and treatment activities in Mozambique. The specific objectives of the M&E systems are to coordinate the national response of all partners involved in the fight against HIV/AIDS and to determine if programs are meeting national and international goals as specified in the national strategy. In their M&E operational plan, the NAC has determined that M&E should be included as an integral part of program design and management. UNAIDS, in addition to other partners including USG have identified technical assistance and financial resources, that will be required to coordinate the implementation of the national M&E operational plan in the next five years. Significant hurdles in the past to implementation of this plan included insufficient trained M&E staff in the NAC, low levels of M&E capacity in Ministries to develop their own M&E systems and tools, and a variety of donors with specific M&E reporting requirements. USG efforts in 2005 to support NAC will include endorsing a national M&E reporting plan and providing direct technical and financial assistance to NAC to encourage an effective mechanism for coordinating and monitoring the impact of the national response to HIV/AIDS in Mozambique.

The MOH has a national strategic plan that outlines an array of services to be made available within each health site where ART is to be provided. The scale-up plan refers to these sites as "integrated health networks" (IHNs). Services to be offered at an IHN site include anti-retroviral treatment (ART) through HIV/AIDS Day Hospital (designated rooms within the Triage and General Medicine clinic where ART clients will be served), voluntary counseling and testing (VCT), youth friendly health services (YFHS), prevention of mother and child transmission (PMTCT), treatment of opportunistic infections (OIT), and home-based care (HBC) through appropriate linkages to these programs. Most of these services are new to the health system and are being phased into IHN sites as training is carried out. In addition, IHN sites will provide supportive and referral services including laboratories, blood transfusion, triage and general medicine, maternal and child health services, tuberculosis care, and health education within the same hospital or large health center. The MOH scale-up strategy calls for the development of 129 IHN sites over the 5 year period at the largest hospitals and health centers, of which the USG will directly invest support in 18 of the 24 sites by the end of 2005. The USG will also support MOH goals to offer VCT, YFC, PMTCT, OIT, and HBC at a much broader set of health centers in the catchment areas of IHNs offering ART.

To support the MOH IHN model, the USG will 1) strengthen the capacity of key national institutions (the MOH, CNCS, and MMCAS) develop and update national HIV/AIDS plans, strategies, guidelines, training materials, and trained trainers needed to institute quality IHN services, 2) support the establishment of quality services at the provincial, district, and site levels by supporting training, facilitative supervision, monitoring and evaluation, and selected supplies, equipment, and renovations; and 3) complement and reinforce services provided through the health system by developing community-level care and support for home care, treatment follow-up, referral, psychosocial support, and prevention. To maximize the impact of its support, the USG will focus multiple interventions on selected geographical areas where a range of prevention, care and treatment activities can be developed with strong linkages between public and community services.

As Mozambique moves towards rapidly scaling up HIV/AIDS programs and more people are identified for prevention, care and treatment, strengthening the Mozambican human resource capacity is vital for the success of the National Strategy. There are currently approximately 650 physicians in Mozambique, 270 of them in Maputo, which greatly limits the possibilities for expanding access to treatment for the 110,000 PI WHAs in the USG target. Additionally, shortages of health workers and weak human resource capacity are repeatedly assessed as the biggest constraint to service provision in the health sector. Chronic under funding, coupled with weak management and better incentives in the private sector contribute to health workers moving out of the public sector. In FY05, the USG will be in the forefront of trying to identify HCD gaps, implementing selected targeted and feasible HCD interventions and developing systems and infrastructure to support and maintain HCD activities. In FY04, USG began Phase I of an HCD assessment to examine human resource development, recruitment, training, management and retention issues that impact scale-up of HIV/AIDS programs and services.

The USG will continue implementing a two pronged approach to support the development of training capacity and programs. At the central level USG will support the MOH develop and strengthen HIV/AIDS related training systems and infrastructure. At provincial, point of service level and community level, USG will support implementation, supervision, and in some cases certification of training activities and follow-up training supportive supervision. In 2004, a priority activity will be the development a national training strategy and coordination plan for HIV/AIDS in-service training. While USG support for activities targeting pre-service training are relatively new, the USG will continue to conduct pre-service needs assessments to identify gaps, determine appropriate interventions and implement select targeted activities. Additionally, USG will support the development and implementation of an HIV/AIDS training database to chart and monitor staff and health care provider in-service training activities and a human resource performance monitoring system that will address broader human resource issues than the training database can capture.

The USG agencies in Mozambique again place a major emphasis in FY 2005 on strengthening the capability, effectiveness, and coordinated action of our partners. A significant share of requested FY 2005 funding will provide technical assistance and training support to key Government of Mozambique agencies, especially the Ministry of Health, the National AIDS Council, and the Ministry of Women and Coordination of Social Action, and this support is provided across all the Emergency Plan program areas and at both central and provincial (local) levels.

In addition, substantially more funding is requested in FY 2005 to build the capability of non-governmental partners, including local NGOs/CBOs/FBOs and the private sector, to both expand service delivery and improve service effectiveness. Initial Emergency Plan funding in FY 2004 was used to help these partners rapidly reach more clients in need of HIV/AIDS services, but it already is clear that without significant investment now to strengthen these organizations – many of them dependent on volunteers for their programs – it will be difficult to expect their continuing expansion and effectiveness.

The Mozambique program also will dedicate increased attention this year, at both policy and technical levels, to ensuring sound coordination and wherever possible co-planning with other donor partners involved in HIV/AIDS support. Coordination mechanisms in which the USG agencies will continue to participate include: (i) the donor-MOH Technical Group for the Sector-Wide Approach in Health (GT-SWAP) and its HIV/AIDS sub-group; (ii) the Partners Forum on HIV/AIDS, which works closely with the National AIDS Council, (iii) the HIV/AIDS sub-group of the Gender Working Group, and (iv) the Multi-Sectoral Nucleus for OVC. There is considerable cross-membership among these groups, with government, bilateral donor, multilateral agency, and NGO participation in all of them. As Mozambique's Global Fund award becomes operational in 2005, there may be additional coordination opportunities and requirements.

The HIV/AIDS response in Mozambique is a complex and fluid one, with new potential partners emerging constantly and existing organizations of all stripes adding HIV/AIDS to their agendas. USG agencies work with dozens of in-country partners, both directly and through an array of coordination mechanisms and umbrella groups. An already wide array of policy and program contacts will be further strengthened to ensure that the Ambassador and all USG agencies at post contribute to engendering the bold leadership needed for successful prevention, care, and treatment service expansion in Mozambique.

Although Mozambique is still one of the poorest countries of the world, the business and investment environment and the nature of current USG programs that work with the private sector provide several opportunities for public-private partnerships that can reinforce and extend the Emergency Plan-funded activities.

A key Emergency Plan effort (initiated with FY 2004 funding) is to support the Federation of Mozambique Business Associations (CTA) to develop the fledgling Business against AIDS Forum (ECOSIDA) into an effective NGO which will provide leadership, guidance, technical support and materials, and also will mobilize resources, to help medium and smaller companies operating in Mozambique to meet the HIV/AIDS crisis facing their workforce. While considerable USG support is needed for several years to get this effort underway, ECOSIDA is built on a truly business-led initiative and shows high promise for reaching a large number of employees and family members within a few years. Once the program is underway and participating companies are embarked on a comprehensive "Roadmap" of HIV/AIDS services and support for their employees, ECOSIDA expects to be able to tap both other donor funding (available through an HIV/AIDS Common Fund managed by the National AIDS Council) and international private sector funding to enable more businesses to participate and more employees and family members to access the HIV/AIDS-related prevention, care, and treatment services they need.

In a new initiative this year, a small amount of Emergency Plan funding will contribute to the design of a "stop-loss" insurance model that might allow private health insurance providers to offer coverage, including for HIV/AIDS-related care and treatment, for employees and their families. Such a model would enable commercial insurance providers, who currently have little incentive to develop such new products in Mozambique, to offer coverage for HIV/AIDS-related services that medium and small companies are unlikely to be able to provide directly (larger companies are generally self-insured or provide direct health care to their employees).

The USG agencies involved in all program areas of the Emergency Plan will continue to seek opportunities for additional public-private partnerships as implementation proceeds in FY 2005 and beyond.

In Mozambique health care is almost exclusively delivered by MOH. Private sector health care is only available in Maputo and a few of the province capitals, and priced out of reach for all but the wealthiest. There are only a handful of small clinics in the country that are supported by faith-based organizations. National statistics indicate that only about 68% of the population has access to health care delivery sites within 10 km of their residence. Mozambique achieved independence from Portugal in 1975, but due to civil conflict, full-scale national development was not possible until after the peace accord in 1992. During the last ten years, Mozambique has strived to rebuild and repair its health infrastructure. Still, there are shortages of trained professionals in every category, and most institutional development efforts are relatively recent. The coverage of public utilities is very limited, and even provincial referral hospitals have limited access to water and electricity.

Currently there are 1,132 health facilities in Mozambique, including 42 hospitals (12 large provincial hospitals and 30 smaller urban and rural hospitals), 385 health centers and 705 health posts. The MOH has begun a rehabilitation plan to upgrade the infrastructure, laboratory capacity and staffing of all health facilities. The aim of this plan is to increase the number of hospitals to 129 (by upgrading the largest health centers to district hospitals), upgrade all health posts to health centers and increase the total number of health facilities to 1,200 by 2008.

The MOH has developed a national strategic plan to fight HIV/AIDS which describes the strategy to scale up prevention, care and treatment activities in Mozambique. This plan focuses primarily on how the health system will deliver care, treatment, and health service aspects of prevention (such as PMTCT and blood safety), but the selection of priority ART sites and their catchment areas (the geographic areas served by each site) will also serve as a focus around which prevention, community care, and community support for OVC can be organized. Generally, the sites that serve the largest number of ART clients will be those that are serving the highest risk areas of the country, where the need for prevention interventions is the greatest, and where the largest numbers of OVC also exist.

The MOH has also thought through and described in its national strategic plan the desired array of services that should be made available within each health facility where ART is to be provided. To capture this holistic treatment concept, the scale-up plan refers to these sites as "integrated health networks" (IHNs). Services to be offered at an IHN site include anti-retroviral treatment (ART) through what is referred to as the HIV/AIDS Day Hospital (designated rooms within the Triage and General Medicine clinic where ART clients will be served) voluntary counseling and testing (VCT), youth friendly health services (YFHS), prevention of mother and child transmission (PMTCT), treatment of opportunistic infections (OIT), and home-based care (HBC). Most of these services are new to the health system and are being phased into IHN sites as training is carried out. In addition, IHN sites will provide supportive and referral services including laboratories, blood transfusion, triage and general medicine, maternal and child health services, tuberculosis care, and health education within the same hospital or large health center. In many health facilities the new HIV/AIDS services are supported by international NGO partners.

Gender imbalances in social, economic and legal power fuel the spread of HIV, which in Mozambique is transmitted primarily through heterosexual sex. Preexisting power imbalances between men and women severely impede women's ability to control the safety of their sexual encounters, their reproductive choices, and their children's and their own personal health. Women are generally expected to provide sex to their partners upon demand, but socio-cultural norms allow men (and in some areas, and to a lesser extent, women) to continue having multiple sexual partners. There is evidence that women suffer high levels of physical and sexual abuse in long-term relationships, and anecdotal evidence suggests that abuse may increase if women try to control sexual relations by asking to abstain from sex or to use condoms. While the majority of Mozambique's population still is extremely poor, women are disproportionately poorer and far less schooled, and thus less economically empowered, than are men. Girls and women often have few choices but to exchange sex for resources if they are not in a long-term relationship or family environment that provides support. This "transactional" sex, as distinct from commercial sex, is widespread in Mozambique; whether transactional or commercial, these encounters place women and girls in positions where it is difficult for them to enforce safe sex practices. Male responsibility can halt the spread of AIDS, and men as well as women must work to equilibrate gender relations and sexual power.

Emergency Plan activities in Mozambique are designed and implemented in ways that help address these important challenges. IEC materials (whether for behavior change, PMTCT, or care and treatment) and service delivery programs recognize and try to address the need to sometimes direct different approaches and messages to men/boys than to women/girls in order to be effective. In particular, USG agencies and implementing partners work to:

- (i) Advocate for all participating partners, including CBOs/FBOs, to pay attention to gender issues in designing, implementing, and monitoring the effectiveness of their HIV/AIDS programs.
- (ii) Ensure that the concept of 'leadership' includes women who can actively influence the community and thus effectively contribute towards behavior change at community level.
- (iii) Ensure that gender-differentiated impacts of activities are identified and investigated to improve program effectiveness.
- (iv) Define appropriate messages targeting women and girls where appropriate.
- (v) Ensure that care and treatment options (in particular home-based care and community support services) do not perpetuate the existing division of labor which places a disproportionate burden on women and girls.

Stigma and Discrimination

Mozambique's National Plan for Combating HIV/AIDS II (PNCS) identifies stigma and discrimination as major concerns that must be specifically addressed in all activities. The approach is to directly address stigma and discrimination in workplaces and to engage communities and community leaders in eliminating social barriers. There is high-level recognition that stigma and discrimination are affecting social-economic and interpersonal relationships to such a high degree that the epidemic will continue to spiral unless these are confronted directly. There also is recognition that involvement of PI WHA is critical to effectively address the epidemic by reducing stigma and discrimination, and that the leadership of faith groups of all kinds is essential in teaching values that will support affected individuals and families.

The origins of stigma in Mozambican society are thought to arise from four underlying conditions. These are: (i) lack of understanding about the causes of HIV/AIDS transmission that leads individuals to blame those who are infected as the source of the problem; (ii) likelihood that infected persons will be isolated, marginalized and feared because of the tendency to blame them; (iii) lack of knowledge about treatment and lack of access to treatment that results in infected persons feeling abandoned rather than supported; and (iv) cultural taboos around sexuality and the disease itself that encourage community members to avoid direct confrontation of the social, economic, and physiological factors in transmission.

The PNCS outlines three main strategies in the effort to address stigma and discrimination: (a) formal legal codes that provide a sound legal basis for protecting the human rights of infected and affected individuals within family contexts and workplaces; (b) programs to create and mobilize agencies and groups to protect the legal and social rights of widows and orphans; (c) concrete steps by both government and civil society to ensure that all Mozambicans have access to HIV/AIDS-related care and treatment services.

The PNCS II expects donor partners to share the National AIDS Council's responsibility to assist Mozambican government agencies, the private sector, and civil society organizations to promote and ensure greater opportunities for care and treatment among all Mozambicans living with HIV/AIDS.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National</u> <u>2-7-10</u>	<u>USG Direct Support</u> <u>Target End FY05</u>	<u>USG Indirect Support</u> <u>Target End FY05</u>	<u>Total USG Support</u> <u>Target End FY05</u>
Prevention	Target 2010: 506,379			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		11,429	50,734	50,734
Number of pregnant women who received PMTCT services in FY05		81,180	390,262	390,262
Care	Target 2008: 650,000			
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		20,013	95,361	95,361
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		2,500	28,603	28,603
Number of individuals who received counseling and testing in FY05		74,100	135,000	135,000
Number of OVCs being served by an OVC program at the end of FY05		37,200	80,000	80,000
Treatment	Target 2008: 110,000			
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		488	1,732	1,732
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		5,000	11,000	11,000

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID:
 Mech Type:
 Mech Name:
 Agency:
 Funding Source:

Prime Partner: To Be Determined

Mech ID: 1,297
 Mech Type: Locally procured, country funded (Local)
 Mech Name: TBD - State Grant
 Planned Funding Amount:
 Agency: Department of State
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Mech ID: 1,395
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Supply Chain Management System
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Mech ID: 1,420
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: To be determined/HHS/CDC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Prime Partner: Abt Associates

Mech ID: 1,288
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Partners for Health Reform Plus (PHRplus)
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 414
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: Yes

Mech ID: 1,590
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: ComNet
 Planned Funding Amount:

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Prime Partner: Abt Associates
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 414
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Academy for Educational Development
Mech ID: 1,038
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: LINKAGES
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: Yes

Prime Partner: American Association of Blood Banks
Mech ID: 1,249
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Track 1
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 1,907
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Association of Public Health Laboratories
Mech ID: 1,087
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: HHS HQ Agreement
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 171
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: CARE International
Mech ID: 1,018
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Hope for African Children Initiative (HACI)
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 174
Prime Partner Type: NGO
Local: No
New Partner: Yes

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Prime Partner:

CARE International

Sub-Partner Name: Council of Religions of Mozambique - COREM
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Hope for African Children Initiative
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: International Save the Children Alliance
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Save the Children US
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Society for Women and AIDS in Africa - SWAA
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: World Vision International
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Mech ID: 1,036
 Mech Type: Locally procured, country funded (Local)
 Mech Name: CORE
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA) account
 Prime Partner ID: 174
 Prime Partner Type: NGO
 Local: No
 New Partner: Yes

Sub-Partner Name: Council of Religions of Mozambique - COREM
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

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Prime Partner: CARE International

Sub-Partner Name: International HIV/AIDS Alliance
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Mozambique Network of AIDS Service Organizations - MONASO
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: National AIDS Network - RENSIDA
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: Catholic University of Mozambique

Mech ID: 1,391
Mech Type: Locally procured, country funded (Local)
Mech Name: deferred
Planned Funding Amount:
Agency: Department of State
Funding Source: Deferred (GHAJ)
Prime Partner ID: 501
Prime Partner Type: University
Local: Yes
New Partner: Yes

Mech ID: 1,392
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAJ account)
Prime Partner ID: 501
Prime Partner Type: University
Local: Yes
New Partner: Yes

Prime Partner: Columbia University

Mech ID: 1,099
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: UTAP
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 2,276
Prime Partner Type: University
Local: No
New Partner: No

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Prime Partner: Columbia University

Sub-Partner Name: To Be Determined

Sub Partner Type: Own Agency

Planned Funding Amount: Funding To Be Determined

Local: No

New Partner: Yes

Mech ID: 1,299

Mech Type: Headquarters procured, centrally funded (Central)

Mech Name: Track 1

Planned Funding Amount:

Agency: HHS

Funding Source: N/A

Prime Partner ID: 2,276

Prime Partner Type: University

Local: No

New Partner: No

Mech ID: 1,446

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: Columbia Deferred

Planned Funding Amount:

Agency: HHS

Funding Source: Deferred (GHAI)

Prime Partner ID: 2,276

Prime Partner Type: University

Local: No

New Partner: No

Prime Partner: Crown Agents

Mech ID: 1,593

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: Crown Agent Contract

Planned Funding Amount:

Agency: HHS

Funding Source: GAC (GHAI account)

Prime Partner ID: 422

Prime Partner Type: Private Contractor

Local: No

New Partner: No

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

Mech ID: 1,120

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: Call to Action Project

Planned Funding Amount:

Agency: USAID

Funding Source: GAC (GHAI account)

Prime Partner ID: 178

Prime Partner Type: NGO

Local: No

New Partner: No

Sub-Partner Name: Save the Children US

Sub Partner Type: NGO

Planned Funding Amount: Funding To Be Determined

Local: No

New Partner: No

Prime Partner: Family Health International

Prime Partner: Family Health International
Mech ID: 1,055
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: ARO Juvenil
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Hope Association
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: KEWA Group
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: MAFIL Group
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Promoters of Health (Paqueta Sisters)
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: FIOTEC Institute (Foundation Oswaldo Cruz, Brazil)
Mech ID: 1,100
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: South-to-South Joint Co-Ag
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account)
Prime Partner ID: 1,211
Prime Partner Type: NGO
Local:
New Partner: No

Prime Partner: Food for the Hungry
Mech ID: 1,591
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)

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Prime Partner: Food for the Hungry
Prime Partner ID: 888
Prime Partner Type: NGO
Local: No
New Partner: Yes

Sub-Partner Name: Beira Health Network
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Kubatsirana, Mozambique
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Nazarene Compassionate Ministries
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: Yes

Sub-Partner Name: Salvation Army
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Youth to Combat AIDS and Drugs - AJULSID
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: Foundation for Community Development, Mozambique
Mech ID: 582
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 244
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: Anglican Church of Maciene
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner: Foundation for Community Development, Mozambique

Sub-Partner Name: JustaPaz
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Mozambican Association for Urban Development - AMDU
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Reencontro Xaixai
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Utomi
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Mech ID: 1,296
Mech Type: Locally procured, country funded (Local)
Mech Name: FDC Grant
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 244
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Health Alliance International

Mech ID: 1,057
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 183
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Care for Life
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

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Prime Partner: Health Alliance International
 Sub-Partner Name: Kubatsirana, Mozambique
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner: International Training and Education Center on HIV
 Mech ID: 1,101
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: CDC HQ ITECH Contract
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 190
 Prime Partner Type: University
 Local: No
 New Partner: Yes

Prime Partner: JHPIEGO
 Mech ID: 1,082
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: JHPIEGO
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 193
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: John Snow Inc
 Mech ID: 1,247
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Track 1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Mech ID: 1,293
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: DELIVER
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Prime Partner: Johns Hopkins University Center for Communication Programs
 Mech ID: 1,274
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: The Health Communication Partnership (HCP)
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 481

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Prime Partner: Johns Hopkins University Center for Communication Programs
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: Ministry of Women and Social Action Coordination
Mech ID: 1,077
Mech Type: Locally procured, country funded (Local)
Mech Name: MMCAS Co-Ag
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,813
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: Mozambique Federation of Business Associations - CTA
Mech ID: 1,280
Mech Type: Locally procured, country funded (Local)
Mech Name: deferred
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAJ)
Prime Partner ID: 1,942
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 1,281
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,942
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Mozambique Ministry of Health
Mech ID: 1,097
Mech Type: Locally procured, country funded (Local)
Mech Name: MISAU Co-Ag
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,209
Prime Partner Type: Host Country Government Agency
Local: No
New Partner: No

Mech ID: 1,098
Mech Type: Locally procured, country funded (Local)
Mech Name: MISAU Co-Ag - Deferred
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAJ)
Prime Partner ID: 1,209
Prime Partner Type: Host Country Government Agency
Local: No
New Partner: No

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Prime Partner: Mozambique Ministry of Health

Mech ID: 1,248
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Track 1
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 1,209
 Prime Partner Type: Host Country Government Agency
 Local:
 New Partner: No

Prime Partner: Opportunity International

Mech ID: 1,382
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Track 1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 20
 Prime Partner Type: FBO
 Local:
 New Partner: No

Sub-Partner Name: Habitat for Humanity
 Sub Partner Type: FBO
 Planned Funding Amount:
 Funding To Be Determined
 Local: No
 New Partner: No

Prime Partner: Pathfinder International

Mech ID: 1,416
 Mech Type: Locally procured, country funded (Local)
 Mech Name: deferred
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 202
 Prime Partner Type: NGO
 Local: Yes
 New Partner: Yes

Mech ID: 1,589
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 202
 Prime Partner Type: NGO
 Local: Yes
 New Partner:

Prime Partner: Population Services International

Mech ID: 1,042
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)

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Prime Partner: Population Services International

Prime Partner ID: 206
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,578
 Mech Type: Headquarters procured, country funded (HO)
 Mech Name:
 Planned Funding Amount:
 Agency: Department of Defense
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 206
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Project HOPE

Mech ID: 1,134
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 1,827
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Save the Children US

Mech ID: 1,381
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Track 1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 213
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Hope for African Children Initiative
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: International Save the Children Alliance
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

Sub-Partner Name: Save the Children Norway
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: No

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Prime Partner: Save the Children US
Sub-Partner Name: Save the Children UK
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Prime Partner: The Futures Group International
Mech ID: 1,078
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: POLICY II (deferred)
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 435
Prime Partner Type: TBD
Local: No
New Partner: No

Mech ID: 1,079
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: POLICY II
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 435
Prime Partner Type: TBD
Local: No
New Partner: No

Prime Partner: To Be Determined
Mech ID: 1,696
Mech Type: Locally procured, country funded (Local)
Mech Name: TBD/Drug Procurement
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,486
Prime Partner Type: TBD
Local: No
New Partner: No

Prime Partner: University of California at San Francisco
Mech ID: 1,074
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: UTAP
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 491
Prime Partner Type: University
Local: No
New Partner: No

Mech ID: 1,093
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: UTAP - deferred
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 491

Prime Partner: University of California at San Francisco
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: University of North Carolina Carolina Population Center
Mech ID: 1,359
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: MEASURE Evaluation
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 495
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 1,440
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: MEASURE Evaluation (deferred)
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 495
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: US Agency for International Development
Mech ID: 1,319
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 1,102
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Deferred
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,103
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

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Prime Partner: US Centers for Disease Control and Prevention

Mech ID: 1,104
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: GAC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,207
Mech Type: Locally procured, country funded (Local)
Mech Name: Local base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of Defense

Mech ID: 1,592
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 529
Prime Partner Type: Own Agency
Local: Yes
New Partner: No

Prime Partner: US Department of State

Mech ID: 1,211
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 531
Prime Partner Type: Other USG Agency
Local: No
New Partner: No

Prime Partner: US Embassy - Public Affairs

Mech ID: 1,295
Mech Type: Locally procured, country funded (Local)
Mech Name: Public Affairs Mech
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,944
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Peace Corps

Mech ID: 579

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Prime Partner: US Peace Corps
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: GAC (GHAJ account)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 580
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: GAC (GHAJ account)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,399
Mech Type: Locally procured, country funded (Local)
Mech Name: deferred
Planned Funding Amount:
Agency: Peace Corps
Funding Source: Deferred (GHAJ)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: World Relief Corporation
Mech ID: 1,380
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Track 1
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 25
Prime Partner Type: FBO
Local: No
New Partner: No

Mech ID: 1,385
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 25
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: World Vision International
Mech ID: 1,020
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID

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Prime Partner: World Vision International
Funding Source: GAC (GHAJ account)
Prime Partner ID: 26
Prime Partner Type: FBO
Local: No
New Partner: No

Sub-Partner Name: Aid for Development People to People - ADPP
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

- Result 1: Sufficient number of trained staff skilled, motivated and productive
- Result 2: Increased access to quality PMTCT services.
- Result 3: Increased use of complete course of ARV prophylaxis by HIV+ pregnant women
- Result 4: Improved supply of PMTCT related medical supplies achieved

Total Funding for Program Area (\$) **Current Program Context:**

In 2002, Mozambique began to implement PMTCT services in 8 sites in 5 provinces, largely through vertical NGO efforts. In October 2003, the MOH appointed a National PMTCT Coordinator and USG supported the establishment of a MOH PMTCT Unit with a technical team to coordinate and oversee national PMTCT service expansion and implementation. In addition to USG support, donors supporting MOH PMTCT scale-up activities are WHO, UNICEF and GTZ. Most sites have been established and supported through USG PMTCT partners such as Save the Children US, Population Services International (PSI), CARE International, World Vision (WVI), Family Health International (FHI), Health Alliance International (HAI) and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF). Other PMTCT implementers such as MSF-Luxemburg & Switzerland, Sant'Egidio and CISM receive support from other donors and funding agencies. Under the leadership of the MOH PMTCT Unit several key activities have been accomplished:

- By December 2003, PMTCT services expanded to 17 sites. By the end of FY04, 37 sites provided PMTCT services, 22 of which were USG supported. By March 2005, 31 new PMTCT service sites will be established with USG support.
- From January to June 2004 (due to lag in reporting period, complete FY04 data is unavailable): 19,628 (87% of pregnant women seen in ANC) pregnant women received CT services. Of those women tested 3,455 (17.6%) were found to be HIV-positive. 990 (28.5%) HIV-positive pregnant women received Nevirapine and 1,256 infants received Nevirapine (Women who deliver at home do not receive Nevirapine but they often bring their infants to the health center for the Nevirapine dose). Of 119 infants tested at 18 months, 35 (19.5%) were HIV-positive.
- The PMTCT Task Force was re-vitalized and working groups were established to develop PMTCT norms, operational program guidelines and training materials.
- PMTCT training materials were adapted from the WHO/HHS-CDC PMTCT generic training package. By August 2004, 99 PMTCT trainers (6-8 trainers per province) were trained through regional level trainings. Provincially, 113 PMTCT service providers (Gaza and Zambezia Provinces) have been trained.
- Collaboration and linkages with other key programs within the MOH have been established to facilitate national scale-up efforts and increase central level PMTCT capacity. These include nutrition, reproductive health, child and adolescent health, Information, Education and Communication (IEC), planning and pharmaceutical departments.
- As USG continues to support PMTCT expansion, training and community mobilization, it is expected that reach and uptake of services will steadily increase. In FY05 the USG will continue to directly support PMTCT service sites and strengthen the MOH capacity to expand and manage their training and coordinating activities. The USG will also ensure that women identified through PMTCT sites and who have access to ARVs get referred for treatment. Mozambique outlines in its national plan that PMTCT+ services are PMTCT services in an area where an HIV Day Hospital exists. By 2004, 22 PMTCT sites will have direct referral services to ARV treatment sites; of these, 5 are USG supported. Other agencies supporting PMTCT efforts with referral opportunities to day hospitals are WHO, UNICEF, and GTZ. While HAI and Columbia University are USG funded partners, MSF and Sant'Egidio receive support from other donors and funding agencies. Since the national PMTCT program is a relatively new effort led by the MOH, there are still few women who have been referred for ARVs. From January to June 2004, data provided by 3 of the 4 implementing agencies reported that 95 pregnant women were on multi-drug ART, 65 from USG supported sites. USG efforts will ensure that linkages to ARV treatment from PMTCT sites where geographically feasible will be strengthened through a number of key activities in FY05.

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Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Vision International

Planned Funds:

Activity Narrative: WVI will continue PMTCT activities started in FY 2004 to strengthen uptake of PMTCT services at 2 sites, train health personnel to deliver these services, and ensure service quality and supervision. Further community mobilization is expected to increase uptake. Seropositive pregnant women will be tracked and involved in mother-to-mother support groups. This is part of an integrated WVI program which also includes USG-supported activities in OVC, home-based palliative care, and counseling and testing.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	20	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	700	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	3,900	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Medical/health service providers
- HIV+ pregnant women
- Infants
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Zambezia

ISO Code: MZ-Q

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: LINKAGES / Academy for Educational Development

Planned Funds:

Activity Narrative:

(i) With of this funding, LINKAGES will provide technical support to the Ministry of Health to strengthen policies, guidelines, and strategies for appropriate infant feeding options in PMTCT settings. This activity will work at national level with the Ministry's PMTCT unit and nutrition unit. LINKAGES will provide additional training to PMTCT staff at national and provincial levels and will work closely with USG-supported PMTCT implementing partners in 6 provinces to ensure rapid roll-out of new guidelines as they are completed.

(ii) With of this funding, LINKAGES will implement a targeted evaluation to develop improved therapeutic feeding options for HIV+ infants of seropositive mothers. Severe wasting is common in HIV+ children 6-24 months of age, in those who are not breastfed, and in infants who receive mixed feeding; and severe malnutrition is associated with a marked increase in mortality. In Mozambique, inpatient therapeutic feeding programs have generally proved costly and follow-up care proved difficult; coverage is so low that most children in need of this care never receive it. Community-based therapeutic feeding programs, which rely on ready-to-use therapeutic food or locally produced equivalents, can be useful where outpatient management is possible. This targeted evaluation will investigate the best options and protocols for therapeutic feeding of HIV-infected or -affected children in Mozambique. Children identified in malnutrition wards or through PMTCT+ service sites will be followed and evaluated. Locally produced therapeutic foods will be included in the evaluation protocols and their potential success evaluated. Findings of the TE will be used to improve clinical practice and will be included in revised PMTCT training manuals

Activity Category

- Information, Education and Communication
- Policy and Guidelines
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 10%
- 20%
- 35%
- 35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	224	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members*
- Health Care Workers*
- Medical/health service providers*
- Nurses*
- Midwives*
- Ministry of Health staff*
- Pregnant women*

Key Legislative Issues:

Coverage Area: **National**

State Province: _____ ISO Code: _____

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

PSI will continue to support 13 existing PMTCT sites initiated in FY 2004 through the Presidential Initiative for PMTCT and Emergency Plan Track 1:5 funding, and will begin to offer PMTCT services at 6 new sites in line with Ministry of Health expansion priorities for PMTCT services for 2005-2006. Project objectives are to increase: (i) knowledge of MTCT risk and prevention options among women of reproductive age; (ii) social acceptance of PMTCT services; (iii) access to comprehensive, quality PMTCT services, including support services for HIV-infected antenatal women; and (iv) local capacity to provide quality PMTCT services and disseminate communication and research materials.

To accomplish these objectives, PSI, in close collaboration with the MOH, will continue to lead in the development of a national behavior change communication campaign for PMTCT, including development of creative approaches to address barriers to uptake, development of key messages for pregnant women, and development and dissemination of materials, both print and media. Communications activities will be complemented by site-specific BCC activities implemented by PSI and other NGO partners implementing PMTCT services, with an emphasis on USG-supported partners and sites. Refresher trainings will be conducted for existing PMTCT service providers to improve quality of services and to incorporate new guidelines on infant feeding and post-natal follow up as these guidelines are approved by the MOH. New service providers will be trained in line with MOH guidelines and protocols. For new sites, facility needs assessment will be conducted and all health personnel sensitized about PMTCT in order to prepare sites for service start up. At existing sites, PSI will focus on better integrating counseling and testing services within PMTCT settings in order to decrease stigma and facilitate uptake of services by HIV+ pregnant women.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	30	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	22,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	18	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Health Care Workers
 - Community health workers
 - Nurses
- HIV+ pregnant women
- Infants
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Gaza
State Province: Maputo
State Province: Zambezia

ISO Code: MZ-G
ISO Code: MZ-L
ISO Code: MZ-Q

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT / Family Health International

Planned Funds:

Activity Narrative: FHI will deliver counseling to pregnant women and Ile, Nicoadala, and Quelimane health facilities in Zambezia province, and provide testing services and IEC to enroll HIV+ pregnant women in PMTCT services. FHI also will provide technical support to strengthen the integration of PMTCT services at these sites into the integrated HIV/AIDS services network through referral for clinical care, treatment, and/or home care to ensure appropriate follow-on support for seropositive mothers and their infants. FHI will provide drugs, related supplies, and IEC materials in support of these activities. And FHI will strengthen the provincial PMTCT technical working group to coordinate and support PMTCT service scale-up throughout the province. In addition, FHI will support transition toward PMTCT+ care and support services at 3 sites (in Quelimane and Mocuba, where ART is available at Day Hospitals) by providing facility renovation, training, referral of HIV+ mothers for ART, comprehensive counseling and testing, and follow-up of mother-infant pairs through 18 months.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	12%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	28%
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Training	35%

Targets:

Target	Value	Applicability
Number of health workers newly trained or retrained in the provision of PMTCT services	87	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,707	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	11,625	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Nurses
- HIV+ pregnant women
- Infants
- Pregnant women

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Key Legislative Issues:

Coverage Area:

State Province: Zambezia

ISO Code: MZ-Q

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Health Alliance International

Planned Funds:

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Activity Narrative:

HAI's FY 2005-funded activities in the area of PMTCT include: (i) continuing to provide PMTCT services in 2 provinces at 11 sites supported in FY 2004, "graduating" 2 of these sites to PMTCT+, and expanding to 9 new PMTCT service sites; and (ii) participating in a targeted evaluation on breastfeeding cessation in HIV+ mothers to improve outcomes for the infants who receive Nevirapine through PMTCT services. These efforts are part of an integrated HAI program which also includes ART services, palliative care in a clinical setting, and home-based palliative care.

In addition to continuation/expansion of services at sites established in FY 2004, HAI will renovate facilities at 9 MOH service sites to add counseling room to ensure confidential counseling and testing for PMTCT, and will train and oversee service providers to strengthen the quality of services and improve service uptake. HAI will continue to use radio messages regarding the health benefits of PMTCT for pregnant women, infants, and partners. HAI will ensure the delivery of drugs, supplies and test kits to reach PMTCT sites in a timely fashion and augment MOH supplies of Nevirapine as needed for these sites. HAI will strengthen its monitoring and evaluation system to improve tracking of seropositive mothers and newborns and linkages into the full range of HIV/AIDS services in the integrated network system. HAI will continue to offer support to seropositive pregnant women through mother-to-mother support groups; as part of these support groups, service providers will ensure that maternal education regarding exclusive breastfeeding takes place and that seropositive mothers are taught the negative effects of mixed feeding and the appropriate use of locally nutritious foods.

In the Mozambican network model for HIV/AIDS services, ART for PMTCT+ clients is delivered at the Day Hospitals, not at separate PMTCT+ sites. But HAI will focus considerable attention on PMTCT+ principles and follow-up, including training existing and new nurse-counselors to make referrals for ART and ensuring the delivery of a standard package of PMTCT+ services in accordance with MOH guidelines. Seropositive mothers, their infants, and other family members will benefit from a family-centered approach to treat opportunistic infections and provide ARVs where appropriate. Mothers identified in antenatal settings will be referred to mother-to-mother support groups as well as to the local Day Hospital for CD4 assessment and treatment needs. Through trained peers, mothers will acquire practical strategies in positive living and drug adherence education. Resources will provide for modest facility rehabilitation to create meeting and counseling space at the sites.

As an experienced USG partner in PMTCT, HAI will be one of 2 partners in a targeted evaluation on breastfeeding cessation in order to improve outcomes of PMTCT for infants who receive Nevirapine. In the TE, breastfeeding cessation options for a sample of rural and urban HIV+ mothers will be examined and tested. After an initial assessment of local foods that may be appropriate as complementary foods for infants, mother-infant pairs will be followed for 12 months. The TE will include nutritional counseling on early and exclusive breastfeeding for six months with rapid cessation and then the provision of complementary foods. Nutrition indicators (weight for height, weight for age, and height for age) will be monitored monthly for six months from breastfeeding cessation, and results compared between study groups using different local food options.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	9%
<input checked="" type="checkbox"/> Human Resources	4%
<input checked="" type="checkbox"/> Information, Education and Communication	9%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%

UNCLASSIFIED

Training

18%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	160	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	900	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	29,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	22	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Manica
State Province: Sofala

ISO Code: MZ-B
ISO Code: MZ-S

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: The Ministry of Health (MOH) will continue to increase the number of qualified PMTCT service providers by conducting and supporting 2 national-level PMTCT trainings for 48 PMTCT point of service providers from various provinces. These training will be conducted for providers in provinces where donor support for PMTCT training activities are limited.

Activity Category
 Training **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	48	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province: **ISO Code:**

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative:

The MOH PMTCT Unit will continue to increase its capacity to oversee, coordinate and manage the national scale up of PMTCT services by:-

- a. Providing the national and provincial PMTCT staff with adequate office environment and tools by renovating, furnishing and purchasing necessary office supplies and equipment for central and provincial PMTCT offices
- b. Hiring central level PMTCT to support national PMTCT expansion and implementation activities. This includes 2 Central level PMTCT mid-level MOH staff and 1 Data Entry Staff for inputting PMTCT program monthly data (1 person shared 50/50 PMTCT and CT program)
- c. Hiring and conducting orientation training for 3 ongoing and 2 new Provincial PMTCT Advisors

The MOH will continue to increase the number of qualified PMTCT/PMTCT Plus trainers and providers by:

- a. Supporting 2 Regional PMTCT/PMTCT Plus TOT Refresher courses for 24 existing trainers and 3 Regional PMTCT/PMTCT Plus TOT courses for 45 new trainers
- b. Conducting 2 provincial training courses for 48 service providers from PMTCT Plus sites
- c. Piloting PMTCT Plus team training approach and train staff in 9 PMTCT Plus service sites and review materials
- d. Conducting quality assurance and on-the-job supervision visits
- e. Reviewing, revising, reproducing and distributing PMTCT/PMTCT Plus training materials, supervision guidelines and job aids

The MOH PMTCT/PMTCT Plus Unit will conduct PMTCT/PMTCT Plus mobilization activities by finalizing and disseminating the National PMTCT/PMTCT Plus community communication strategy. In accordance with the strategy the MOH will develop, reproduce and disseminate IEC/BCC PMTCT/PMTCT Plus materials in support of PMTCT/PMTCT Plus community-based activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Training	50%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	350	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional birth attendants
 - Midwives
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Program managers
- Trainers
- USG in country staff
- Women of reproductive age

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Columbia University

Planned Funds:

Activity Narrative:

Columbia University will implement, staff, support and manage two PMTCT Model Centers in Southern (Maputo) and Northern (Nampula) region. These centers will be operated in collaboration with the Ministry of Health in support of the national PMTCT scale-up efforts. The centers will:

- Provide state-of-the-art PMTCT services in accordance with National Guidelines
- Serve as a resource to complement on-going, national, PMTCT training efforts and provide regional consultation services to PMTCT sites
- Inform the national PMTCT M&E program through the collection of broader, in depth, qualitative and quantitative, data sets
- Serve as sites to evaluate the feasibility and efficacy of innovative interventions and procedures

One of the Model Centers' key activities will include the development and piloting of a national protocol for maternal and infant follow-up followed by facilitation of a dissemination workshop and reproduction of national protocol.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	15,600	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults**
 - Men
 - Women
- Community members**
- Health Care Workers**
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional birth attendants
 - Midwives
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Pregnant women
- Program managers
- Trainers
- USG in country staff
- Women of reproductive age

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: South-to-South Joint Co-Ag / FIOTEC Institute (Foundation Oswaldo Cruz, Brazil)

Planned Funds:

Activity Narrative: FIOTEC will provide technical assistance to MOH PMTCT to develop, adapt, pilot and validate counseling and testing training materials for the current National PMTCT training curriculum and formulate recommendations for introduction of routine CT services at PMTCT service sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	90%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	50	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- USG in country staff

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
 Budget Code: (MTCT)
 Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention
 Planned Funds:

Activity Narrative:

a. Technical assistance from in-country pediatrician and obstetrician to review PMTCT training materials, program guidelines and protocols
 b. The CDC PMTCT Technical Advisor to facilitate training activities, conduct supervision visits and coordinate meetings at provincial level.
 c. To draft a national PMTCT training plan document that clearly outlines the goals, objectives and process for implementing in-service training and follow-up supervision
 d. To develop development and adaptation of general HIV/AIDS module (including stigma and discrimination issues) for team training approach at PMTCT sites (health and nonhealth support staff)

Monitoring and evaluation:

a. To support the development and set-up of a PMTCT/PMTCT Plus database
 b. To assist in facilitating and conducting an annual PMTCT and PMTCT Plus program review

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	35%
<input checked="" type="checkbox"/> Strategic Information (M&E; IT; Reporting)	35%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	5	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Ministry of Health staff |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Program managers |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Midwives | |
| <input checked="" type="checkbox"/> Implementing organization project staff | |
| <input checked="" type="checkbox"/> M&E specialist/staff | |

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Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Call to Action Project / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

EGPAF will support continuation of PMTCT services at 6 sites initiated with EY 2004 funding and add 4 new service sites in Gaza and Nampula provinces. These sites all are at Ministry of Health facilities identified in 2004 and where community mobilization for PMTCT has begun. EGPAF will provide technical support to MOH at central and provincial levels. Using existing PMTCT training materials, EGPAF will conduct training and refresher training for counselors and health facility supervisory staff. Rehabilitation of facilities at the 4 new sites will ensure confidential counseling and testing for PMTCT clients. Further community-based activities will educate and mobilize communities to understand and support PMTCT as a part of every mother's prenatal care. Mother's Hope clubs will be established in communities to reinforce the importance of exclusive breastfeeding and provide practical demonstrations to improve maternal and infant feeding in high-prevalence HIV/AIDS environments. EGPAF will hire 4 provincial level staff to help develop provincial-level PMTCT technical working group in the two provinces.

At the central level, EGPAF will provide additional advocacy and leadership on PMTCT to the MOH, to ensure that the commodity supply chain for PMTCT is strengthened nationally. EGPAF will implement two workshops in collaboration with MOH on improved counseling approaches, monitoring and evaluation, post-natal follow-up, and care and treatment for children of seropositive mothers.

In addition, EGPAF will upgrade services at 2 existing PMTCT sites that are near Day Hospitals providing OI care, lab support, and ARV therapy, so that these sites will be able to provide the full continuum of care and support services for HIV+ pregnant women, their infants, and their other family members. Nurse-counselors will be trained so that symptomatic HIV+ women and their family members access OI care and ARV treatment as appropriate. Infants enrolled under the PMTCT program will be tracked for 18 months and their serostatus determined. Mothers will be supported through classes and discussion groups on topics such as infant feeding and improved family nutrition and health behaviors.

EGPAF also will conduct a targeted evaluation on breastfeeding cessation, to measure the effects of improved maternal feeding strategies for infants at weaning including food options. Findings will be used to strengthen care and education given to HIV+ pregnant women and new mothers. The TE is designed to determine the most nutritionally optimal foods for infants of seropositive mothers who are weaning at 6 months. Another PMTCT partner, HAI, is collaborating in this targeted evaluation.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	8%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%

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- Quality Assurance and Supportive Supervision 25%
- Strategic Information (M&E, IT, Reporting) 17%
- Training 25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	67	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	14,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Medical/health service providers
- HIV+ pregnant women
- Infants
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Gaza
State Province: Nampula

ISO Code: MZ-G
ISO Code: MZ-N

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

- Result 1: HIV preventive behaviors (AB) among youth improved
- Result 2: Increased risk perception among youth and adults
- Result 3: Standardized AB messages developed and implemented
- Result 4: AB prevention messages in faith-based and community-based networks strengthened
- Result 5: Increased use of youth-friendly health services and strengthened linkages between these services and community-based AB prevention activities strengthened
-

Total Funding for Program Area (\$): **Current Program Context:**

Coordination and management of HIV/AIDS prevention fall under the leadership and guidance of both the National AIDS Council (NAC) and the Ministry of Health (MOH). The overall national prevention goal of the National Strategic Plan II for HIV/AIDS (PNCS) is to reduce new infections from 500 per day to 350 per day in 5 years, with particular attention to youth. The MOH prevention objectives related to AB, as stated in the National Strategic Plan to Combat STI/HIV/AIDS, are to increase knowledge about HIV/AIDS through IEC activities, promote safe sexual behaviors (delay of sex, reduction in partners, faithfulness, and correct and consistent use of condoms), and increase use of services within the integrated HIV/AIDS networks (IHN).

USG support for AB will contribute to these national objectives. Community-based prevention activities, implemented through NGO/FBO partners, will focus in areas where IHN services, including youth-friendly services, are being provided, creating vital linkages between formal health facilities and communities that help to increase acceptance of and demand for youth services that will support and reinforce prevention efforts. Collaboration in national IEC/BCC campaigns is maintained through monthly multi-sectoral IEC/BCC meetings chaired by NAC with participation from MOH, national and international NGOs, and donor partners.

In FY 2004 the USG is providing support to the NAC to complete the national communications strategy for HIV/AIDS and develop key messages for promoting abstinence and faithfulness. Activities aimed at younger youth (10-14 years old), such as skills-based HIV education, will focus on encouraging abstinence until marriage. These will be reinforced by efforts to mobilize communities, pastor networks, other leaders and respected public figures, and parents to support abstinence choices and commit to the safer adult norms and behaviors that will protect children. Training, discussion groups, drama, and mass media will be used to generate discussion and begin to change attitudes regarding behaviors that increase the vulnerability of children, such as cross-generational and coercive sex and child marriage.

FY 2004 USG assistance focused on promoting and supporting the delay of sexual activity and faithfulness among young couples through community- and school-based programs, targeting teachers, traditional and church leaders, parents, and youth clubs to create an encouraging environment for AB and ensure that personal behavior change is motivated and supported. Community-based activities and messages were complemented and reinforced by mass media campaigns and IEC materials developed for youth-friendly services. By October 2004, over 600 churches were engaged in youth-oriented AB programs, approximately 200 school clubs were started, and over 80,000 youth had been reached. By the end of March 2005, approximately 1,000,000 individuals will be reached with AB messages through mass media (television, radio, print) and about 500,000 individuals, including youth, will be reached through community-based interpersonal efforts to promote AB and to create a supportive environment for the adoption of safe behaviors.

In FY 2005, USG support in AB will increase coverage and intensify community-based programs initiated last year. FY 2005 funds for AB will (1) improve national BCC strategy and implementation; (2) create a supportive environment for faithfulness and abstinence, targeting men, community leaders, and using networks of FBOs; (3) integrate community-based prevention activities into the existing network of youth-friendly services, school-based after school programs, and outreach programs; (4) create youth clubs to promote delay and faithfulness; and (5) use mass media, including print media, to promote healthy sexual practices.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: (1) Peace Corps Volunteers will provide technical support to international and national NGOs working with in- and out-of-school youth. Activities include mobilization of youth in schools and communities; developing/modifying IEC materials; providing training and support to conduct activities promoting AB behavior. (2) Peace Corps Volunteers will provide support to the Ministry of Education's secondary schools, technical schools, and teacher training institutions in the development and instruction of AB material for use in schools and during after-school activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	60%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	25,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Nongovernmental organizations/private voluntary organizations*
- Students*
 - Primary school*
 - Secondary school*
 - University*
- Teachers*
- Trainers*
- Youth*
 - Girls*
 - Boys*

Key Legislative Issues:

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Manica
State Province: Maputo
State Province: Nampula
State Province: Sofala
State Province: Tete

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-B
ISO Code: MZ-L
ISO Code: MZ-N
ISO Code: MZ-S
ISO Code: MZ-T

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Foundation for Community Development, Mozambique

Planned Funds:

Activity Narrative:

FDC will expand its successful program of AB for in-school youth to a new set of schools in the Maputo Corridor. This program raises awareness of HIV/AIDS, breaks the stigma of talking about it, and gives youth skills to inform others and to serve as models in abstinence and being faithful. Schools compete against each other in developing approaches, and the most innovative and effective win small prizes for their schools. Teachers are fully involved in assisting students with planning and in monitoring activities. Broader impact will be achieved through outreach to out-of-school youth through theater, sports, events days, etc. Training of peer educators and peer materials development also are part of this activity, enabling youth to effectively share important AB messages with their equals. Delay of sex will be an important message, along with abstinence (and secondary abstinence) and faithfulness messages. Activities directed at ages 10-14 will focus on abstinence.

Activity Category

- Information, Education and Communication
- Training

% of Funds

- 80%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	290	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	600,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Students
 - Primary school
 - Secondary school
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Maputo

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-L

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Assist Ministry of Health (MOH) and National AIDS Council (NAC) to create links with and learn from successful model or regional HIV/AIDS IEC/BCC programs by supporting 1 MOH staff and 1 NAC staff to visit the Soul City Communication Initiative Program in South Africa.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	50%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Program managers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Project HOPE

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

Project HOPE will continue and build upon USG-supported activities initiated in FY 2004 that focus on vulnerable, at-risk youth between 10 and 24 years of age to promote abstinence and faithfulness. Activities directed at ages 10-14 will focus on abstinence. Program objectives are to: (a) scale up skills-based HIV prevention education, with parental involvement, especially for younger youth and girls; (b) stimulate broad community discourse regarding healthy norms, avoidance of risk behaviors, AB, and encouraging counseling and testing; (c) reinforce protective influence of parents and other caregivers; and (d) strengthen gender-based HIV prevention education, especially for younger youth. Activities include training youth as peer educators; training youth leaders; training professional educators, health professionals (including traditional healers), community leaders; working through FBOs and youth clubs/groups to promote healthy norms; and organizing and disseminating appropriate behavior change communications messages through mass media and interpersonal communication activities. Both in- and out-of-school youth are targeted and distinct strategies for these two groups are being developed. Likewise distinct strategies and messages for young men and women and for pre-adolescents will be developed. This is a 3-year activity.

Project HOPE will work in close collaboration with the Ministry of Health and with other NGO partners to integrate these prevention activities with care and treatment services. Planned activities fully support key aspects of the MOH Strategic Plan for HIV/AIDS with regards to "youth-friendly health services."

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication
- Quality Assurance and Supportive Supervision
- Strategic Information (M&E, IT, Reporting)
- Training

- % of Funds
- 50%
- 30%
- 10%
- 5%
- 5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	250,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	80,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Health Care Workers
 - Community health workers
 - Medical/health service providers
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors

Coverage Area:

State Province: Zambezia

ISO Code: MZ-Q

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: The Health Communication Partnership (HCP) / Johns Hopkins University Center for Commun

Planned Funds:

Activity Narrative:

This funding reflects an estimated "abstinence and faithfulness" portion of the intensified support from Johns Hopkins University's Health Communication Partnership to the National AIDS Council and the Ministry of Health to develop and implement a national communication strategy in collaboration with NGO, CBO, and FBO partners involved in behavior change communication activities. The balance of funding for this activity is listed under the "other prevention" program area.

Development of a national BCC strategy includes key and consistent messages for different target audiences, promoting community action, and finding innovative ways to reach youth, reduce stigma, and involve PLWHA. HCP provides technical expertise for strategic communication interventions with a focus on strategy development, materials design, capacity building, and impact evaluation.

HCP will work with the NAC Communications Working Group to build on lessons learned in HIV/AIDS communications in Mozambique, as identified through a desk review of current communications efforts, and to develop strategies, approaches, and messages to address priority research questions as well as gaps at program implementation level to make BCC, and particularly AB efforts, more effective. Capacity building efforts will be implemented to strengthen NAC, MOH, NGO, and CBO/FBO expertise in HIV/AIDS communication at the national, provincial, and community levels.

HCP also will continue technical support to the MOH PMTCT Communication Committee, to finalize the PMTCT communication strategy and provide technical guidance and support as this strategy begins implementation. Further areas of collaboration in strategic communication capacity building with the MOH at national level also will be identified and TA provided.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
 - Community-based organizations
 - Faith-based organizations
 - Health Care Workers
 - Community health workers
 - Medical/health service providers
 - High-risk population
 - Ministry of Health staff
 - National AIDS control program staff
 - Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
 - Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Public Affairs Mech / US Embassy - Public Affairs

Planned Funds:

Activity Narrative: The Embassy Mozambique Public Affairs Office will design and implement several activities to target youth and young people with AB messages by:

- * Developing film and radio products targeting young people nationally with clear messages promoting and supporting abstinence and faithfulness
- * Creating forums to discuss and promote AB within the Mozambican cultural context and to engage Mozambican youth and at-risk community members in these discussions
- * Reaching youth with AB messages that promote healthy life choices, through the use of sports events, sports figures, and other popular and influential voices and means, in order to attract young people to existing and planned new resource centers where AB information and counseling are available

Activities directed at ages 10-14 will focus on abstinence.

Activity Category Information, Education and Communication % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	200,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- High-risk population
- Street youth
- Students
 - Primary school
 - Secondary school
 - University
- Teachers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: FDC Grant / Foundation for Community Development, Mozambique

Planned Funds:

Activity Narrative: FDC will disseminate Abstinence and Be Faithful messages to and promote adoption of A/B among 15,000 young people in schools and community centers by maintaining and creating resource centers in Nampula Province with the goal of expanding Nation wide. Activities directed at ages 10-14 will focus on abstinence.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Community members
<input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Street youth
<input checked="" type="checkbox"/> Implementing organization project staff
<input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations
<input checked="" type="checkbox"/> Students
<input checked="" type="checkbox"/> Primary school | <input checked="" type="checkbox"/> Secondary school
<input checked="" type="checkbox"/> Teachers
<input checked="" type="checkbox"/> Women of reproductive age
<input checked="" type="checkbox"/> Youth
<input checked="" type="checkbox"/> Girls
<input checked="" type="checkbox"/> Boys |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Nampula

ISO Code: MZ-N

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TRD - State Grant / To Be Determined

Planned Funds:

Activity Narrative: The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted prevention projects promoting abstinence and faithfulness. Activities directed at ages 10-14 will focus on abstinence. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, including some managed by local youth and cultural associations. The Quick Impact Program also will operate in the Emergency Plan program areas of OVC, Palliative Care, and Other Prevention.

Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	225	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Manica	ISO Code: MZ-B
State Province: Nampula	ISO Code: MZ-N
State Province: Sofala	ISO Code: MZ-S
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Abstinence and Be Faithful Programs
 Budget Code: (HVAB)
 Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / World Relief Corporation
 Planned Funds:

Activity Narrative:

Under this Track 1 award, WR aims to empower youth to abstain from sex until marriage by establishing a broad, supportive environment in the context of home, school and faith communities. The project creates opportunities for dialogue with youth about sexual behavior and encourages them to communicate openly, express commitments and concerns, and seek counseling and help. The project works through churches, schools and street youth centers to equip young people with decision-making skills to sustain sexual abstinence. Church youth leaders from 1,000 churches in the Maputo Corridor receive training in HIV/AIDS education and how to engage youth in AB activities. To date, 645 churches have been reached, 2,643 volunteers trained, and 201 school clubs started. Over 80,000 youth are active in World Relief's programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	90,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Street youth
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Maputo	ISO Code: MZ-L
State Province: Sofala	ISO Code: MZ-S

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: deferred / Pathfinder International

Planned Funds:

Activity Narrative:

This deferred funding provides part of the resources for a new NGO partner, identified through an FY 2004 competitive process, to strengthen the AB promotion and HIV/AIDS prevention impact of an existing youth and adolescent reproductive health program ("Geracao Biz") which has been implemented since 1999 in partnership with the Ministry of Youth and Sports and the Ministry of Education. The program also will target influential people, with a focus on men, to promote partner reduction and faithfulness in order to create role models and a supportive environment for AB.

Access to youth-friendly HIV/AIDS prevention and support services will be increased through the integration of community-based prevention activities into the existing Geracao Biz network of youth-friendly clinics, school-based after-school programs, and outreach programs. Objectives are to: (a) improve access and utilization of VCT to help youth maintain negative status, by working with the Ministry of Health to integrate youth-friendly counseling and testing services into select "Geracao Biz" sites and complement them with outreach and education activities; (b) promote faithfulness and partner reduction through community mobilization activities; and (c) build and strengthen Geracao Biz and youth clubs' capacity to provide supportive environments for AB and for HIV/AIDS services. Pathfinder will collaborate closely with MOH and other NGO partners to fully integrate prevention activities with care and treatment services. Planned activities fully support the MOH Strategic Plan for HIV/AIDS with regards to youth-friendly health services and the Ministry of Education's HIV/AIDS communications strategy. Activities directed at ages 10-14 will focus on abstinence.

(To avoid duplication, the targets for this funding are reflected in the separate FY05 GHAI activity entry.)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

Not Applicable

Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
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Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
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Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
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Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
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Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
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Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
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Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
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Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
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Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
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Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
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Target Populations:

- Community leader
- Community members
- Health Care Workers
 - Medical/health service providers
- Religious/traditional leaders
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Maputo	ISO Code: MZ-L
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Pathfinder International

Planned Funds:

Activity Narrative:

Pathfinder, identified through an FY 2004 competitive process, will strengthen the AB promotion and HIV/AIDS prevention impact of an existing youth and adolescent reproductive health program ("Geracao Biz") which has been implemented since 1999 in partnership with the Ministry of Youth and Sports and the Ministry of Education. The program also will target influential people, with a focus on men, to promote partner reduction and faithfulness in order to create role models and a supportive environment for AB.

Access to youth-friendly HIV/AIDS prevention and support services will be increased through the integration of community-based prevention activities into the existing Geracao Biz network of youth-friendly clinics, school-based after-school programs, and outreach programs. Objectives are to: (a) improve access and utilization of VCT to help youth maintain negative status, by working with the Ministry of Health to integrate youth-friendly counseling and testing services into select "Geracao Biz" sites and complement them with outreach and education activities; (b) promote faithfulness and partner reduction through community mobilization activities; and (c) build and strengthen Geracao Biz and youth clubs' capacity to provide supportive environments for AB and for HIV/AIDS services. Pathfinder will collaborate closely with MOH and other NGO partners to fully integrate prevention activities with care and treatment services. Planned activities fully support the MOH Strategic Plan for HIV/AIDS with regards to youth-friendly health services and the Ministry of Education's HIV/AIDS communications strategy. Activities directed at ages 10-14 will focus on abstinence.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	60,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Health Care Workers
 - Medical/health service providers
- Religious/traditional leaders
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Maputo	ISO Code: MZ-L
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Food for the Hungry

Planned Funds:

Activity Narrative:

This new faith-based partner was identified through an FY 2004 competitive process. Food for the Hungry will scale up HIV/AIDS prevention through youth-targeted interventions to achieve abstinence before marriage and fidelity among married couples. Objectives of this 3-year project are: (i) at least 50% of all youth and young adults involved in the program will commit to primary or secondary abstinence until marriage and to faithfulness in marriage; (ii) first intercourse will be delayed among unmarried youth participating in the program; (iii) 75% of married couples participating in the program will practice marital faithfulness; (iv) abstinence and faithfulness support programs for youth and adults will be incorporated into the regular programs of at least 60% of the targeted 178 churches; and (v) sexual coercion, violence, cross-generational and other unhealthy sexual behaviors (including child marriage) that increase individual vulnerability to HIV will be reduced by enabling 25,000 parents, teachers, pastors, volunteer mentors, and church leaders to take action in their communities.

In partnership with 6 other faith-based international and indigenous NGOs and community-based organizations, Food for the Hungry will target communities along the high-prevalence Beira and Tete transport corridors in central Mozambique. The project will promote youth-to-youth groups, a proven model for health promotion to foster behavior change at the household and community levels in order to achieve equity, coverage, and impact in fostering and promoting abstinence; the approach is to provide life skills to individual young people as well as training to local church, CBO, and community leaders. Activities will be based on integrated curricula developed by World Relief and already in use with Emergency Plan funding in other provinces of Mozambique. "Choose Life: Helping Youth Make Wise Choices" is a graduated curriculum with special approaches and materials for ages 8-10, 11-14, and 15-18, using interactive and participatory techniques. Behavior change communication messages promoting AB have been differentiated for (a) children and youth who are not yet sexually active, (b) youth who are currently sexually active, (c) parents and guardians, (d) young married couples, and (e) church and community leaders including teachers. Youth will be actively involved in implementation and in adaptation of the curricula, and parents as well as other adult stakeholders (pastors, community leaders, teachers, women's groups, and PLWHA) will be key implementers and promoters. Community radio (through 4 local FM radio stations) will be used to more widely disseminate key messages and to reinforce the importance of abstinence and faithfulness in HIV/AIDS prevention. Activities directed at ages 10-14 will focus on abstinence.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Training	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	300,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	7	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	110,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	880	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Teachers
- Trainers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Reducing violence and coercion

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Coverage Area:

State Province: Manica
State Province: Sofala
State Province: Tete

ISO Code: MZ-B
ISO Code: MZ-S
ISO Code: MZ-T

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

- Result 1: Management of blood transfusion services strengthened
- Result 2: Improved quality of national blood transfusion service
- Result 3: Standard blood safety precautions in public health facilities strengthened
- Result 4: Improved supply of related medical equipment and supply achieved

Total Funding for Program Area **Current Program Context:**

In Mozambique, a total of 111 sites are currently providing blood transfusion services, 17 are located in large hospitals and the one in Maputo Central Hospital serves as the National Blood Transfusion Reference Center. In 2003, 66,042 blood transfusions were administered; this represents a 10.3% increase from 2002. From January to June 2004, a total of 35,743 blood transfusions were administered and HIV screening of blood donors indicated 10.6% of donors to be HIV-positive. Routine screening is currently done for HIV and syphilis, and there is no screening for hepatitis. The most common indications for transfusion are malaria in children (60%) and blood loss during delivery (20%). There are approximately 230 staff working under the National Blood Transfusion Program (NBTP), most of them qualified laboratory technicians. The NBTP is decentralized and all sites collect, screen and transfuse blood units. This makes standardization, quality assurance, supervision and data management of blood transfusion activities a challenge. In addition to USG, the main agency currently supporting the blood safety program is the World Bank. Albert Einstein Israelite Hospital-Brazil and the American Association of Blood Banks (AABB) are USG implementing partners. A large part of FY04 USG activities targeted capacity building and planning at the central level. This included the successful completion of a situational analysis of the NBTP, the development of an OGAC proposal that would rapidly strengthen the NBTP and the review, assessment and planning for quality pre-service professional training in hemotherapy. In addition a draft national low-risk blood donor mobilization strategy and an implementation plan for the re-design of the NBTP as a network model for service provision have been produced and entered the approval and finalization phase.

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Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / Mozambique Ministry of Health

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

The MOH will continue to build central, regional and provincial level blood safety capacity by:

- a. Recruiting and hiring additional Blood Transfusion Program Personnel for program management and implementation at central, regional and provincial levels;
- b. Procuring computer equipment and furniture for central, regional and provincial level blood transfusion program offices;
- c. Procuring computer equipment and blood bank software for computerized blood bank data management at Maputo, Beira and Nampula Central Hospitals;
- d. Procuring laboratory and cold chain equipment, blood bank reagents, blood bank stationary (e.g. blood donor identification cards, transfusion program forms, labels for blood units) and supplies.

The MOH will continue to assure the successful implementation and maintenance of proper blood safety standards and service delivery by conducting:

- a. 10-20 supervisory visits to blood banks within all provinces per year
- b. 10-20 visits to up-date and control blood bank inventories and provide supervision and support for equipment maintenance
- c. Rehabilitation of 4 selected blood banks

The MOH will continue to increase the number of qualified blood safety professionals by:

- a. Training and mentoring the Blood Transfusion Program Director at a Model Blood transfusion site in Brazil for 1 month
- b. Supporting the participation of 3 central level transfusion program staff in the Annual Congress of African Society for Blood Transfusion.
- c. Conducting training activities for 58 people:
 - 15 Blood Bank Directors on blood bank management,
 - 12 computerized blood bank data management,
 - 4 Blood Bank Laboratory Technicians on immunohematology,
 - 4 Blood Bank Laboratory Technicians on blood processing,
 - 8 Blood Bank Laboratory Technicians on serology,
 - 4 blood bank staff on blood collection and testing,
 - 11 Mobilization Officers on blood donor mobilization.

The MOH will conduct blood transfusion mobilization activities by supporting transmission of radio spots, and production and dissemination of IEC materials during annual events on "World Transfusion Day".

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan Mozambique FY 2005

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<input checked="" type="checkbox"/> Commodity Procurement	50%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	58	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	111	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Health Care Workers
 - Community health workers
 - Doctors
- Ministry of Health staff
- Program managers
- Students
 - Secondary school
 - University
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / American Association of Blood Banks

Planned Funds:

Activity Narrative:

AABB will assist the National Blood Transfusion Program (NBTP) in strengthening and building central level capacity by:

- a. Designing and establishing a blood safety quality assurance and quality control program
- b. Piloting the re-structured NBTP as part of the network model for the first province in 2005 and developing recommendations and a revised operational plan for re-structuring of national program over the following 2-3 years
- c. Finalizing and launching a national low-risk blood donor mobilization strategy

AABB will assist the NBTP increase training capacity and the number of skilled blood service providers by:

- a. Supporting a hemotherapy specialist course at the national pre-service training institution (first course with 30 participants starting February 2005)
- b. Reviewing training materials and facilitating the above described NBTP training activities for 58 program staff (including blood bank directors and managers, laboratory technicians and mobilization officers)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	40%

Targets:

Target	Value	Applicability
Number of individuals trained in blood safety	88	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
- Ministry of Health staff
- Program managers
- Trainers

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

- Result 1: Improved policy support and demand for safe medical procedures and safe injection practices
- Result 2: Universal safety precautions implemented and safe medical injections ensured
- Result 3: Injection-related HIV transmission reduced
- Result 4: Improved supply of related medical equipment and supply achieved

Total Funding for Program Area (\$): **Current Program Context:**

The MOH utilizes the term 'bio-safety' for the program overseeing injection safety and prevention of medical transmission; it is overseen by the MOH Nursing Department, the National Coordinator of the Bio-Safety Program. The MOH bio-safety program theoretically covers all 1,224 health facilities (45 hospitals; 678 health centers and 501 health posts). In 2003, these health facilities served a total of 3,503,704 clients and from January to June 2004 a total of 1,874,365 clients. In addition to USG, other donor agencies supporting the bio-safety program are UNICEF, UNDP, WHO, French and Spanish Cooperations. USG bio-safety partners are JHPIEGO and JSI. MSF Luxembourg & Switzerland conduct bio-safety activities with support from other donors and funding agencies. Other local initiatives and partners may exist, but distal level activities are not always known at MOH central level, making coordination and collaboration difficult. At the beginning of 2004, the MOH Infection Control and Prevention Task Force was re-vitalized and the activities targeting key priority areas, described below were conducted with participation and support of the task force members and the bio-safety program staff. Since March 2004, the USG supported the following key activities in order to strengthen central and point-of-service level capacity: a. the development of norms and standard for bio-safety with participation of multiple MOH programs and partners; b. collaboration with UNICEF for a national baseline assessment on injection safety as well as the performance of site specific assessments; c. the establishment of program activities and set-up of Bio-safety Committees in 6 major hospitals (Mavalane Hospital in Maputo City, Provincial Hospitals in Pemba, Tete, Quelimane, Inhambane, XaiXai); d. the roll-out of injection safety activities to a total of 38 health centers and health posts in Maputo, Nampula, Zambezia and Gaza Provinces; e. training of 337 health workers, including the training of trainers, in areas of infection prevention, standards-based management of clinical services, injection safety and waste management; f. production and dissemination of two discussion papers on injection safety and waste management for advocacy within MOH and among partners; g. starting of qualitative assessment of behaviors and practices in regards to injections that will inform health facility and community-based interventions; h. first consultancies regarding waste management and logistics and formulation of recommendations for program improvements. USG activities for FY05 will support continuation of activities at 6 hospitals and 38 health facilities where activities were began in 2004 and expansion to support 7 new hospitals, resulting in program coverage in at least 1 major referral hospital in each of the 10 provinces and 30 health centers and health posts. Training efforts will continue and target 460 health workers to be trained in injection and bio-safety and 200 janitors to be trained in waste management. Overall USG program support will contribute to improved program management, planning, monitoring and evaluation as well as increased quality of in-service training and the introduction of injection and bio-safety into pre-service training curricula.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: JHPIEGO / JHPIEGO

Planned Funds:

Activity Narrative: JHPIEGO will continue to support the MOH Bio-Safety program build central level and training capacity by:

- a. Developing a 3-year national injection and bio-safety operational plan
- b. Implementing standards-based injection and bio-safety practices in 10 central and provincial level hospitals located in the 10 provinces (continuation of implementation in 6 hospitals and establishment of program in 4 new hospitals)
- c. Conducting training and on the job-mentoring for 40 injection and bio-safety hospital committee members
- d. Training 20 injection and bio-safety trainers
- e. Establishing an inter-institutional pre-service training advisory group
- f. Conducting a pre-service training needs assessments at national training institutions and introducing injection and bio-safety into pre-service training curricula

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Training	40%

Targets:

Target	Value	Notes
Number of individuals trained in injection safety	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff
- Program managers
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Injection Safety
 Budget Code: (HMIN)
 Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health
 Planned Funds:

Activity Narrative: The MOH will conduct the following injection and bio-safety activities:

- a. Conduct 3 regional workshops to assess and discuss progress of injection and bio-safety interventions, coordinate and develop provincial level timelines for the following 12 months
- b. Conduct an assessment of current health facility sterilization procedures, produce an inventory and assess the state of existing sterilization equipment
- c. Develop and introduce a monitoring system for sterilization equipment and procedures
- d. Conduct injection and bio-safety training for 100 health care providers from around 30 health facilities in 5 provinces (Gaza, Inhambane, Zambezia, Tete and Cabo Delgado Provinces)
- e. Conduct supervision visits to and provide on-the-job mentoring for health care providers trained

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will continue to support the MOH Bio-Safety program develop trained and skilled health care providers by supporting the CDC Training Technical Advisor participation in MOH injection and bio-safety training activities, participation in supervision visits and provision of on-the-job mentoring for health care providers trained (travel expenditures).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff
- Program managers
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Medical Transmission/Injection Safety
 Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / John Snow Inc.

Planned Funds:

Activity Narrative: JSI will continue to provide technical assistance and train MOH staff in injection safety and waste management (300 health workers and 200 janitors) in 68 service outlets (38 existing and 30 new sites) located in 4 provinces (Maputo, Gaza, Zambezia and Nampula Provinces). The activity includes a significant component in behavioral change as key part of the training. JSI will continue to provide technical concept papers and support building national consensus.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	70%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in injection safety	500	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

- Result 1: Awareness and knowledge about HIV/AIDS preventive practices increased among high-risk groups
- Result 2: Access to HIV/AIDS prevention services for high-risk populations increased
- Result 3: Condoms and information about use of condoms available through targeted outlets
- Result 4: Perception of risk and commitment to behavior change increased among high-risk populations

Percent of Total Funding Planned for Condom Procurements

0

Total Funding for Program Area (\$): **Current Program Context:**

USG support in the area of prevention targeting high-risk groups will contribute to national goals and objectives as stated in the National Strategic Plan for HIV/AIDS II (PNCS) and the Ministry of Health National Strategic Plan to Combat STI/HIV/AIDS. To date, programs and approaches to target high-risk groups have been inconsistent and often based on limited data as there has been little information about high-risk and high-transmitter populations, such as the size of identified high-risk groups, their locations, and degree of vulnerability and risk. In FY 2004 and prior years, USG support in the area of high-risk prevention has been national in scope through the condom social marketing (CSM) program as well as implemented through mass media and community-based programs along the southern transportation corridors. These programs target identified high-risk groups such as mobile populations (truckers, miners), commercial sex workers, and uniformed services. CSM is an element of a broader BCC effort which also promotes, through interpersonal communication activities and peer education, partner reduction, delay of sexual activity, and use of health services related to HIV/AIDS. USG-supported mass media efforts for HIV prevention (television, radio, print, and a national toll-free telephone information hotline) and an array of public events complement and reinforce the interpersonal BCC activities. By the end of March 2005, these USG-supported prevention activities will reach approximately 60,000 individuals through targeted peer education programs for identified high-risk groups; about 2,000,000 individuals through interpersonal communications activities (such as participatory theater and information centers) and mass media campaigns including the telephone hotline. For FY 2005, USG-supported activities implemented through NGO partners will continue to focus in areas where integrated HIV/AIDS services in line with Mozambique's network model are becoming available, and create vital linkages between formal health facilities and communities in order to increase demand for counseling and testing, STI treatment, PMTCT, and other care and treatment services. Coverage will increase and efforts will intensify to better target identified high-risk groups to improve effectiveness of the programs. Continued support to the NAC, the MOH, and NGO partners to complete assessments of high-risk/high-transmitter populations will be critical to improve targeting and enhance interventions for behavioral change. The USG will continue to support the CSM program targeting high-risk populations and promoting continued and consistent use of condoms and enhance health seeking behaviors. Community-based interventions focused on high-risk transmitters will be intensified, with an emphasis on places where a substantial proportion of new infections are suspected to be generated. USG support will enable NGO/CBO partners to develop appropriate targeted messages and outreach materials for high-risk groups regarding partner reduction, use of condoms, and use of clinical services related to HIV/AIDS. The USG also will design and implement, in collaboration with the Mozambique Defense Force (MDF) and the Police Forces, a workplace prevention program that is fully integrated with care and treatment programs, and builds upon existing HIV/AIDS initiatives within these uniformed services. Elements of the program include policy development, information dissemination and BCC (peer education, interpersonal communications, resource centers, support groups), STI diagnosis and treatment (referrals), condom distribution, counseling and testing, treatment referrals, and behavioral assessment studies.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: Peace Corps Volunteers will provide support to in- and out-of-school youth programs for HIV/AIDS prevention, through their work with international and national NGO programs (25 volunteers) and in their capacity as secondary school teachers in the Ministry of Education's schools (66 volunteers). The HIV/AIDS education programs will predominantly focus on AB messages and providing the life skills for youth that promote self-esteem and healthy life choices. The overall program is described in the Peace Corps activity entry under the Abstinence/Be Faithful program area. This "other prevention" funding will ensure that older youth who already are sexually active – and particularly those engaging in risky sexual behavior – also can learn about correct condom use as one of the prevention option, within the context of AB promotion.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	60%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- High-risk population
- Street youth
- Students
- Secondary school
- Youth
- Girls
- Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Manica
State Province: Maputo
State Province: Nampula
State Province: Sofala
State Province: Tete

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-B
ISO Code: MZ-L
ISO Code: MZ-N
ISO Code: MZ-S
ISO Code: MZ-T

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Foundation for Community Development, Mozambique

Planned Funds:

Activity Narrative: FDC will provide IEC at national level, including continuation of the Ato-Vida national telephone helpline for HIV/AIDS, radio programs, and television "novelas." Activities will target high-risk groups (mobile populations, truck drivers, uniformed services, prostitutes, female-headed households, young women). Materials will be developed that will be further rolled out in future years. Consistent condom use will be stressed for high-risk and mobile populations, while abstinence/faithfulness will be included in materials/activities targeting teenage women.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	35%
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	800,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	370	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex industry
- Clients of sex workers
- Commercial sex workers
- High-risk population
- Partners of sex workers
- Military
- Police
- Miners
- Mobile populations
- Migrants
- Migrant workers
- Truckers
- People living with HIV/AIDS
- Sex partners
- Youth
- Girls

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Maputo

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-L

Program Area: Other, Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

PSI will develop and support the establishment of a comprehensive workplace prevention program for the Mozambique Defense Force and the Mozambique police forces that is fully linked to care and treatment programs and builds upon existing HIV/AIDS initiatives within these uniformed services. PSI will help to develop improved policies and develop the behavior change communication component of the overall prevention initiative, which also includes STI diagnosis and treatment (through referrals), condom distribution, counseling and testing, treatment referrals, and behavioral assessment studies.

PSI will continue and intensify an existing USG-supported BCC program within the Mozambique Defense Force that was initiated in prior years with DOD funding and continued with FY 2004 Emergency Plan funding. Activities such as peer education, establishment of information resource centers, and interpersonal communications are made available during new recruits training and throughout military service. PSI will strengthen the military health service capacity to manage STI treatment through: training of health personnel in syndromic STI management and in improved patient-provider interactions; provision of IEC packets and partner referral cards to STI patients; and BCC to motivate prompt seeking of treatment for STI.

Support to the police forces is new. For FY 2005, PSI will target the two police academies in Mpauto province and integrate a prevention program within the existing curriculum. All new recruits and police officers involved in refresher training and specialized training will be targeted. PSI also will undertake a workshop involving two participants from each of Mozambique's 11 provincial police brigades, to provide training on HIV/AIDS issues and assist them to design and implement a police-specific prevention program, linked to care and treatment services, in each province. PSI will closely monitor these activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	5%
<input checked="" type="checkbox"/> Workplace Programs	65%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	60	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Military
- Police

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

PSI will continue the USG-supported nation-wide behavior change communication and condom social marketing program targeting high-risk groups. This program, a foundation stone of Mozambique's prevention strategy, began in 1994. CSM is an element of a broader BCC strategy which also promotes partner reduction, other information, and referral to clinical services (e.g. counseling and testing, PMTCT, STI treatment). The program ensures wide availability of condoms through commercial outlets, and interpersonal communication strategies, complemented by media and print materials, target identified priority groups and locales where high-risk sex takes place. Condom procurement for this program is funded by DFID through 2006.

PSI will maintain CSM distribution (currently over 4,000 outlets) while increasing coverage in outlets frequented by high-risk groups (bars, nightclubs, etc.). Communications campaigns will continue to influence and motivate high-risk groups to reduce partners and/or use condoms correctly and consistently. Priority target groups include mobile populations (such as long-distance truck drivers and miners), uniformed services (military and police), women engaged in "transactional" and commercial sex, STI patients, and men with multiple partners.

Communications activities include focused peer education and more general interpersonal activities such as guided peer debates, participatory theater, and information kiosks, all aimed to raise risk perception and self-efficacy to prevent new HIV infections. To date about 100 peer educators have been trained and are providing regular IEC. PSI currently has more than 70 community agents and 10 theater groups active in Ministry of Health-identified priority districts, most along transport corridors or covering urban centers.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Logistics	35%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	32%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	3%
<input checked="" type="checkbox"/> Training	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	40	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Commercial sex industry
 - Clients of sex workers
 - Commercial sex workers
- High-risk population
 - Discordant couples
 - Partners of sex workers
- Military
- Police
- Miners
- Mobile populations
 - Migrants
 - Migrant workers
 - Truckers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Project HOPE
 Planned Funds:

Activity Narrative:

This funding reflects the "other prevention" elements of the Project HOPE activity described in the Abstinence/Ba Faithful program area. The age groups targeted by Project HOPE include older youth (15-24) who may be sexually active and may be married. While the main focus of the messages and activities will still be on abstinence and faithfulness, it is recognized that for older youth more complete information, including about condoms, will be appropriate.

Program objectives are to: (a) scale up skills-based HIV prevention education, with parental involvement; (b) stimulate broad community discourse regarding healthy norms, avoidance of risk behaviors, AB, and encouraging counseling and testing; (c) reinforce protective influence of parents and other caregivers; and (d) strengthen gender-based HIV prevention education. Activities include training youth as peer educators; training youth leaders; training professional educators, health professionals (including traditional healers), community leaders; working through FBOs and youth clubs/groups to promote healthy norms; and organizing and disseminating appropriate behavior change communications messages through mass media and interpersonal communication activities. Both in- and out-of-school youth are targeted and distinct strategies for these two groups are being developed. Likewise distinct strategies and messages for young men and women and for pre-adolescents will be developed. This is a 3-year activity.

Project HOPE will work in close collaboration with the Ministry of Health and with other NGO partners to integrate these prevention activities with care and treatment services. Planned activities fully support key aspects of the MOH Strategic Plan for HIV/AIDS with regards to "youth-friendly health services." For older youth, these aspects include increasing the negotiation capacity of adolescents and youth to delay the initiation of sexual activity and to practice safe sex, promoting counseling and testing, and disseminating correct information on sexuality and sexual health.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	5%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	40,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Health Care Workers
 - Community health workers
 - Medical/health service providers
- Religious/traditional leaders
- Students
 - Secondary school
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion

Coverage Area:

State Province: Zambezia

ISO Code: MZ-Q

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: The Health Communication Partnership (HCP) / Johns Hopkins University Center for Commun

Planned Funds:

Activity Narrative:

Johns Hopkins University's Health Communication Partnership will provide intensified support (started in FY 2004) to the National AIDS Council and the Ministry of Health to develop and implement a national communication strategy in collaboration with NGO, CBO, and FBO partners involved in behavior change communication activities. A portion of the funding for this activity is listed under the "abstinence and be faithful" program area.

Development of a national BCC strategy includes key and consistent messages for different target audiences, promoting community action, and finding innovative ways to reach youth, reduce stigma, and involve PLWHA. HCP provides technical expertise for strategic communication interventions with a focus on strategy development, materials design, capacity building, and impact evaluation.

HCP will work with the NAC Communications Working Group to build on lessons learned in HIV/AIDS communications in Mozambique, as identified through a desk review of current communications efforts, and to develop strategies, approaches, and messages to address priority research questions as well as gaps at program implementation level to make BCC, and particularly AB efforts, more effective. Capacity building efforts will be implemented to strengthen NAC, MOH, NGO, and CBO/FBO expertise in HIV/AIDS communication at the national, provincial, and community levels.

HCP also will continue technical support to the MOH PMTCT Communication Committee, to finalize the PMTCT communication strategy and provide technical guidance and support as this strategy begins implementation. Further areas of collaboration in strategic communication capacity building with the MOH at national level also will be identified and TA provided.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
 - Clients of sex workers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Medical/health service providers
- High-risk population
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Sex partners
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mozambique Federation of Business Associations - CTA

Planned Funds:

Activity Narrative:

This funding complements initial FY 2004 funding provided to the Business against AIDS Forum (ECOSIDA) through CTA. ECOSIDA is an NGO-in-formation, a business-led initiative which mobilizes and supports private businesses to plan for and address the impacts of HIV/AIDS on their workforces, and finds technical and financial support for them to do so. While larger companies are among the ECOSIDA leadership, the emphasis in this assistance is on medium and smaller businesses that cannot otherwise afford the costs of HIV/AIDS actions. ECOSIDA member businesses will implement a comprehensive "Roadmap" to put in place company policies and effective programs to: prevent new infections; ensure that employees and their families know their HIV status and have information and support to stay healthy; provide access to clinical care and to treatment for employees and family members needing these services; ensuring family-oriented care for those too ill to work; and working through advocacy and policy to reduce stigma and discrimination related to HIV/AIDS. USG-funded technical and material assistance will enable ECOSIDA to support an initial 30 companies in FY 2005 to embark on the Roadmap. FY 2005 Emergency Plan support for this program is shared across three program areas: Other/policy analysis and system strengthening; Palliative care/basic health care and support; and Other prevention.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	60%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	30	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Business community*
- Factory workers*
- High-risk population*
- Discordant couples*
- HIV/AIDS-affected families*
- Implementing organization project staff*
- Mobile populations*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- Policy makers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD - State Grant / To Be Determined

Planned Funds:

Activity Narrative:

The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted prevention projects focusing on prevention of new HIV infections. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, particularly focused on high-risk populations. The Quick Impact Program also will operate in the Emergency Plan program areas of OVC, AB, and Palliative Care.

Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

Activity Category

<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Training	20%

Targets:

	%	Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	15,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|-------------------------------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Discordant couples | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Miners | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Mobile populations | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Migrant workers | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Truckers | |
| <input checked="" type="checkbox"/> High-risk population | | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Manica
State Province: Nampula
State Province: Sofala
State Province: Zambezia

ISO Code: MZ-B
ISO Code: MZ-N
ISO Code: MZ-S
ISO Code: MZ-Q

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE Evaluation / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative: MEASURE Evaluation will provide technical support (initiated with FY 2004 Emergency Plan funding) to the National AIDS Council, the Ministry of Health, and NGO partners, to complete an assessment of HIV high-risk/high-transmitter populations. The assessment builds on a 2004 USG-funded workshop for MOH and NGO partners in behavior surveillance of high-risk groups. MEASURE Evaluation will guide and carry out, with NGO partners trained in high-risk surveillance methodologies, a behavioral study using PLACE methodology in locales known to be frequented by high-risk populations. Data will be analyzed and used to enhance behavior change communications interventions targeting high-risk groups and to strengthen referrals and linkages between BCC and HIV/AIDS services for these populations. MEASURE Evaluation will provide technical assistance and training to NAC, MOH, and NGO partners on data collection and analysis, dissemination of the findings, and use of the data for decision making and program planning. Coverage areas for the assessment are still to be determined.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	80%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Policy makers |
| <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> Program managers |
| <input checked="" type="checkbox"/> Implementing organization project staff | |
| <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of Defense

Planned Funds:

Activity Narrative: USG funding will support the design, implementation, and analysis of an HIV prevalence and behavioral study of the Mozambique Defense Force.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	90%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Military
- Policy makers
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

- Result 1: Enhanced quality of CT services
- Result 2: Increased use of HIV Testing and Counseling Services
- Result 3: Sufficient number of trained staff skilled, motivated and productive
- Result 4: Improved availability of and access to HIV Testing and Counseling services

Total Funding for Program Area (\$): **Current Program Context:**

In 2000, The MOH began to implement the National CT program through the collaborative efforts of international donors such as USG, France, Spain, GTZ and WHO. Most existing sites have been established and supported by USG CT partners such as PSI, CARE, HAI, WV and FDC. Other CT implementers such as MSF and Medicos do Mundo receive support from other donors and funding agencies. By the end of June 2004, CT services were available in 97 locations: 49 conventional VCT centers, 20 satellites (providing services once or twice a week in remote areas using conventional VCT staff and facilities as a base), 18 sites within PMTCT services, 7 within youth-friendly clinics, and 3 in hospital inpatient units. In FY04, USG supported a total of 18 CT sites. From January 2004 to June 2004, 86,036 people (62% women and 38% men) accessed CT services, and 22,478 were positive (67% women, 33% men). In addition to efforts targeting CT scale up (identified above), USG also supported capacity building activities at the central and provider level. USG increased CT program management and training capacity by supporting the hire of qualified staff that developed and implemented training materials and supervision guidelines and tools. USG supported facilitation of training of all CT personnel, including over 600 managers and counselors, conducted nationally in 2003 and 2004. In 2005, USG will continue to provide direct and indirect support to the national CT program. Additionally, the USG will provide quality training over 800 people in various CT aspects. As CT expands, USG will support the transition of traditional VCT services to routine CT and integration of CT within services such as PMTCT, TB, STI, in-patient departments, blood banks, youth friendly services, and community-based settings to provide CT services to clients that might not otherwise access conventional VCT sites. Effective strategies to address the human capacity and referral systems issues that challenge such an approach will be required. Sufficient numbers of counselors with various backgrounds will have to be trained and provided with the adequate skills and time to deliver integrated CT services. Additionally, program managers and supervisors will require further management and supervisory skills to oversee all aspects of the newly added CT program and staff.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Vision International

Planned Funds:

Activity Narrative: WWI will continue to support and operate 2 existing conventional counseling and testing sites that are linked ongoing clinical care, PMTCT, psychosocial support, and other integrated HIV/AIDS services. Quality and impact of CT will be strengthened through training of new counselors and refresher trainings of existing counselors. CT service delivery is one component of WWI's USG-funded program to reduce the impact and transmission of HIV/AIDS (others are PMTCT and home-based care and support). End-stage patients without access to ARV treatment are referred to community groups that provide palliative care for the patient and spiritual and psychosocial support for the caregiver. Uptake of CT services will be increased through community mobilization and behavior change communication activities that promote counseling and testing.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	45%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	6	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Medical/health service providers
- Ministry of Health staff
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Zambezia

ISO Code: MZ-Q

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative:

PSI will continue to support and operate 22 conventional counseling and testing sites and 5 satellite sites. PSI will strengthen the quality and impact of CT through training of new counselors and refresher training of existing counselors. Behavior change communication and community mobilization activities, complemented by mass media and events, will continue, in order to increase uptake of services.

Each CT site is closely linked with ongoing clinical services, including PMTCT, psychosocial support such as post-test clubs, and other services within the integrated HIV/AIDS services networks. PSI will continue to coordinate with other NGO partners to establish and strengthen linkages and referrals among CT, the other integrated HIV/AIDS services, and support services in the community. End-stage patients without access to ARV treatment are referred to community groups that provide home-based palliative care for the patient and spiritual and psychosocial support for the caregiver.

PSI also will continue to operate 3 USG-supported military CT sites, in the cities of Maputo, Beira, and Nampula; satellite CT services at selected barracks also will be offered upon approval of the Mozambique Defense Force. CT services is one of several components of PSI's integrated workplace prevention program for the Mozambique military. Similarly, satellite CT services will be offered at Mozambique's 2 police academies; both located in Maputo City.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	45%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	50	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	85,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	27	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Health Care Workers
- Medical/health service providers
- Military
- Police
- Ministry of Health staff
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Gaza

ISO Code: MZ-G

State Province: Maputo

ISO Code: MZ-L

State Province: Nampula

ISO Code: MZ-N

State Province: Sofala

ISO Code: MZ-S

State Province: Zambezia

ISO Code: MZ-Q

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Health Alliance International
 Planned Funds:

Activity Narrative: HAI will continue to operate and support 15 existing USG-supported counseling and testing sites which include 5 youth-targeted service sites in "youth-friendly" health centers, 1 satellite site, and 9 conventional sites. All of these are linked to and provide referrals to other services in the integrated HIV/AIDS services networks. Five new conventional sites and 6 new satellite sites will be opened in FY 2005 to expand geographic coverage and client uptake. HAI will strengthen the quality and impact of CT through training of new counselors and refresher training of existing counselors. Each CT site is linked to ongoing clinical services ("day hospital" for HIV+ clients or health staff trained in OI management) and psychosocial support services (counseling, PLWHA clubs, post-test clubs), all of which are supported by HAI in both target provinces. End-stage patients without access to ARV treatment are referred to community groups that provide home-based palliative care for the patient and spiritual and psychosocial support for the caregiver. The integration of these services, and ensuring effective referrals among them, is a particular focus of HAI implementation of a cohesive services network for PLWHA.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	35%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	42	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	32,820	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	26	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Medical/health service providers
 - Ministry of Health staff
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Manica
State Province: Sofala

ISO Code: MZ-B
ISO Code: MZ-S

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: JHPIEGO / JHPIEGO

Planned Funds:

Activity Narrative: JHPIEGO will assist the MOH VCT Unit increase training capacity and the number of skilled CT provider by:

a. Developing a CT TOT manual for community lay counselors

b. Conducting 4 TOT courses for 100 community counseling trainers. This includes community leaders, FBO staff and religious leaders, and facilitators from national NGOs/CBOs.

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Community health workers
- Implementing organization project staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Trainers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: The MOH CT Unit will continue to strengthen capacity at central level and point of service level by:

Maintaining an adequate central and regional CT staff and office space:

- a. Continuation of hire of existing MOH CT staff (1 Program Coordinator, 1 Sen. Trainer, 1 Trainer/Supervisor, 1 Data Manager, 1 Secretary) and recruitment of additional new staff (3 Trainers/Supervisors, 2 full-time data entry staff and 1 part-time data entry staff shared with PMTCT progr.)
- b. Continuation of hire of existing regional CT Coordinators (1 Northern and 1 Central region position) and recruitment of one new regional CT Southern regional Coordinator.
- c. Procurement of office furniture, computer equipment and office supplies for functioning of CT central and regional offices
- d. Procurement of two 4x4 vehicles (one for Southern region, one for central office)

Providing technical assistance and supervision visits from central and regional level CT staff to support establishment of new VCT centers, set-up of CT services within other programs and supervise ongoing CT services

Continuing to maintain and expand the number of skilled CT providers by conducting:

- a. Regional retreats for 75 counselors selected from all provinces, facilitated by psychologists as support activity to prevent counselor burn-out
- b. 7 TOT for 175 CT trainers (2 courses/50 CT trainers for VCT, 2 courses/50 CT trainers for PMTCT, 2 courses/50 CT trainers for Youth Clinics, 1 course/25 CT trainers for TB/Hospitals)
- c. Training courses for 75 new counselors
- d. Training courses for 60 new data entry staff
- e. Refresher Courses for 75 existing counselors
- f. Refresher Courses for 60 existing data entry staff
- g. 1 Course for 25 counselors on couple counseling
- h. Mentoring, follow-up visits and accreditation of facilitators trained

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	55%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	545	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Faith-based organizations
- Government workers
- Health Care Workers
- Community health workers
- M&E specialist/staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag - Deferred / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: Conduct 3 courses for 60 CT personnel and PLWHA who facilitate support groups of HIV+ persons identified at CT sites serving USG supported ART sites

Activity Category Training % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Faith-based organizations
- Health Care Workers
- Community health workers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Religious/traditional leaders

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: South-to-South Joint Co-Ag / FIOTEC Institute (Foundation Oswaldo Cruz, Brazil)

Planned Funds:

Activity Narrative: FIOTEC will assist the MOH VCT program to increase training capacity and the number of skilled CT service providers by:

- a. Completing various CT training materials currently in different stages: finalize the VCT TOT manual, develop CT TOT manual for Youth Clinics, adapt and translate couple counseling training manual
- b. Developing a supervision plan for follow-up and mentoring subsequent to CT training, including the development of quality assurance tools

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	85%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Trainers
- USG in country staff

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will assist the MOH CT Unit strengthen and build central level capacity and improve coordination by supporting:

- a. Participation of MOH CT central level personnel in an international/regional conference or workshop, visit to VCT model program in the region to learn about best practices, and English tuition
- b. First annual meeting with provincial psychologists working with CT counselors to develop a strategy for counselor support and prevention of burn-out, and a provincial level workplan for the activities lead by the psychologists
- c. Annual and quarterly CT coordination and partners meetings

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in-counseling and testing	13	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Government workers
- Health Care Workers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers
- Trainers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **GAC / US Centers for Disease Control and Prevention**

Planned Funds:

Activity Narrative:

CDG will continue to strengthen the MOH CT program through this 3-component activity:

(i) Technical Assistance for: facilitation of training activities, supervision visits, and coordination meetings at provincial level; development of testing protocol for infants below 18 months of age; and review of CT program guidelines and protocols, participation in CT quality assurance and evaluation activities.

(ii) Reproduction of CT training materials and job aids; development and reproduction of a video for promotion of CT services through film; and reproduction of existing CT promotional materials for use during counselor-client interactions.

(iii) Provide technical assistance to evaluate the existing CT screening questionnaire, the success of referral from CT sites to TB diagnostic facilities, and the number of newly diagnosed TB cases; results will be utilized to review and improve the questionnaire, identify barriers, and formulate recommendations for improved cross-referral between CT and TB programs.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	23%
<input checked="" type="checkbox"/> Policy and Guidelines	11%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	11%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	38%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Nurses
- HIV+ pregnant women
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Trainers
- USG in country staff
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Population Services International

Planned Funds:

Activity Narrative: This deferred funding will continue the program started in FY 2004 to expand voluntary counseling and testing in the Ministry of Defense at 4 recruit training sites and establish Ministry of Defense policy for confidentiality. Funds are used to train counselors and staff, procure equipment and supplies, and conduct IEC/BCC and outreach.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	35%
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Military

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

Result 1: Improved diagnosis and treatment of HIV+ TB patients

Result 2: Improved monitoring and surveillance of TB/HIV coinfection

Total Funding for Program Area (\$): **Current Program Context:**

Mozambique ranks 22nd amongst the WHO's Stop-TB program's list of high-burden TB countries. The National TB and Leprosy Program initiated the DOTS strategy in 1984, and as of 2001 had a successful cure rate of 75%. While this indicates an adequately functioning TB program in a country of high TB morbidity and mortality, until recently the program has operated fairly independently of other public health programs, including the National HIV/AIDS Program. In 2004, an initiative to closely link TB and HIV/AIDS programming commenced. The Ministry of Health has had assistance from KNCV, WHO, USAID and CDC in this effort. The initial planning phase has been completed and training has begun with FY 2004 Emergency Plan funding. FY 2005 funding will be used to implement HIV testing of all TB patients and provide a package of care to those found to be HIV positive, to implement routine HIV/TB surveillance, and to conduct a combined TB/HIV prevalence and drug resistance study. In addition to supporting this MOH effort, the USG through Columbia University plans to coordinate improved HIV/TB linkages at the 14 day hospitals CU will be working in by the end of March 2006. This CU effort will improve care for persons with HIV/TB coinfection, as well as identify persons to be included in the ART program.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: The MOH with support from KNCV and CDC will implement diagnostic HIV testing among TB patients and provide a package of care. The goal is to offer HIV diagnostic testing to all TB patients, with 20% of patients being offered testing in year 1. The package of care will include training on preventing transmission of HIV to others, cotrimoxazole prophylaxis, and ART where possible and appropriate for the patient. In providing this care, a network approach using existing public health services and care through NGO/CBOs will be used.

The second key activity is to implement routine HIV/TB surveillance. Patient forms will be updated and staff trained to enable data on HIV status and care provided to HIV/TB patients to be captured, aggregated and analyzed.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	38%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	62%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	211	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	4,800	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- M&E specialists/staff
- Youth

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Columbia University

Planned Funds:

Activity Narrative:

Columbia University will develop and implement a model of HIV/TB care in two day hospitals in which they will be providing ART. This model will involve identifying HIV/TB coinfecting individuals, integrating them into services, tracking their progress, providing ART as indicated and connecting them with services provided by other providers in a network. In addition, technical support will be given to the MOH to improve monitoring and evaluation of HIV/TB and to build an HIV/TB working group. Finally 140 health care providers at the 14 day hospitals will be trained in HIV/TB.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	76%
<input checked="" type="checkbox"/> Local Organization Capacity Development	11%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	6%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	140	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	14	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Medical/health service providers
 - Ministry of Health staff
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Nampula	ISO Code: MZ-N
State Province: Niassa	ISO Code: MZ-A
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will provide technical support to the Ministry of Health to implement HIV/TB activities. In addition, these funds will be used by the local CDC office to print educational materials on HIV/TB, integrate HIV/TB into electronic patient registers, and to add HIV prevalence to the upcoming TB multi-drug resistance survey.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	59%
<input checked="" type="checkbox"/> Training	41%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	211	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	4,800	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Medical/health service providers
 - M&E specialist/staff
 - Youth

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: Sufficient number of trained staff, volunteers and traditional healers, skilled, motivated and productive
-
- Result 2: Increased use of wellness programs by PI WHAs and their families
-
- Result 3: Improved quality of basic health care clinical services for HIV+ patients, including the provision of the Basic Care Package for PLWHAs (safe drinking water, cotrimoxazole and isoniazid prophylaxis, safe drinking water, insecticide-treated bednets, and micronutrients)
-
- Result 4: Improved quality of basic health care clinical services for HIV+ patients
-
- Result 5: Strengthened organizational capacity to promote long-term sustainability of palliative care services
-

Total Funding for Program Area (\$):

Current Program Context:

In Mozambique, palliative care is defined comprehensively and covers clinical care from HIV diagnosis to end of life pain and symptom management, including psycho-social services. Key program areas that support palliative care efforts are HBC and OIs which includes STIs. These program areas are elements of the IHN, specifically in the Day Hospital, HBC, and Medical Consultations services.

In Home Based Care: At central level, the MOH HBC unit oversees HBC program coordination and scale-up, trains master trainers of partner organizations and develops guidelines and policies. The MOH provides technical support to all 70 Health Units with HBC programs (35 faith based) in their catchment area which served an estimated 6,000 PLWHAs in 2004, including 14 USG supported NGOs (4 faith based). Other donors supporting HBC are WHO, WB, WFP, Danida, DFID and GTZ. In 2004, through USG support, the MOH trained over 40 HBC master trainers who then train community volunteers and faith based workers in HBC. In 2004, these training activities supported the establishment of 30 new HBC programs.

Over the past years, efforts have been made to increase involvement of traditional healers in HBC since they are the first practitioners consulted for any HIV/AIDS related illness at the community level. In 2004, the MOH HBC program continued to strengthen linkages with the Traditional Medicine program to finalize the HBC training materials for TH and begin to implement a TH HBC training program in early FY05. On a community level, in 2004, the USG supported the MOH to promote acceptance of HBC services by developing and beginning to disseminate 200,000 IEC materials through trained HBC workers. In 2005, USG will continue to support MOH central level activities to further HBC program scale-up, training and capacity building activities. Additionally, since the Day Hospital and HBC link is the cornerstone for the management of the illnesses and issues PLWHAs develop, USG will also assist the MOH and Ministry of Women and Coordination of Social Action create coordination and multi-sectoral referral mechanisms for HBC in order to respond to the range of socio-economic needs of PLWHA and affected families, including clinical and non clinical issues.

OIs and Basic Health Care: In Mozambique, programmatically OI issues are managed by the MOH Department of Medical Assistance that also oversees HIV/AIDS Treatment. To-date there is no distinct OI Unit, and in FY05 USG will support the recruitment of OI technical staff to work in collaboration with the DMA and oversee and manage national OI and Basic Health Care activities. In 2004, USG efforts have been focused on increasing provider capacity to manage and treat OIs and other HIV/AIDS related illnesses. USG support to MOH resulted in the development of comprehensive OI and Basic Care training materials adapted from modules from the WHO Integrated Management of Adolescent and Adult Illness manual and existing national guidelines and protocols. By the end of FY04 a total of 23 facilitators, and 71 nurses and medical technicians providing OI services at 9 Day Hospitals were trained. In FY04, a USG supported study on "Validation of the Syndromic Approach to Management of STIs and Prevalence Assessment of STDs among Women Attending Family Planning Clinics" was completed and the findings resulted in revision of the national STI treatment protocols, algorithms and training materials (in progress). To provide adequate care services for PLWHAs, USG support will focus on staff training and improved STI case management at USG supported treatment and PMTCT Plus sites. In FY05, USG will also support the implementation of a "basic prevention care package." This will initially include cotrimoxazole prophylaxis, safe water systems, and insecticide-treated bednets for pregnant women. A pediatric package for HIV-exposed or infected children will include support for appropriate infant feeding practices.

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: Peace Corps Volunteers will provide technical support to international NGOs, national NGOs, and local CBOs in their efforts to mobilize communities and train local volunteers and health care providers on community-based palliative care for PLWHAs and their families. Targets will be achieved primarily through: (1) HIV-specific nutritional training for improved immune system response in HIV+ individuals; (2) training on home garden food production specifically for resource poor households to ensure food security for those on ART and to ensure resource savings (time, money, water) for caregivers of HIV+ individuals so that more resources can be dedicated to the individual's care; (3) psychosocial support for HIV+ individuals and their families; and (4) training of trainers on the above.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	60%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	1	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Medical/health service providers
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Volunteers

UNCLASSIFIED

Key Legislative Issues:

Volunteers

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Manica
State Province: Maputo
State Province: Sofala

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-B
ISO Code: MZ-L
ISO Code: MZ-S

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Foundation for Community Development, Mozambique

Planned Funds:

Activity Narrative: FDC will continue to provide care to HIV+ chronically ill persons in communities in the Maputo Corridor through subgrants to local CBOs and FBOs. Trained in community-based care by the Ministry of Health, 110 activists now provide care and support to over 3,300 clients. Activists will increasingly identify persons that need medical support and refer them to local clinics/hospitals for diagnosis and treatment. As necessary, activists will follow up to support and ensure adherence to treatment. Activists will also increasingly encourage and support pregnant women to seek PMTCT services at antenatal clinics. Activists will work closely with local leaders and community councils to empower local action to eliminate HIV/AIDS-related stigma and discrimination. Better informed community members will seek health services, and those that need HIV/AIDS treatment will be able to access and benefit from it through contact with a local care monitor.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	9,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	260	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Orphans and other vulnerable children |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Implementing organization project staff | |

UNCLASSIFIED

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Maputo

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-L

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Vision International

Planned Funds:

Activity Narrative:

WVI and NGO/CBO/FBO partners will continue work initiated in FY 2004 to provide care and support for chronically ill persons in Zambezia and Sofala provinces through community care coalitions. Chronically ill HIV+ persons in WHO stages III and IV of the disease, both bedridden and ambulatory, will receive services. WVI will focus on targeted districts and encourage better health care for individuals by providing information about and referrals to HIV/AIDS-related services at health facilities. The 113 Home Based Care Activists already trained will work hand in hand with clinic service providers, and conduct follow-up visits to clients on ARV treatment to ensure adherence and to report any complications resulting from treatment. Activists will also train family members to provide basic care and address fears about HIV/AIDS in order to reduce stigma within the household. Activists will encourage, and where possible assist to set up, needed safety net programs such as supplemental food, gardening projects, potable water, etc. Better informed community members will seek health services, and those that need ARV care and treatment will be better able to access it and remain in contact with a community care monitor.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Training	20%

Targets:

		... <input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	12,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	270	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	13	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	5	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Adults | <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Religious/traditional leaders |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Orphans and other vulnerable children | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Community members | | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Community-based organizations | | <input checked="" type="checkbox"/> Boys |

UNCLASSIFIED

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Sofala

ISO Code: MZ-S

State Province: Zambezia

ISO Code: MZ-Q

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CORE / CARE International

Planned Funds:

Activity Narrative:

CARE and the International HIV/AIDS Alliance will work with three Mozambican networks that work with PLWHA and together have national reach: MONASO, RENSIDA, and CORUM. A needs assessment will be conducted for each of these local organizations, followed by training and related assistance to meet specific priority needs to strengthen performance and effectiveness. This is planned as a 3-year activity beginning in FY 2005 with strengthening of the subpartners; clients reached with services will increase in years 2 and 3. This support will strengthen the capacity of these nascent Mozambican support organizations and their members to deliver home-based care and support services, focusing geographically on the catchment areas of USG-support clinical care and ARV treatment sites. Training also will include proposal writing so that these organizations will be able to apply to the National AIDS Council and other funding sources to continue and expand service delivery beyond the Emergency Plan contributions.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Needs Assessment	7%
<input checked="" type="checkbox"/> Training	13%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	45	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	3	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Implementing organization project staff
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Volunteers

UNCLASSIFIED

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**

Planned Funds:

Activity Narrative:

This Family Health International program will improve the quality of STI diagnosis and treatment in PMTCT Plus settings, in the day hospitals providing clinical care for PLWHA; and in health centers serving PLWHA, with particular focus on high-risk clients in these settings. FHI will provide additional training to 55 health workers in these HIV/AIDS service sites to improve skills in diagnosis and case management of sexually transmitted infections. FHI also will provide technical assistance to the Ministry of Health as part of the MOH review and revision of STI guidelines in a high-HIV environment; and ensure that the health facilities in all provinces have copies of the new guidelines.

Activity Category

- Policy and Guidelines
- Quality Assurance and Supportive Supervision
- Training

% of Funds

20%
20%
60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	55	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Medical/health service providers
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Health Alliance International

Planned Funds:

Activity Narrative:

HAI will provide technical support to 2 NGOs delivering home-based care services in 12 districts (Kubatsirana in Manica province and Care for Life in Sofala province) to strengthen the effective delivery of follow-on care for HIV seropositive clients in community settings. These subpartners offer logistical support and care-giving to patients who have been referred through the "day hospital" clinical services for HIV+ clients (part of the integrated HIV/AIDS services network) or through other health services. This is a continuation of services started in FY2004.

These home-based care services are part of an integrated HAI program that also includes counseling and testing, PMTCT, clinical care, and ART, provided in the same provinces through USG-funded day hospitals which provide integrated HIV/AIDS services. Seropositive patients presenting with symptoms associated with HIV/AIDS and related infectious diseases receive care and, as appropriate, referral for ARV treatment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,700	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	450	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Manica

ISO Code: MZ-B

State Province: Sofala

ISO Code: MZ-S

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MMCAS Co-Aq / Ministry of Women and Social Action Coordination

Planned Funds:

Activity Narrative: MMCAS and INAS will support the synergistic establishment and expansion of socio-economic support programs with Integrated Health Network site scale-up. This will include:

- a. Hiring a Home Visit Program Coordinator, a Home Visit Program Trainers and a Home Visit Monitoring and Evaluation Specialist
- b. Procuring adequate office equipment for a functioning office environment
- c. Support for staff participation in pilot, training, supervision, and continuing education activities

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- HIV/AIDS-affected families
- Host country national counterparts
- People living with HIV/AIDS
- Program managers
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: The MOH HBC Unit will continue to increase its capacity to oversee, coordinate and manage the national scale up of HBC services by:

- a. Creating coordination and multi-sectoral referral mechanisms for HBC in order to respond to the range of socio-economic needs of PLWHA and affected families
- b. Continuing support for 4 HCB staff to continue coordination and training activities
- c. Developing, reproducing and distributing HBC IEC materials to increase uptake and promote the national HBC program
- d. Conducting initial and refresher courses for 200 HBC providers, trainers and related staff
- e. Conducting on site training and mentoring to qualified trainers for accreditation and certification
- f. Supporting HBC staff member participation in regional/international continuing education events, including exchange experiences
- g. Improving linkages between community-based traditional healers, HBC programs, health centers, and the integrated HIV/AIDS network (IHN) service sites

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Ministry of Health staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Trainers |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

UNCLASSIFIED

Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative:

The MOH OI Unit will continue to increase its capacity to oversee, coordinate and manage the national scale up of OI services and activities by:

- a. Recruiting and hiring 3 central level OI trainers/supervisors and 2 data entry staff (including STI).
- b. Training 100 OI service providers from 30 Day care hospitals in 4 provinces
- c. Conducting HIV/AIDS and OI TOT training for 50 facilitators from all provinces
- d. Conducting follow-up supervision visits and on-the-job mentoring of recent trainees

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
 - Medical/health service providers
 - Nurses
 - Midwives
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Trainers

Key Legislative Issues:

- Stigma and discrimination

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Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag - Deferred / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: The MOH will continue to support strengthening of training capacity by:

- a. Continuing hire of an HBC trainer within the traditional medicine departments to conduct HBC training activities and develop HBC materials for traditional healers providing home-based care
- b. Hosting continuing education events in collaboration with the Traditional Medicine Department

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	70%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Traditional healers
- Ministry of Health staff
- Trainers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag - Deferred / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: The MOH will continue to increase the number of skilled HIV/AIDS providers by:
 Training 25 STI trainers and 30 providers from HIV/AIDS Integrated Network sites receiving USG support for ART and PMTCT Plus programs

Activity Category

Training

% of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- Ministry of Health staff
- Program managers
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Columbia University

Planned Funds:

Activity Narrative: Columbia University will support the MOH OI Program capacity to deliver quality OI services by:
 a. Hiring qualified central level staff to provide leadership for MOH OI Program and activities
 b. Providing support to create an OI working group
 c. Purchasing drugs for OI diagnosis and management to serve approximately 2,000 clients

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	80%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

Targets:

Target	Value	Applicability
Number of individuals provided with general HIV-related palliative care	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	14	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: South-to-South Joint Co-Ag / FIOTEC Institute (Foundation Oswaldo Cruz, Brazil)

Planned Funds:

Activity Narrative: TA for review of STI training materials, including the development and introduction of CT modules in the STI training curricula, piloting and validating the revised training materials at USG IHN sites

Activity Category Training % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Midwives
- Ministry of Health staff
- Trainers
- USG in country staff

Key Legislative Issues:

- Twinning

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deferred / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will support the MOH OI capacity to implement quality training activities by:

- a. Conducting an evaluation of national OI training activities and materials
- b. Supporting participation of in-country CDC OI advisor participation in training activities and supervision visits

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care.	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care.	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care.	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
 - Medical/health service providers
 - Nurses
 - Midwives
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Trainers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: CDC will continue to strengthen MOH HIV/AIDS OI staff capacity to oversee, coordinate and manage the national scale up of HIV/AIDS care services by supporting:

- a. The participation of central level HIV/AIDS OI and STI staff in continuing HIV/AIDS education training
- b. The provision of technical assistance through existing CDC in-country Technical Advisors to facilitate OI and STI related training activities and conduct supervision visits
- c. The reproduction and distribution of OI training materials and job aids

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	65%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- Program managers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Continuation of technical assistance provided by CDC Home-Based Care Technical Advisor through participation in training, continuing education and supervision (travel expenditures).

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Training	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Health Care Workers
- Community health workers
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mozambique Federation of Business Associations - CTA

Planned Funds:

Activity Narrative:

This funding complements initial FY 2004 funding provided to the Business against AIDS Forum (ECOSIDA) through CTA. ECOSIDA is an NGO-in-formation, a business-led initiative which mobilizes and supports private businesses to plan for and address the impacts of HIV/AIDS on their workforces, and finds technical and financial support for them to do so. While larger companies are among the ECOSIDA leadership, the emphasis in this assistance is on medium and smaller businesses that cannot otherwise afford the costs of HIV/AIDS actions. ECOSIDA member businesses will implement a comprehensive "Roadmap" to put in place company policies and effective programs to: prevent new infections; ensure that employees and their families know their HIV status and have information and support to stay healthy; provide access to clinical care and to treatment for employees and family members needing these services; ensuring family-oriented care for those too ill to work; and working through advocacy and policy to reduce stigma and discrimination related to HIV/AIDS. USG-funded technical and material assistance will enable ECOSIDA to support an initial 30 companies in FY 2005 to embark on the Roadmap. Separate FY 2005 targets for ECOSIDA-related palliative care clients will depend on which companies start Roadmap implementation this year; smaller companies may obtain these services for their employees through other USG-supported partners. FY 2005 Emergency Plan support for this program is shared across three program areas: Other/policy analysis and system strengthening; Palliative care/basic health care and support; and Other prevention.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Business community*
- Factory workers*
- High-risk population*
- Discordant couples*
- HIV/AIDS-affected families*
- Implementing organization project staff*
- Mobile populations*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- Policy makers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD - State Grant / To Be Determined

Planned Funds:

Activity Narrative:

The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted palliative care projects. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, particularly to train individuals and communities to deliver HIV-related palliative care in accordance with national guidelines. The Quick Impact Program also will operate in the Emergency Plan program areas of OVC, AB, and Other Prevention.

Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

Activity Category

- Community Mobilization/Participation
- Local Organization Capacity Development
- Training

% of Funds

- 20%
- 60%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	4	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Manica
State Province: Nampula
State Province: Sofala
State Province: Zambezia

ISO Code: MZ-B
ISO Code: MZ-N
ISO Code: MZ-S
ISO Code: MZ-Q

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 06

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE Evaluation / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative: This activity will strengthen the ability of the Ministry of Women and Social Action (MMCAS), which is responsible for guiding and coordinating support programs for the needy, including PLWHA families and OVC, to monitor and evaluate care home-based care and OVC programs in all 11 provinces of the country. The M&E system developed will track USG-funded HBC and OVC activities as well as those funded from other sources. The M&E system and procedures also will help MMCAS improve planning and costing of these services. This system will be developed in collaboration with the the M&E systems of the Ministry of Health and the National AIDS Council, the development of which also is USG supported, to ensure compatibility in the overall national M&E system for HIV/AIDS. Additional funding for this activity is planned under the HKID program area.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	90%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- M&E specialists/staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Relief Corporation

Planned Funds:

Activity Narrative:

World Relief will continue USG-supported delivery of care for the chronically ill through trained animators and volunteers in targeted communities. WR works through pastor networks for information about the communities and the services needed by chronically ill PLWHA. All WR animators receive Ministry of Health training in home-based care, and extend this knowledge to the volunteers. Target communities in the highly HIV/AIDS-affected southern provinces are selected based on the performance of the pastor networks and volunteers in identifying and serving their neighbors in need. Animators and volunteers establish relationships with health facilities in their areas to ensure that PLWHA are referred to the services they need and that they are monitored as advised by the clinical service providers. These home-based care activities are complementary to the USG-funded OVC activities implemented by WR in the same communities.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	7,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	100	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community leader Volunteers
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- HIV+ pregnant women
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Religious/traditional leaders

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Maputo

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-L

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: *deferred / US Peace Corps*

Planned Funds:

Activity Narrative:

This deferred funding is a part of the USG resources that will enable Peace Corps Volunteers to provide technical support to international NGOs, national NGOs, and local CBOs in their efforts to mobilize communities and train local volunteers and health care providers on community-based palliative care for PLWHAs and their families. Targets will be achieved primarily through: (1) HIV-specific nutritional training for improved immune system response in HIV+ individuals; (2) training on home garden food production specifically for resource poor households to ensure food security for those on ART and to ensure resource savings (time, money, water) for caregivers of HIV+ individuals so that more resources can be dedicated to the individual's care; (3) psychosocial support for HIV+ individuals and their families; and (4) training of trainers on the above. (To avoid duplication of targets, the targets for this deferred portion of the funding are incorporated into the separate FY 05 GHAI activity entry.)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	60%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults Volunteers
- Men
- Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Medical/health service providers
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Gaza

State Province: Inhambane

State Province: Manica

State Province: Maputo

State Province: Sofala

ISO Code: MZ-G

ISO Code: MZ-I

ISO Code: MZ-B

ISO Code: MZ-L

ISO Code: MZ-S

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Columbia Deferred / Columbia University

Planned Funds:

Activity Narrative: Using funds deferred from FY04 programmed for laboratory activities, Columbia will identify a full-time staff person or a consultant to provide technical input and assistance on program scale-up for Pediatric OI Care. Technical assistance in this programmatic area is necessary because of larger program activities in the treatment of OIs and provision of ARVs among children.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Ministry of Health staff
- Policy makers
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ComNet / Abt Associates
 Planned Funds:

Activity Narrative: A new partner will develop and implement a program to make household-level Safe Water Kits (SWK) available to PLWHA and their families. An SWK consists of a clean, closed vessel and enough iodine tablets to purify 1-2 months of water. The program will reach the PLWHA and provide them with an SWK through linking in to the HIV/AIDS care and support services available in both clinic and community settings under the integrated networks (e.g. home-based care, OVC services, PMTCT, ART). Staff and volunteers of the NGO partners that are implementing these HIV/AIDS services will receive simple training on the correct and consistent use of SWK and the importance of safe, clean water for protecting the health of PLWHA. Especially in heavily HIV/AIDS affected areas, families also will receive information about where and how to purchase additional vessels and tablets. Funds also will ensure that vessels and tablets are available on the open market for any consumer to purchase in retail outlets in the areas where the free distribution to PLWHA is underway. While some of the promotional and training activities will have national reach, the distribution of the kits will focus on the six provinces where most of the USG-supported HIV/AIDS services are concentrated. 200,000 SWK will be made available to PLWHA and their families.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	65%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Logistics	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|----------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> HIV/AIDS-affected families |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> HIV+ pregnant women |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Ministry of Health staff |
| | <input checked="" type="checkbox"/> People living with HIV/AIDS |

Key Legislative Issues:

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Manica
State Province: Maputo
State Province: Sofala
State Province: Tete

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-B
ISO Code: MZ-L
ISO Code: MZ-S
ISO Code: MZ-T

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

Result 1: Strengthened capacity of community committees and volunteers to access social welfare services or provide needed services to ensure basic care and support of OVC

Result 2: Deleted Result

Result 3: Strengthened effectiveness of psychosocial support for OVC through an integrated service delivery approach

Result 4: Advanced policy-level initiatives, including standards and guidelines, developed for OVC outreach and service delivery

Total Funding for Program Area (\$):

Current Program Context:

Support to HIV/AIDS-related OVC in Mozambique is very new, with first efforts getting underway with USAID support in 2002-2003. Support for OVC increased significantly with FY 2004 Emergency Plan funding provided both at country level and through Track 1. However, there are as yet no national guidelines defining what constitutes "OVC support," so services are inconsistent across programs. USG supported OVC programs for FY 2005 will be more directive and will contain specific guidelines for service provision.

The Ministry of Women and Coordination of Social Action (MMCAS), which is responsible for children in need, requires capacity building support in the areas of policy development, planning, and monitoring programs for children. Weakness of the civil society organizations that are working with OVC also is a barrier to effective service delivery. In 2004 UNICEF has completed an OVC situational analysis in 5 provinces and USAID (through ESF) is funding a similar assessment in the other 6 provinces, so that a national situation analysis of OVC, a necessary base for more concerted government action, should be available in 2005. USG FY 2005 funds will make MMCAS more capable and effective in OVC policy, program planning, and monitoring, and also will strengthen the committed civil society organizations that support OVC to take a leadership role in guiding, coordinating, and providing services.

By 2010, the number of OVC is projected to climb to 1.8 million, with 34% of the orphaning due to HIV/AIDS. Vulnerable children (including vulnerable orphaned children) are currently estimated to total 4,160,000 (over 40% of total children under 18 years old). Insufficient food is a daily fact for the 54% of the population who live below the poverty line, leading to an ever-growing number of vulnerable children in highly HIV-affected communities. In 2004, NGOs/CBOs/FBOs, focusing on highly HIV-affected geographic areas, have been strengthening community groups, pastor groups, and local councils to identify OVC, assess their needs, and begin extending service delivery. Building on this base, FY 2005 funds will be directed to ensure OVC service delivery by both (i) ensuring access to current social welfare services (e.g. waiver of school fees, free access to health services for under-fives) and (ii) delivering needed services directly. Six essential services have been identified for OVC, and NGOs are required to ensure or provide at least 3 of these during the first year and all 6 by the second year of support. The 6 services are food, shelter, clothing, education, child rights, and health and psychosocial care. The USG considers that quality health care for OVC will include all immunizations by 9 months of age; testing at 18 months of infants of HIV+ mothers; HIV testing of chronically ill children at any age, especially those who come from households having HIV positive members; and regular health care for childhood diseases, including diarrhea and malaria, as well as for injuries. Community care providers will liaise with clinic staff to ensure that infants and children receive the care needed through linkages with MOH clinical services. NGOs will also work with local officials and other local partners to develop sustainable community-based services such as vocational education opportunities, gardening projects, life skills curriculum, day care activities, etc. USG-supported NGO partners also will help CBOs/FBOs apply for resources made available for OVC through the National AIDS Council (from the Global Fund, the World Bank, and other donors to the HIV/AIDS Common Fund.)

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: Peace Corps Volunteers will provide technical support to international and national NGOs in their efforts to generate community response and mobilize resources for OVCs. Community-based activities will include community mobilization and training, and training of local volunteers and care providers. Peace Corps Volunteers also will support local partner organizations in institutional capacity building for more effective planning, implementation, and management of their OVC activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	100	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Trainers
- Volunteers
 - Girls
 - Boys

Key Legislative Issues:

- Volunteers

UNCLASSIFIED

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Manica
State Province: Maputo
State Province: Sotola

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-B
ISO Code: MZ-L
ISO Code: MZ-S

Program Area: Orphans and Vulnerable Children
 Budget Code: (HKID)
 Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Foundation for Community Development, Mozambique

Planned Funds:

Activity Narrative: FDC will provide technical assistance to the Ministry of Women and Social Action to build MMCAS capacity to improve its mandate for OVC coordination, planning, policy development, and provision of implementation guidelines at central and provincial levels. Funds also will train staff, finance workshops, build capacity at provincial and district levels, and develop materials (including translation and dissemination). MMCAS staff at central and provincial level will have improved capabilities to carry out their coordination and oversight role for OVC services. Better coordinated programs in each province will result in more direct services to OVC, improved effectiveness of safety net programs, more consistency in and further development of social services initiated by NGOs, and better monitoring and evaluation systems.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Policy and Guidelines	70%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	1	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Host country national counterparts
- Policy makers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Foundation for Community Development, Mozambique

Planned Funds:

Activity Narrative: FDC, through local CBO/FBO subgrantees, will provide a basic care package of services to OVC in the Maputo Corridor. This activity will continue care for OVC who received services with FY 2004 funds, and extend services slightly to reach OVC in adjacent areas. Where distance prohibits clinic visits, FDC sub-partners will continue to employ a part-time nurse that will accompany the community care providers to visit sick children in their homes. Sub-partners will work closely with clinic personnel to ensure that free health care is provided to vulnerable infants and children. Community aides ("activistas" in Portuguese) will be trained in advocacy and skills to access (where available) other safety net programs for which OVC are eligible, such as welfare, emergency food rations, vocational training, etc. FDC also will explore more effective ways to provide psychosocial support for OVC, especially for child-headed households.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	30%

Targets:

Target	Value	Not Applicable
Number of OVC programs	8	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	16,900	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	220	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Orphans and other vulnerable children
- Youth
- Girls
- Boys

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Maputo	ISO Code: MZ-L

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Hope for African Children Initiative (HACI) / CARE International

Planned Funds:

Activity Narrative: CARE will provide technical assistance and material support through the Hope for African Children Initiative (HACI) in Mozambique to establish and strengthen a collaborative network of local and international NGOs providing care for OVC. Representing its membership, HACI will advocate for improved OVC policy and service guidelines as well as a multi-sectoral approach to OVC care. HACI will continue to serve as a key member of the Ministry of Women and Social Action (MMCAS)-led Multi-Sectoral Nucleus for OVC. HACI will hold workshops on technical topics of OVC service delivery and provide leadership for civil society organizations working with OVC. These activities will lead to better services reaching more children, will support and ensure liaison of NGO efforts with MMCAS policy review and reform, and will lay the foundation for a multi-sectoral approach to OVC services over the longer term. An estimated 50,000 OVC will benefit indirectly from this assistance through improved service delivery and effectiveness.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	50%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Policy and Guidelines	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	5	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- International counterpart organization
- Nongovernmental organizations/private voluntary organizations
- Policy makers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Increasing women's legal protection
- Stigma and discrimination

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: /World Vision International

Planned Funds:

Activity Narrative: WWI and sub-partners will continue USG-supported OVC programs in targeted districts of Zambezia and Sofala provinces, building on services started in 2004 and expanding to nearby high-need communities. Through community committees, WWI provides a set of basic care services for OVC. WWI will continue to work closely with the Ministry of Health to provide clinical care for infants and older children, especially HIV-infected children. They will also work with the Ministry of Women and Coordination of Social Action to initiate and improve needed support services for OVC, especially for child-headed households.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	25%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	20	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	32,500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	2,840	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Religious/traditional leaders

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Sofala	ISO Code: MZ-S
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD - State Grant / To Be Determined

Planned Funds:

Activity Narrative:

The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted orphan care and rehabilitation projects. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, particularly with regard to vocational training for orphans, educational assistance, training of caregivers, and micro-credit for caretakers. The Quick Impact Program also will operate in the Emergency Plan program areas of Palliative Care, AB, and Other Prevention.

Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

Activity Category

- Community Mobilization/Participation
- Local Organization Capacity Development
- Training

% of Funds

20%
60%
20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	10	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	6,500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	500	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Manica
State Province: Nampula
State Province: Sofala
State Province: Zambezia

ISO Code: MZ-B
ISO Code: MZ-N
ISO Code: MZ-S
ISO Code: MZ-Q

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE Evaluation / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative: This activity will strengthen the ability of the Ministry of Women and Social Action (MMCAS), which is responsible for guiding and coordinating support programs for the needy, including PLWHA families and OVC, to monitor and evaluate care home-based care and OVC programs throughout the country. The M&E system developed will track USG-funded HBC and OVC activities as well as those funded from other sources. The M&E system and procedures also will help MMCAS improve planning and costing of these services. This system will be developed in collaboration with the the M&E systems of the Ministry of Health and the National AIDS Council, the development of which also is USG supported, to ensure compatibility in the overall national M&E system for HIV/AIDS. Additional funding for this activity is planned under the HBHC program area.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	90%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- M&E specialist/staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / Save the Children US

Planned Funds:

Activity Narrative: Under this Track 1 project Save the Children (with the SAVE Alliance and the Hope for African Children Initiative) will provide care, support and protection for OVC and their caregivers through local community based organizations. Local NGOs/CBOs will help establish and work with community OVC committees. Save US has awarded subgrants to SAVE Alliance partners (Save UK and SAVE Norway), to 2 local NGOs, and to HACI (which has made 3 subgrants to local NGOs). To date, 56 new OVC committees have been formed composed of 972 members; 45 of these committees are receiving regular supportive supervision from Save US and its partners to develop their action plans. A total of 1,167 persons have been trained: 341 in community mobilization skills; 516 in OVC care and support skills; 102 in HBC; 97 in psychosocial support; 103 on vocational skills; and 8 in theater for development. To date, 3,256 OVC and OVC households have been reached with educational, psychological, and livelihood support. 2,063 have been provided school materials, 1,263 have received livelihood support (e.g. poverty certificates, produce/proceeds from community farms, clothes and blankets, rehabilitation of houses, vocational skills), and 2,294 have received counseling, emotional support and/or edutainment.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input checked="" type="checkbox"/> Not Applicable
Number of OVC programs	8	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	4,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	1,300	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Volunteers

Key Legislative Issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Manica	ISO Code: MZ-B
State Province: Maputo	ISO Code: MZ-L
State Province: Sofala	ISO Code: MZ-S
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / Opportunity International

Planned Funds:

Activity Narrative:

Under this Track 1 project, Opportunity International and Habitat for Humanity work together to address basic income and shelter needs of OVC and the communities who care for them. Opportunity will restructure existing microfinance programs into a new microfinance bank and provide technical support to manage it. 80% of the clients are expected to be women, many of whom may be providing foster homes for OVC. A mobile bank-branch program will reach the poorest entrepreneurs in rural and peri-urban areas. Each "community trust" bank branch selects one member as a health officer, who is provided with training on HIV/AIDS and related health issues. Targets include 6 bank branches, 2,000 bank clients, and 3,000 community members trained to share information about HIV/AIDS prevention and about care and treatment services.

Habitat provides capacity building support to community groups and fosters the management of home construction projects by locally elected volunteer committees. Activities are focused in some highly HIV/AIDS affected areas of southern Mozambique and on relieving the most urgent shelter needs of OVC. Local participants learn skills in basic house construction, from the beginning of digging the footing to raising the roof. A community education program on HIV/AIDS is provided in all the communities in which Habitat works. Targets include 300 people trained, 20 OVC in apprenticeship programs, and 200 OVC provided improved shelter.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	200	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Orphans and other vulnerable children
- Religious/traditional leaders
- Volunteers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Manica
State Province: Maputo
State Province: Sofala
State Province: Zambezia

ISO Code: MZ-B
ISO Code: MZ-L
ISO Code: MZ-S
ISO Code: MZ-Q

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / World Relief Corporation

Planned Funds:

Activity Narrative: World Relief will continue to work in southern Mozambique to identify needy OVC and provide services for them through the pastor groups and volunteer networks established in 2004. With WR assistance, the pastor groups also will begin to develop ways for the communities to continue to provide OVC care even after Emergency Plan funding ends. Services provided to OVC under this program will follow Mozambique and USG guidelines. WR will make a special effort this year to work with health personnel at USG-supported sites to ensure that adequate health care is provided to infants and children that are part of this program's OVC clients. WR will provide small grants for pastor groups to fund community services for OVC, and may need to take financial management responsibility for these small grants depending on the capability of each recipient group.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	11	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	19,500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	700	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Religious/traditional leaders

Key Legislative Issues:

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Maputo	ISO Code: MZ-L

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: deferred / US Peace Corps

Planned Funds:

Activity Narrative: This deferred funding is a part of the USG resources that will enable Peace Corps Volunteers to provide technical support to international and national NGOs in their efforts to generate community response and mobilize resources for OVC. Community-based activities will include community mobilization and training, and training of local volunteers and care providers. Peace Corps Volunteers also will support local partner organizations in institutional capacity building for more effective planning, implementation, and management of their OVC activities. (To avoid double-counting of target numbers, the targets for this partial funding are included under the separate FY05 GHAI activity entry.)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Trainers
- Volunteers
 - Girls
 - Boys

Key Legislative Issues:

- Volunteers

UNCLASSIFIED

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Manica
State Province: Maputo
State Province: Sofala

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-B
ISO Code: MZ-L
ISO Code: MZ-S

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

- Result 1: Increased capacity to manage procurement and distribution systems of ARV and other medications essential to the HIV/AIDS care and treatment programs in Mozambique.
- Result 2: ARV second-line medications provided to 1,500 patients of the 15,000 patients annually receiving ARVs in Mozambique
- Result 3: ARV medicines provided for 2,000 children enrolling in ARV programs through Mozambique

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT+

0

Percent of Total Funding Planned for Drug Procurement

72

Total Funding for Program Area (\$):

Current Program Context:

USG will support improvement of procurement and distribution systems of the MOH. Currently USG supports improvement of these systems through a USAID contract to DELIVER in MOH for other commodities. Funding for these activities are through the Health Program, and will be continued for FY05 and supplemented with PEPFAR funds to include management and information systems and monitoring plans for ARV medicines. Several bi-lateral donors financially support drug procurement through a basket fund, but little additional external support has been given to this MOH unit. The MOH policy on ARV medications is to purchase fixed-dose triple drug combination (TDC) products at the lowest prices. Currently MOH is responding to the de-listing of Ranbaxy's TDC medicine, by planning procurement of Cipla TDC medication while the issue of quality certification gets resolved. Having access to TDCs is of extreme importance to MOH for its adherence benefits. It is also important to MOH to have a country-wide uniform drug policy and availability, to avoid public mistrust of certain facilities or drug regimens. Previous incidents related to misinformation and health interventions have in fact resulted in setbacks and public mistrust specifically with vaccination campaigns. In FY05, the USG will support procurement and distribution of pediatric and second-line ARV formulations that are needed but not readily available in Mozambique. If issues of ARV medication quality are not resolved by March 2005, reprogramming of part of these funds will have to be undertaken to support procurement of FDA approved 1st line treatment drugs. For FY05, USG will also support the procurement of FDA approved ARV medications for treatment programs developed in Military facilities, as part of a larger effort to address prevention care and treatment among uniformed services personnel. Procurement of ARV medications will be done through Regional procurement Services Office (RPSO) and through Columbia University. Once the USAID supply chain management contract is awarded, funds could be channeled through that mechanism if needed.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: Human resources:
• Hiring of 5 program managers for provincial pharmacy department in Nampula, Zambezia, Gaza, Inhambane and Maputo.
• Hiring of 2 central level pharmacists to coordinate procurement, management and distribution of ARV and OI medicines

Activity Category
 Human Resources % of Funds
100%

Targets:

Not Applicable

Target Populations:

- Pharmacists
- Program managers

Key Legislative Issues:

Coverage Area: National

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: DELIVER / John Snow Inc

Planned Funds: []

Activity Narrative:

Building on initial Emergency Plan funding provided in FY 2004, DELIVER will:

(1) With [] purchase second-line treatment ARV medicines for an estimated 1,500 patients (of the 15,000 total patients to be on ART in the country). If the MOH ARV procurement uncertainties that were created by the WHO de-listing of some generics are not resolved, then these funds will instead be used to purchase branded drugs for 7,000 adults receiving ART at Emergency Plan-supported sites.

(2) With [] provide technical assistance and training to strengthen the pharmaceutical logistics, information, and control systems in order to ensure a reliable supply of ARV medications and supplies in sites delivering integrated HIV/AIDS services. This assistance builds on, and provides cofunding for, related training, technical, and system development support to the Ministry of Health through USAID's health program. Activities include training of health system staff on procedures for management and control of ARV pharmaceuticals, technical assistance to update procedures for management and control of ARV pharmaceuticals, design for integration of ARV pharmaceuticals into an integrated pharmaceutical management information system, and evaluation of the operational effectiveness of the supply system with respect to ARV pharmaceuticals and related supplies.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	75%
<input checked="" type="checkbox"/> Logistics	13%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Training	5%

Targets:

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Health Care Workers
 - Pharmacists
- Host country national counterparts
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Youth

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Supply Chain Management System / To Be Determined

Planned Funds:

Activity Narrative: When the new headquarters Supply Chain Management System mechanism becomes available, USAID will use this partner for the supply of ARV drugs for treatment of 500 members of the Mozambique Defense Force. This support is coordinate within an integrated set of activities with the Mozambican military and police, that includes behavior change prevention activities, counseling and testing, a behavior Knowledge, Attitudes, and Practices (KAP) study, and related assistance.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	100%

Targets:

Not Applicable

Target Populations:

Military

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Supply Chain Management System / To Be Determined

Planned Funds: []

Activity Narrative: When the new headquarters Supply Chain Management System mechanism becomes available, USAID will use this partner to provide services to improve the distribution, logistics, and pharmaceutical management of ARV drugs in Mozambique. This assistance will build on related assistance in this area provided in FY 2005 and in previous years under the DELIVER mechanism.

Activity Category: [x] Logistics % of Funds: 100%

Targets: [] Not Applicable

Target Populations:

- [x] Health Care Workers
[x] Pharmacists
[x] Implementing organization project staff
[x] Ministry of Health staff
[x] National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

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Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD/Drug Procurement / To Be Determined

Planned Funds:

Activity Narrative: To complement support to the national ART program already committed by bi-lateral donors, the World Bank, and the Global Fund, the Emergency Plan will procure pediatric formulations for all patients planned nationwide.

Commodity procurement

- Purchase of pediatric ARV medicines to treat 2,000 children.

This assumes that quality assurance issues have been resolved for 1st line ARV medications currently being targeted for purchase by the government of Mozambique.

Alternatively, if this issue has not been adequately resolved, the emergency plan would support the procurement of branded medications if approved by the MOH for patients seen in EP supported sites

Commodity procurement:

- Purchase of ARV medicines to treat an estimated 900 children.

Because this activity is critical and requires timely procurement of drugs, CDC is working with its partners to best identify the mechanism that will be able to deliver the quickest response. This may include either RPSO through State Department or Columbia.

Activity Category
 Commodity Procurement

% of Funds
100%

Targets:

Not Applicable

Target Populations:

- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

- Result 1: Human resource capacity to deliver ARV services
- Result 2: Increased capacity to diagnose, treat, and follow-up HIV/AIDS in infant populations
- Result 3: Increased capacity to diagnose, treat and follow-up TB/HIV coinfection
- Result 4: Strengthened infrastructure of ARV delivery system
- Result 5: Strengthened institutional capacity to deliver ARV services

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

0

Total Funding for Program Area (\$):

Current Program Context:

Mozambique began formulating policy and offering ARV treatment in 2001 at Maputo Central Hospital. In 2002 and 2003, a few NGOs began offering pilot ARV programs. ARV services were included in the second round of applications to the Global Fund, which has still not been disbursed to MOH. MOH's 5 year strategy includes ARV treatment and integrated HIV/AIDS care scale-up in 129 Integrated Health Network (IHN) sites (all hospitals and some large health centers). Currently there are 18 sites offering ART to 5,100 patients (including 4 where USG support has started but is not yet fully implemented). In FY04, 5 sites were selected for USG support, increasing to 13 in FY05. In addition, the USG will expand treatment capacity to 8 smaller health centers (not included in the 129 IHN) along the central region with support from existing hospital-based treatment sites in those provinces. The USG plan is to support 55 of these 129 IHN over 5 years. World Bank's TAP and the Global Fund will support some of the remaining sites. USG support of ARV treatment will focus on national capacity building at MOH and site support to implement treatment programs through Columbia University and other partners to be identified at each site in collaboration with MOH. Columbia University is providing support to the MOH at the central level specifically. This support will be to standardize training materials and methodologies as well as to coordinate plans so that all staff and partners doing ART implementation follow best-practice guidelines. In addition, other CDC staff work closely with the Human Resources Department at the MOH to ensure that training materials are developed and endorsed as standards. Support for ARV treatment sites and training programs will be complemented by targeted laboratory support at national level and at sites where USG programs exists. Diagnosis and treatment opportunities will be enhanced further in FY05 by addressing expansion of PMTCT to assure linkages to treatment, pediatric HIV care, and treatment of TB/HIV co-infection. For specific discussions of PMTCT linkages, see the PMTCT section. Approximately 80,000 HIV positive children live in Mozambique today. Of the existing ART sites in the country, only one, located at the Maputo Central Hospital, serves children, 50 of whom currently receive ARV treatment. This clinic has been supported by the French cooperation and UNICEF, but currently receives little external support. In this site, as well as two other new pediatric care and treatment sites, USG proposes to support development of: early infant HIV diagnosis, enhanced linkages with PMTCT services, provision of ART medicines, adherence program for pediatric population, and the development of linkages between facility, community-based and OVC services to support pediatric care and treatment in collaboration with MOH. Effective management of TB/HIV co-infection is essential for successful ARV therapy in Mozambique. TB case notification rates have been rising since 1996 in Mozambique, reaching 138/100,000 in 2002, with no signs of a plateau. The USG proposes to support the development of three model TB/HIV outpatient centers to develop and test best clinical practice guidelines for the care of TB/HIV co-infected individuals, strengthen regional TB services, develop training materials and implementation of training in all aspects of TB control in relationship to the HIV epidemic, and enhance community awareness and patient education regarding TB and HIV and their treatment through outreach programs developed and piloted at the model centers. No other partner support has been identified for this activity.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Health Alliance International

Planned Funds:

Activity Narrative:

HAI will deliver ART services at existing and new treatment sites as part of an integrated program which also includes PMTCT, counseling and testing, clinical care in the HIV/AIDS Day Hospitals, and home-based palliative care services.

HAI will continue technical and material support for ARV treatment in 4 Day Hospital sites initiated with FY 2004 USG funding, and expand services to 10 satellite treatment sites. These additional treatment and referral links support the development of the integrated HIV/AIDS services network in these high-prevalence provinces. HAI will continue to train MOH health personnel to deliver ARV drug treatment and to care for OIs. In a total of 14 sites, HAI also will train community and peer activists to support and follow up on persons receiving ART in order to improve drug adherence.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	4%
<input checked="" type="checkbox"/> Community Mobilization/Participation	7%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	2%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Logistics	8%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	7%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	8%
<input checked="" type="checkbox"/> Training	29%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	14	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	68	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,800	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Medical/health service providers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- People living with HIV/AIDS
- Pregnant women
- Volunteers

Key Legislative Issues:

Coverage Area:

State Province: Manica
 State Province: Sofala

ISO Code: MZ-B
 ISO Code: MZ-S

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Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative:

Human Resources

- Hiring of 2 management and 2 support staff for the ART program

Quality Assurance

- Quarterly national coordination meeting for implementation of the integrated HIV/AIDS network of scale up, where technical and programmatic issues are discussed and recommendations made on program improvement
- Supervision travel for all ARV sites in the country

Training

- Development and reproduction of clinical manuals for ARV treatment, program guidelines, adherence IEC materials, and patient tracking forms.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	29	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	140	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	20,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
 National AIDS control program staff
 Program managers

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Columbia University

Planned Funds:

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Activity Narrative:

UTAP Columbia University

In addition to Track 1 funding, CU will support the development of pediatric ART services, expansion of PMTCT model sites, and the development of capacity to diagnose and treat TB/HIV co-infection. All of these services are aimed at expanding the network of detection, referral and care to more effectively increase service provision, as well as to increase quality of services. These services are just beginning in Mozambique.

Network development activities will be carried out throughout the ART sites developed in FY04 and FY05. CU will support expansion of pediatric ART at the Maputo Central Hospital pediatric day clinic, and the development of pediatric ART service capacity in Jose Macamo Hospital in Maputo as well as at the 25 of September Health Center in Nampula. The TB/HIV and PMTCT activities are described in other sections of this document.

Activities include:

Human Resources:

- a. Expansion of Maputo Central pediatric day hospital to include additional pediatricians (2), nurses (2), and social workers (2) to develop outreach, referral, and follow up services in the community as well as PMTCT services in the city.
- b. Support 2 new staff at MOH to lead pediatric HIV management.

Training:

- a. National training of 60 HCP in pediatric HIV management.
- b. Provide "hands on training" to all staff in the pediatric rs staffing the 11 USG Day Hospital in ARV service provision to reinforce training received through National programs.
- c. South-South twinning programs to bring 5 Brazilian ID physicians on 2 month rotations to 5 new ARV sites to facilitate on-site training of staff on HIV service provision.
- d. South-South twinning to bring 10 experienced Brazilian nurses on 2 month rotations to 5 new ARV sites to facilitate on-site training of staff on HIV service provision.

Policy and guidelines:

- a. Support the development of a pediatric HIV/AIDS working group to review and update MOH policies

Infrastructure:

- a. Renovate facilities to establish 2 new pediatric HIV/AIDS day hospitals in Jose Macamo hospital and Nampula hospital.
- b. Furnishings and office equipment for each new pediatric day hospital site (office set-ups to include furniture, computers, internet connection and phone and fax connectivity).

Development of Network/Linkages/Referral Systems:

- a. Contracts with appropriate partners (NGOs, FBOs, CBOs, and organizations of PLWHA) in each site where ARV treatment programs are developed to ensure that appropriate referral mechanisms are defined and implemented, and that appropriate monitoring systems are developed to track success of the network system.

Strategic information (M&E, IT, Reporting):

- a. In collaboration with MOH's virology lab develop and implement a protocol to evaluate the therapeutic response in a subset of patients initiated on ART.

Activity Category

Development of Network/Linkages/Referral Systems

% of Funds

37%

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<input checked="" type="checkbox"/> Human Resources	13%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Policy and Guidelines	1%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	22%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Caregivers
- Community-based organizations
- Faith-based organizations
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Infants
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Program managers

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Policy and guidelines:

- Development of protocols and guidelines for pediatric HIV/AIDS diagnosis to support the pediatric treatment and care programs described elsewhere in this document.

Quality assurance:

- Development of standard operating procedures for diagnosing HIV/AIDS in infants and young children.

Strategic information:

- Develop monitoring and reporting tools to be used in the pediatric treatment centers

Development of network systems:

- Development of a plan to evaluate referral patterns to and from various health components and their impact on the efficiency of the network to provide integrated services to PLWHA.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	29	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	140	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- National AIDS control program staff
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / Columbia University

Planned Funds:

UNCLASSIFIED

Activity Narrative:

In collaboration with MOH, Columbia University (CU) will continue support for 5 ART sites currently being developed (Maputo, Gaza (2), Nampula, and Zambezia) and support the development of 6 new ART sites. The new sites are in the provinces of Zambezia (3), Inhambane (2), and Niassa (1).

To accomplish this, CU will remodel those sites to provide adequate care infrastructure, hire and train health care professionals (HCP), establish adequate patient management, follow-up and referral system, establish linkages with community and other organizations providing services in PLWHA, as well as strengthen linkages with other components of the health system that detect HIV-associated conditions for effective enrollment of additional patients into care and treatment programs. CU will be looking for new NGO partners to assist in supporting each site. Specific activities include:

Infrastructure:

- a. Physical renovation of 6 new Day Hospital clinics, including the outpatient waiting areas, record rooms and pharmacies where ARV services will be provided for 1,440 HIV positive persons (adults and children).
- b. Furnishing and office equipment for each new Day Hospital site (office set-ups to include furniture, computers, internet connection and phone and fax connectivity).
- c. Physical renovation at 6 existing ARV sites (FY04) and 2 new ARV sites of in-patient wards where HIV positive persons are admitted for in-patient care.

Human Resources:

- a. Hire local health care providers to supplement existing staff at 11 USG funded ARV sites. Staffing levels for 6 level 3 facilities and 5 level 2 facilities are included under this activity category. A total of 51 health care providers will be identified and hired to augment ARV service delivery at these 11 sites.
- b. Hire 14 Day Hospital counselors to support HIV testing for diagnostic purposes for in-patients and patients attending TB clinics at the Day Hospital site.
- c. Hire 1 local laboratory technician to support increased laboratory work at each of the 14 USG supported ARV sites.
- d. Support five professional staff at the MoH (clinical advisor on ARV, monitoring and evaluation, drug logistics, adherence monitoring and a training specialist)
- e. Support three provincial ARV Program Coordinators to oversee site implementation and scale-up activities.

Training

- a. Provide "hands on training" to 60 health care workers at two of the 11 USG supported ARV sites.
- b. Provide training for all health care providers staffing the 11 USG Day Hospital in ARV service provision to reinforce training received through National programs.

Health Care Financing:

- a. Provide transportation costs/vehicles for HIV infected persons referred for ARV treatment to and from other sites where related services are provided.

Development of Network/Linkages/Referral Systems:

- a. Pilot linkage between health care facility based ARV services and existing Home-based services at two ARV sites and surrounding areas.
- b. Pilot network and linkage building to establish working referral systems that link HIV program areas to 2 Day Hospitals

Activity Category

- Community Mobilization/Participation
- Health Care Financing
- Human Resources
- Infrastructure

% of Funds

- 4%
- 2%
- 10%
- 42%

UNCLASSIFIED

- | | |
|---------------------------------------------------------------------------------|-----|
| <input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives | 2% |
| <input checked="" type="checkbox"/> Policy and Guidelines | 25% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 15% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	29	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	140	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	20,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults-
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Military
- National AIDS control program staff
- People living with HIV/AIDS
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Maputo	ISO Code: MZ-L
State Province: Nampula	ISO Code: MZ-N
State Province: Zambezia	ISO Code: MZ-Q

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: Deleted
- Result 2: Technically and financially support high-priority HIV/AIDS-related surveillance, behavioral and population-based surveys, targeted evaluation activities, and policy-related analysis – to improve Mozambique’s ability to monitor HIV/AIDS-related illnesses, understand the behaviors that influence transmission, improve access to and use of care and treatment services, strengthen the effectiveness of program activities, and ensure a supportive environment for the efforts
- Result 3: Strengthen routine information management systems for both aggregate program reporting and individual longitudinal tracking of PLWHAs in 11 provinces (including Maputo City)
- Result 4: Provide M&E technical support to the MOH and proactively expand similar assistance to the NAC, MMCAS, and, as appropriate, to other key agencies in the national response

Total Funding for Program Area (\$):

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Current Program Context:

Currently, HIV/AIDS related SI activities are carried out by several partners in the Mozambican government. In the area of HIV/AIDS surveillance, the National AIDS Control (NAC) Program is charged with conducting national behavioral surveys, while the Ministry of Health conducts smaller, targeted behavioral surveys. The Ministry of Health also oversees sentinel surveillance within Antenatal Care Clinics, last conducted in 2004 with USG funds. In the area of Monitoring and Evaluation (M&E), NAC has primary responsibility for multi-sectoral M&E coordination. Accordingly, in 2004, NAC developed a national HIV/AIDS strategy, including a preliminary operational M&E plan. The M&E operational plan is currently being shared with line-item Ministries, including Health, to insure that it complements the Health M&E operational plan and list of approximately 100 HIV/AIDS program indicators also developed in 2004. Paper-based and electronic information systems collecting routine program monitoring data in health, as well as across sectors, are at their nascent stages. As of 2004, only line-listed VCT data, (through USG funding and technical efforts), are routinely reported centrally. The USG SI strategy is to strengthen Mozambique's overall HIV/AIDS surveillance, monitoring and information systems, while meeting specific data needs of the Emergency Plan. Since the USG initiated its HIV/AIDS work in Mozambique, we have been the primary partner and leader in SI. In 2004, we contracted with UCSF to conduct a Monitoring and Evaluation Capacity Assessment. Results from the survey demonstrated significant gaps in data collection and analysis, and severe limitations in human resource capacity that impeded data use at the provincial level. A 2004 assessment of Health Management Information Systems sponsored with USG funds at the provincial and district level showed similar concerns regarding capacity as well as critical limitations in infrastructure. Results from these completed surveys have been the basis for 2005 USG training activities in the areas of Monitoring and Evaluation as well as Information Systems development. Specifically, the number of trained M&E and informatics staff will be increased at the central and provincial levels in the health sector. External funds will also be leveraged in 2005 from MAP and UNAIDS to increase the number of staff at the provincial level where USG is not working and in NAC to complement USG efforts in health-related HIV/AIDS program monitoring and evaluation. USG funds will also continue to be used to advocate for credible, high-quality data to be used for decision-making in 2005. USG funds primarily supported Policy Project through the Multi-Sectoral Technical Working Group to use 2002 HIV/AIDS sentinel surveillance data to develop and report population-based HIV/AIDS projections. This work will be continued once 2004 sentinel surveillance data (also sponsored by USG funds) become available. In addition to the serosurveillance activities, USG is participating in technical reviews of a SADC-supported national combined biological and behavioral survey, although it will leverage other multilateral and bilateral donor finances to conduct the survey. USG will also collaborate with the Ministry of Health, NAC, and NGOs to address gaps in information about high-risk populations (both seroprevalence and behaviors) to better target prevention, treatment and care activities. Finally, USG has worked with donors, the Ministry of Health and other line-item Ministries to begin to identify and prioritize key targeted evaluations to be conducted using USG and common fund resources in 2005. In particular, USG efforts will be focused on designing a targeted evaluation of the IHN referral networks, that as a by-product will aid the Ministry's efforts to develop and use an electronic patient tracking system.

Program Area: Strategic Information

Budget Code: (HVSII)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of California at San Francisco

Planned Funds: []

Activity Narrative: UCSF will build on a human resource assessment conducted with USG funds in 2004 to develop a three-week M&E provincial level training course for 25 HIV program managers and Department of Planning and Cooperation staff. Program managers will use actual data from their programs as exercises and examples during the course. The content of the course includes applied statistics and data analysis, basic epidemiology, presentation and dissemination of results, use of data and information in decision making, and use and application of data in program planning and improvement. UCSF will also develop a short-course one-day module based on the three week course to be included in HIV/AIDS program-specific trainings for program managers or health care staff (such as Counseling and testing, home-based care, PMTCT) to insure familiarity with basic M&E concepts. Numbers of persons trained in M&E basic concepts at the program level will ultimately be determined from the number of trainings that occur across all HIV/AIDS program areas. For this reason, only targets for the number of persons reached by the three-week course will be counted.

Activity Category

Training

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 25

Not Applicable

Target Populations:

- Government workers
- Medical/health service providers
- M&E specialist/staff
- Ministry of Health staff
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY II (deferred) / The Futures Group International

Planned Funds:

Activity Narrative:

With this funding deferred from FY 2004, POLICY project will continue ongoing technical and training support to the Multisectoral Technical Group to guide and complete analysis and publications of findings from the 2004 round of national antenatal HIV prevalence sentinel surveillance. POLICY also will undertake, with the MTG and other analysts and contributors, in-depth cross-analysis of findings from the 2003 and 1997 Demographic and Health Surveys with the behavioral information available from the antenatal surveillance sample, and undertake similar cross-analyses with other databases relevant to HIV/AIDS behavior and impact (e.g. the Ministry of Agriculture's income surveys). POLICY will continue to operate its Mozambique office, providing technical guidance and support in analysis and use of HIV/AIDS-related data. An important focus is training and guiding Mozambicans to make more effective use of data in program and policy decisions. POLICY also will continue technical support to 3 provincial-level MTGs (in Tete, Niassa, and Manica). Finally, POLICY will complete the dissemination of updated projections of the demographic impacts of HIV/AIDS in Mozambique.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	12%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	40%
<input checked="" type="checkbox"/> Training	33%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	45	<input type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVSII)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: POLICY II / The Futures Group International

Planned Funds:

Activity Narrative:

POLICY Project will continue to provide technical leadership and support to the national multisectoral technical working group on HIV/AIDS as well as to the provincial MTGs in Niassa, Tete, and Manica provinces. With POLICY support, provincial-level MTGs will be established in 3 additional provinces (Zambezia, Nampula, and Cabo Delgado). POLICY-assisted analytical work in FY 2005 will focus on: (i) expanded human capacity building activities at provincial level in the areas of data analysis and use for decision making; (ii) development of communications materials for disseminating HIV/AIDS-related strategic information in local languages; (iii) development of a set of operational policies related to provision of a "basic care package" to extend life and improve health of PLWHA; (iv) strengthening local capacity for evidence-based program planning using the GOALS model; and (v) as requested, providing technical support to the USG Emergency Plan team in Mozambique, including presentations, background materials, and special analyses.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	16%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	7%
<input checked="" type="checkbox"/> Policy and Guidelines	13%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	7%
<input checked="" type="checkbox"/> Training	37%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	248	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Country coordinating mechanisms | <input checked="" type="checkbox"/> Program managers |
| <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> M&E specialist/staff | |
| <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Policy makers | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP - deferred / University of California at San Francisco

Planned Funds:

Activity Narrative:

With funding deferred from FY2004, the University of California at San Francisco will develop a three-week M&E provincial level training course for 25 HIV program managers and Department of Planning and Cooperation staff. Program managers will use actual data from their programs as exercises and examples during the course. The content of the course includes applied statistics and data analysis, basic epidemiology, presentation and dissemination of results, use of data and information in decision making, use and application of data in program planning and improvement.

Activity Category

Training

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS):

25

Not Applicable

Target Populations:

- Country coordinating mechanisms
- Health Care Workers
 - Medical/health service providers
 - Nurses
- Host country national counterparts
- M&E specialists/staff
- Ministry of Health staff
- National AIDS control program staff
- Program managers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative:

This entry covers 6 areas of support to strengthen MOH capacity to collect, analyze, and interpret essential HIV/AIDS program data:

(i) for Salary Support for M&E Technical Staff: Staff include an M&E Unit Chief, an epidemiologist, 2 data entry technicians, 3 field epidemiologists to be available regionally, 1 senior and 1 junior M&E Advisor.

(ii) for M&E Training: MOH will conduct a 3-week provincial-level M&E course for 25 HIV program managers, using data from their programs as exercises and examples during the course.

(iii) for Workshop on Indicators: MOH will conduct a 2-day national workshop to review the 101 national M&E indicators and the national M&E operational plan; participants will include 100 provincial health care and program staff as well as the central HIV/AIDS program directors and staff who will work with the field participants to implement the M&E operational plan.

(iv) for Dissemination of Findings: MOH will reproduce/distribute the report of an assessment of health worker attitudes and behavior regarding HIV prevention, discrimination, and stigmatization of PLWHA, and conduct a national workshop to share finding with MOH personnel from various programs and departments as well as donor, UN, NGO/FBO/CBO partners.

(v) for LAN/WAN scale-up in 4 provinces: USG will support MOH implementation of electronic data reporting through hardware/software procurement, provision of internet access, hiring of LAN and User Support staff in the 4 provinces, and training programs on LAN maintenance and hardware/software support; costs also will cover basic maintenance and user training for all the non-targeted provinces to support electronic entry of routine HIV/AIDS program data at provincial level.

(vi) for IT Strengthening: MOH will hire a Chief Information Officer, a LAN Manager, and a User Support Specialist to oversee design, implementation, and maintenance of computer hardware/software, including networking and internet access; costs also include support for adapting or building a software system for routine reporting of HIV/AIDS program data from the provinces; MOH also will conduct supervisory visits to the 4 provinces piloting the Wide Area Network (WAN) and all 11 provinces for electronic data entry.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	11%
<input checked="" type="checkbox"/> Human Resources	33%
<input checked="" type="checkbox"/> Infrastructure	6%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	2%
<input checked="" type="checkbox"/> Local Organization Capacity Development	7%
<input checked="" type="checkbox"/> Policy and Guidelines	7%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	1%
<input checked="" type="checkbox"/> Training	27%

Targets:

Target	Value	Notes
Number of individuals trained in strategic information (includes: M&E, surveillance, and/or HMIS)	257	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
 - Midwives
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Program managers
- Trainers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Strategic Information

Budget Code: (HVSII)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag - Deferred / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: Conduct national assessment about health worker attitudes and behaviors regarding HIV prevention, discrimination and stigmatization of People Living With HIV/AIDS, and develop a strategy and implementation plan to assist health workers to adopt safe HIV prevention practices, prevent and reduce discrimination and stigmatization in his/her personal and professional environment and serve as role model within the community where he/she is working.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Needs Assessment	70%
<input checked="" type="checkbox"/> Policy and Guidelines	15%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
- Community leader
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff
- Program managers

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Technical assistance provided by HHS/CDC Atlanta Behavior Change Communication and Behavioral Surveillance specialists for the design of the assessment on health worker attitudes and behaviors regarding HIV prevention, discrimination and stigmatization of People Living With HIV/AIDS, the data analysis, the formulation of recommendations and the design of activities for the implementation plan.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	60%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%

Targets:

		<input type="checkbox"/> Not Applicable
<hr/>		
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- Policy makers
- Program managers
- USG in country staff

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSJ)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE Evaluation / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative: USG-funded technical assistance, training, and material support will strengthen the monitoring and evaluation capacity of the National AIDS Council and help ensure timely completion and implementation of an integrated M&E framework for Mozambique's multisectoral national response to HIV/AIDS. MEASURE Evaluation will assist NAC to (i) identify and address priority tasks in meeting its M&E responsibilities, and (ii) ensure effective integration and linkages between NAC M&E and the HIV/AIDS M&E roles and responsibilities of the Ministry of Health, the Ministry of Women and Coordination of Social Action, and other agencies involved in the national HIV/AIDS response. Assistance will be provided at both NAC headquarters and provincial level. Development and implementation of this activity will take account of the interest and contributions of other partners (especially UNAIDS, the World Bank, and the Global Fund) in ensuring a single and effective HIV/AIDS M&E framework for Mozambique.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%
<input checked="" type="checkbox"/> Training	20%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- National AIDS control program staff
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE Evaluation (deferred) / University of North Carolina Carolina Population Center

Planned Funds:

Activity Narrative:

This deferred funding provides part of the USG-supported technical, training, and material assistance which will strengthen the monitoring and evaluation capacity of the National AIDS Council and help ensure timely completion and implementation of an integrated M&E framework for Mozambique's multisectoral national response to HIV/AIDS. MEASURE Evaluation will assist NAC to (i) identify and address priority tasks in meeting its M&E responsibilities, and (ii) ensure effective integration and linkages between NAC M&E and the HIV/AIDS M&E roles and responsibilities of the Ministry of Health, the Ministry of Women and Coordination of Social Action, and other agencies involved in the national HIV/AIDS response. Assistance will be provided at both NAC headquarters and provincial level. Development and implementation of this activity will take account of the interest and contributions of other partners (especially UNAIDS, the World Bank, and the Global Fund) in ensuring a single and effective HIV/AIDS M&E framework for Mozambique.

(A portion of these deferred funds was approved in the FY 2004 COP for travel costs to explore Mozambique-Brazil linkages. This deferred amount is being shifted to M&E because of priority needs in this area and because there has been subsequent progress in developing a package of USG assistance in the area of human capacity development, which is described in other entries in this FY 2005 COP. To avoid duplication of targets, the target for this deferred funding are reflected in the parallel FY05 GHAI activity entry.)

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%
<input checked="" type="checkbox"/> Training	20%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- National AIDS control program staff
- Program managers

Key Legislative Issues:

President's Emergency Plan for AIDS Relief
Country Operational Plan Mozambique FY 2005

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

Result 1: Improved training systems, institutional development or skills training that cuts across multiple program areas

Result 2: HIV/AIDS workforce planning and policy implementation that cuts across multiple program areas improved

Result 3: Improved HIV/AIDS human resource management, service quality improvement and HR supervision interventions that cut across multiple program areas

Total Funding for Program Area (\$): **Current Program Context:**

Human Capacity Development. Various initiatives have been developed in Mozambique during the last couple of years in order to scale-up programs to target infectious diseases, strengthen the health sector and Government response. Successful implementation of such initiatives will greatly depend on the capacity of the Government to ensure adequate numbers of trained staff, human resource development and appropriate management. In that context, in FY04, USG in Mozambique established a working group (consisting of UN, other multilateral and bilateral stakeholder, ministries/government partners, representatives from training institutions and civil society networks) to draft and finalize a scope of work for a Human Capacity Development (HCD) assessment. The assessment and the subsequent recommendations are viewed as the first phase towards strengthening human resource capacity for the scale-up of HIV/AIDS. The second phase will include drawing consensus on the priority HCD interventions to implement followed by implementation of these recommendations. The assessment, which began late FY04, will address staff development, recruitment, training, management and retention issues that impact scale-up HIV/AIDS programs and services.

HCD Sub-Category: Training. As Mozambique moves towards rapidly scaling up HIV/AIDS programs and more people are identified for prevention, care and treatment, strengthening the Mozambican human resource capacity is vital for the success of the National Strategy. In FY04, most USG HCD efforts consisted of short-term and in-service training activities. HIV/AIDS related trainings were provided to a variety of MOH staff, healthcare providers, technicians, volunteers, students, community members and community leaders.

Despite the prioritizing of HIV/AIDS by the MOH and the commitment of a multitude of donors, there remain gaps in the HIV-related training activities offered in Mozambique. As a result, supporting effective training within in-service and pre-service institutions will be one part of the HCD activities. At present, a national strategy and coordinated plan for HIV/AIDS related training still need to be developed but is planned for through USG support in FY05. In 2004, a multi agency and partner HIV/AIDS training working group was established to collaboratively develop the training plan and to facilitate the implementation of MOH 2005 activities, including those planned in the COP. USG training capacity building activities in FY05 will focus on systems strengthening and include the development and implementation of an HIV/AIDS human resource performance monitoring system, training database, pre-service needs assessment, and a the development of a national HIV/AIDS training strategy and plan. In addition to the training activities designed to strengthen capacity within the Ministry of Health, USG will support trainings to strengthen national technical capacity of university staff and offer specialized trainings to more effectively mobilize influential community leaders, community-based volunteers and traditional practitioners.

Private Sector and Workplace Programs. The USG will strengthen a fledgling Mozambican private sector initiative, the Business Against AIDS Forum, to enable it to develop into a recognized NGO capable of mobilizing, guiding, and technically supporting private businesses to plan for and address the impacts of HIV/AIDS on their employees. From the beginning, this organizational development support will be provided in the context of delivery of services to employees and their families, so that this program will contribute to reaching Emergency Plan targets in preventing new infections, providing the full range of care and support for infected persons, and ensuring access to treatment.

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: JHPIEGO / JHPIEGO

Planned Funds:

Activity Narrative: JHPIEGO will assist the MOH in developing systems and mechanisms for monitoring and management of all HIV/AIDS related training activities by:

- a. Translating, adapting, setting-up the training data-base and training 15 MOH personnel on use of database
- b. Developing and setting-up an HIV/AIDS human resource performance monitoring system

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	35%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	35%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	15	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional birth attendants
 - Midwives
- Ministry of Health staff
- Policy makers
- Program managers
- Trainers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HHS HQ Agreement / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: Reagent – rental contracts have been signed in FY04 with several international companies to provide lab equipment and supplies for CD4, hematology and biochemistry in laboratories from hospitals where the USG supports ARV treatment. These agreements provide reagents, equipment, maintenance and support needed at low cost packages based on volume purchases of reagents. These contracts give the benefit of including maintenance and technical support, as well as the flexibility of being able to upgrade equipment at no cost as new technologies become available, or as the capacity and demand of the lab expand. APHL will provide assistance in contracting these services as well as other procurement of lab reagents and equipment needed to set up laboratories at the USG ARV treatment sites, including the military hospital.

Commodity procurement:

- Procurement of reagents (CD4, hematology, biochemistry) for 5 hospital –level laboratories rehabilitated in FY04
- Procurement of reagent rental contracts (CD4, hematology, biochemistry) for 2 new hospital –level laboratories to be rehabilitated in FY05
- Procurement of non-rental equipment and reagents for 2 new hospital –level laboratories and 3 new health center-level laboratories to be rehabilitated in FY05
- Procurement of reagents for OI diagnosis (parasitology, bacteriology, syphilis)
- Procurement of reagents and equipment for the Maputo military hospital

Activity Category

Commodity Procurement

% of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	68	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Inhambane	ISO Code: MZ-I
State Province: Nampula	ISO Code: MZ-N
State Province: Niassa	ISO Code: MZ-A
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative:

The MOH will begin to strengthen national in- and pre-service HIV/AIDS training capacity by:

- a. Developing a national HIV/AIDS training strategy and plan involving central and provincial level MOH staff and disseminating and launching plan with partners
- b. Recruiting 2 MOH training data entry staff to support the MOH training data-base and HIV/AIDS human resource performance monitoring system
- c. Procuring office furniture and computer equipment for MOH central level and 8 provincial level HR offices

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Infrastructure	50%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	9	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Policy makers |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Doctors | |
| <input checked="" type="checkbox"/> Medical/health service providers | |
| <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Traditional birth attendants | |
| <input checked="" type="checkbox"/> Traditional healers | |
| <input checked="" type="checkbox"/> Midwives | |
| <input checked="" type="checkbox"/> M&E specialist/staff | |
| <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |

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Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag / Mozambique Ministry of Health

Planned Funds:

Activity Narrative: Continue provision of technical assistance to the Mozambican MOH, to finalize NGO contracting mechanisms and documents to enable MOH to directly contract NGOs to facilitate fast roll-out and expansion of HIV/AIDS services in Mozambique. TA will be provided for the set-up of the MOH NGO management unit, the development of terms of reference for the staff of the unit, reporting formats and other technical guidance as needed.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Policy and Guidelines	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

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Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co Ag / Mozambique Ministry of Health

Planned Funds: []

Activity Narrative: Support MOH to achieve improved overall HIV/AIDS program coordination and oversight, strengthen linkages and facilitate communication between program components (e.g. CT, PMTCT, ART, HBC) and ensure timely production of program plans and report by:

- a. Hiring one full-time Assistant HIV/AIDS Program Manager
b. Procuring furniture and computer equipment for the new position

Table with 2 columns: Activity Category, % of Funds. Rows include Human Resources (90%) and Infrastructure (10%).

Targets:

Table with 3 columns: Target Description, Value, and Status. Includes targets for HIV service outlets and individuals trained, both marked as 'Not Applicable'.

Target Populations:

- Implementing organization project staff
Ministry of Health staff
Policy makers
Program managers

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MISAU Co-Ag - Deferred / Mozambique Ministry of Health

Planned Funds:

Activity Narrative:

Human resources:

- Hire three more laboratory technicians to implement Q/A program for HIV testing throughout the country, including testing in clinical laboratories as well as in VCT, PMTCT, youth clinics, and other settings where rapid tests are used

Commodity procurement:

- Procure reagents to implement the Q/A program for HIV testing

Quality assurance:

- Develop a protocol for performing Q/A on dried blood spots, a technique more adequate for labs with low technical capacity in hard to reach locations.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	44%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	41%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	40	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff
- National AIDS control program staff
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure
 Budget Code: (HLAB)
 Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Columbia University

Planned Funds:

Activity Narrative:

Columbia University will partner with the National Virology lab of the Institute of Health to develop and implement capacity for CD4 counts, pediatric diagnosis and resistance monitoring at the sites where USG will support ART. In addition the virology lab will provide training and oversight and Q/A to the MOH clinical labs performing activities in these areas.

Infrastructure:

- Renovation of lab facilities (5) at sites where USG will provide ART
- Minor renovation of two labs to support PCR technology for pediatric HIV/AIDS diagnosis
- Maintenance costs for 5 labs renovated in fy04

Human resources:

- Hiring of one program manager and 2 lab technicians to oversee the national CD4 program at the national virology lab

Training:

- Training for lab technicians performing CD4 counts (33 technicians)

Quality assurance:

- Development of CD4 EQA panel to support Q/A program
- Development and implementation of Q/A program and supervision for all labs performing CD4 counts
- Development of viral load determination capacity in the virology lab to support infant diagnosis and resistance monitoring

Commodity procurement

- Procurement of equipment and reagents to install two laboratories that will support pediatric diagnosis at the USG supported sites.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	26%
<input checked="" type="checkbox"/> Human Resources	6%
<input checked="" type="checkbox"/> Infrastructure	46%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	16%
<input checked="" type="checkbox"/> Training	6%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	68	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	11	<input type="checkbox"/> Not Applicable

Target Populations:

- Ministry of Health staff National AIDS control program staff People living with HIV/AIDS

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Key Legislative Issues:

Coverage Area:

State Province: Gaza
State Province: Inhambane
State Province: Maputo
State Province: Nampula
State Province: Niassa
State Province: Zambezia

ISO Code: MZ-G
ISO Code: MZ-I
ISO Code: MZ-L
ISO Code: MZ-N
ISO Code: MZ-A
ISO Code: MZ-Q

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: South-to-South Joint Co-Ag / FIOTEC Institute (Foundation Oswaldo Cruz, Brazil)

Planned Funds:

Activity Narrative: FIOTEC is a Brazilian Foundation for the scientific and technological development in Health affiliated with the Institute Oswaldo Cruz, a group of research and academic institutions in Brazil. Through the Global AIDS Program from HHS/CDC in Brazil, a 'south-to-south' assistance program was developed which Mozambique has utilized since 2003. FIOTEC will draw on expertise from various laboratories and academic institutions in Brazil to provide training support in the area of clinical laboratory. This support will enable Mozambican laboratories supported by USG to increase capacity and quality of services. Training and mentoring activities will be developed through on-site assistance provided by experienced Brazilian laboratorians during 3 month TDYs

Human resources:

- Hiring of a laboratory training specialist and support coordinator to provide classroom and on-the-job training and supportive supervision to the technicians trained.

Training:

- Development and implementation of a general clinical laboratory best practice training for lab staff in 5 new laboratories (total of 35 technicians).
- Development and implementation of an on-the-job training program for staff in 5 new laboratories (35 technicians).
- Development of a 'mentoring' program for lab technicians to insure continuing and improvement of laboratory practices.

Strategic information:

- Development / adaptation and implementation of a laboratory information system and training of staff in the 5 labs on its use.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	11%
<input checked="" type="checkbox"/> Training	64%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	68	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	11	<input type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

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Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Maputo	ISO Code: MZ-L
State Province: Nampula	ISO Code: MZ-N
State Province: Niassa	ISO Code: MZ-A
State Province: Zambezia	ISO Code: MZ-Q

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC HO ITECH Contract / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: ITECH will assist the MOH in integrating and coordinating quality HIV/AIDS content and practicum into general pre-service curricula by:

Conducting a needs assessment at pre-service training institutions at central and provincial level and generating recommendations to develop a national pre-service operational plan for integration of HIV/AIDS.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	80%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target Description	Count	Applicability
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff
- Policy makers
- Program managers
- Students
- University
- Trainers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Support MOH pre-service HIV/AIDS training capacity by:
Procuring HIV/AIDS textbooks and training materials for 11 libraries in provincial level training institutions

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	50%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	11	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff
- Students
- University
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: Quality assurance:
 - Travel for technical assistance in overseeing all HHS funded laboratory activities

Activity Category
 Quality Assurance and Supportive Supervision **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	40	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Ministry of Health staff
- National AIDS control program staff
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province: **ISO Code:**

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: deferred / Mozambique Federation of Business Associations - CTA

Planned Funds:

Activity Narrative: This deferred funding complements initial FY 2004 support to the Business against AIDS Forum (ECOSIDA) through CTA. ECOSIDA is an NGO-in-formation, a business-led initiative which mobilizes and supports private businesses to plan for and address the impacts of HIV/AIDS on their workforces, and finds technical and financial support for them to do so. While larger companies are among the ECOSIDA leadership, the emphasis in this assistance is on medium and smaller businesses that cannot otherwise afford the costs of HIV/AIDS actions. ECOSIDA member businesses will implement a comprehensive "Roadmap" to put in place company policies and effective programs to: prevent new infections; ensure that employees and their families know their HIV status and have information and support to stay healthy; provide access to clinical care and to treatment for employees and family members needing these services; ensuring family-oriented care for those too ill to work; and working through advocacy and policy to reduce stigma and discrimination related to HIV/AIDS. USG-funded technical and material assistance will enable ECOSIDA to support an initial 30 companies in FY 2005 to embark on the Roadmap. FY 2005 Emergency Plan support for this program is shared across three program areas: Other/policy analysis and system strengthening; Palliative care/basic health care and support; and Other prevention.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> Mobile populations | <input checked="" type="checkbox"/> Policy makers |
| <input checked="" type="checkbox"/> High-risk population | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Discordant couples | | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | | |

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Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Mozambique Federation of Business Associations - CTA

Planned Funds:

Activity Narrative:

This funding complements initial FY 2004 funding provided to the Business against AIDS Forum (ECOSIDA) through CTA. ECOSIDA is an NGO-in-formation, a business-led initiative which mobilizes and supports private businesses to plan for and address the impacts of HIV/AIDS on their workforces, and finds technical and financial support for them to do so. While larger companies are among the ECOSIDA leadership, the emphasis in this assistance is on medium and smaller businesses that cannot otherwise afford the costs of HIV/AIDS actions. ECOSIDA member businesses will implement a comprehensive "Roadmap" to put in place company policies and effective programs to: prevent new infections; ensure that employees and their families know their HIV status and have information and support to stay healthy; provide access to clinical care and to treatment for employees and family members needing these services; ensuring family-oriented care for those too ill to work; and working through advocacy and policy to reduce stigma and discrimination related to HIV/AIDS. USG-funded technical and material assistance will enable ECOSIDA to support an initial 30 companies in FY 2005 to embark on the Roadmap. FY 2005 Emergency Plan support for this program is shared across three program areas: Other/policy analysis and system strengthening; Palliative care/basic health care and support; and Other prevention.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Policy and Guidelines	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	20	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> Mobile populations | <input checked="" type="checkbox"/> Policy makers |
| <input checked="" type="checkbox"/> High-risk population | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Discordant couples | | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Partners for Health Reform Plus (PHRplus) / Abt Associates

Planned Funds:

Activity Narrative: This activity will take a first step in FY 2005 toward the development of a "stop-loss" insurance model that could encourage employers to cover HIV/AIDS treatment and care costs for their workforce. Health insurance is an excellent way to ensure ART and other HIV care services are sustained in the long run, at least for those with formal employment. However, there is almost no private health insurance coverage in Mozambique at present. Available policies are so expensive that large employers are self-insured while smaller employers do without. The high cost is part of a vicious cycle, since health insurance costs would drop to feasible levels if enough people were enrolled, but individuals cannot now afford to enroll. PHRplus will provide technical assistance to examine options for design of stop-loss insurance that would encourage employers to cover HIV/AIDS costs and potentially make health insurance more feasible and widespread. USAID Mozambique has successful experience with a similar program (a guarantee program to stimulate the growth of agricultural equipment leasing). PHRplus will examine this experience and determine steps that may be taken in FY 2006 to stimulate private health insurance coverage for HIV/AIDS including ART.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Health Care Financing	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Host country national counterparts
- Policy makers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Partners for Health Reform Plus (PHRplus) / Abt Associates

Planned Funds:

Activity Narrative:

This activity will continue technical, training, and material assistance to the National AIDS Council to enable its provincial offices ("nucleos") to more effectively perform the programmatic, technical, financial management, administrative, and oversight responsibilities that NAC's decentralized structure requires of them. This assistance, expected to be provided at both NAC headquarters and in 2 to 3 provincial nucleos, will help NAC ensure (i) standards for effective performance of provincial nucleos and (ii) strong communication linkages between the provinces and the NAC headquarters planning and coordination staff. This activity will build on the success of a package of technical, training, and commodity support provided by USAID during 2001-2004, which enabled NAC to establish sound financial and administrative systems and procedures, on the basis of which World Bank, Global Fund, and significant other donor funding for the national multisectoral HIV/AIDS response is now being managed by the NAC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	60%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	22	<input type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Host country national counterparts
- Implementing organization project staff
- National AIDS control program staff
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD - State Grant / To Be Determined

Planned Funds:

Activity Narrative:

Emergency Plan funds will be used to set up a training program for medical technicians who will specialize in HIV/AIDS treatment, including administration of ARV, monitoring of patients, and basic medical care for PLWHA. This program will be carried out in partnership with medical organizations (such as nurses' associations), that have a proven ability to train lower level technicians in basic medical procedures. The partner(s) will be determined based on quality of proposals submitted.

This activity also includes a policy component, in which the USG will work with ministries and medical associations to establish a more formal education for health paraprofessionals for HIV/AIDS. This part of the activity will be carried out through the same partner organization(s) used for training activities.

The program will target the training toward regions of northern and central Mozambique where USG-supported care and treatment sites are functioning or being initiated in FY 2005. DOS staff will monitor progress and success of this new initiative. An estimated 1,000 PLWHA will receive care from the health paraprofessionals trained under this activity.

Activity Category

- Local Organization Capacity Development
- Training

% of Funds

20%
80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Community health workers
- Nurses
- Implementing organization project staff
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Manica
State Province: Sofala
State Province: Tete
State Province: Zambezia

ISO Code: MZ-B
ISO Code: MZ-S
ISO Code: MZ-T
ISO Code: MZ-Q

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD - State Grant / To Be Determined

Planned Funds:

Activity Narrative:

A TBD partner(s) will train and mobilize journalists and community leaders in HIV/AIDS issues (including stigma) communications skills, HIV/AIDS leadership. Specific activities include:

- a. Training of 25-50 journalists and peer leaders through IVP programs, PD speaker programs and other regional or US based training program
- b. Training and mobilizing 10-15 returned IVP exchange participants and funding 1-3 programs initiated by those participants.

Activity Category

- Community Mobilization/Participation
- Training

% of Funds

50%
50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	40	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Media

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: deferred / Catholic University of Mozambique

Planned Funds:

Activity Narrative:

With this deferred funding, the USG will provide scholarships for medical students who will specialize in HIV/AIDS treatment. The aim of this activity is to provide educational opportunities for young people from areas with high HIV prevalence and limited economic opportunities to receive formal medical training and thereby increase the critical shortage of physicians available for HIV/AIDS care and treatment. The Medical School of the Catholic University of Mozambique is located in Beira, Mozambique's second city and the location of highest HIV prevalence in the country. Most students benefiting from this activity will be from high-prevalence central Mozambique and some from northern provinces. As an integral part of their studies, students will serve internships in local clinics in Beira or elsewhere in Sofala province, enabling the newly trained to begin providing services to numbers of PLWHA as rapidly as possible. 25 medical scholarships will be offered, and 1,250 PLWHA will receive care from these medical students by March 2006.

Activity Category

- Local Organization Capacity Development
- Training

% of Funds

20%
80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Implementing organization project staff
- Students
- University
- Teachers
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Sofala

ISO Code: MZ-S

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic University of Mozambique

Planned Funds:

Activity Narrative:

This FY 2005 funding complements deferred funding provided to initiate the program of scholarships for medical students who will specialize in HIV/AIDS treatment. The aim of this activity is to provide educational opportunities for young people from areas with high HIV prevalence and limited economic opportunities to receive formal medical training and thereby increase the critical shortage of physicians available for HIV/AIDS care and treatment. The Medical School of the Catholic University of Mozambique is located in Beira, Mozambique's second city and the location of highest HIV prevalence in the country. Most students benefiting from this activity will be from high-prevalence central Mozambique and some from northern provinces. As an integral part of their studies, students will serve internships in local clinics in Beira or elsewhere in Sofala province, enabling the newly trained to begin providing services to numbers of PLWHA as rapidly as possible. 25 medical scholarships will be offered, and 1,250 PLWHA will receive care from these medical students by March 2006.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Implementing organization project staff
- Students
- University
- Teachers
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Sofala

ISO Code: MZ-S

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: To be determined/HHS/CDC / To Be Determined

Planned Funds:

Activity Narrative: Provide support to in-country private training institutions to increase capacity to train health care professionals to fulfill MOHs human resources needs:

- a. Up-date their own teaching staff on current HIV/AIDS body of knowledge
- b. Introduce HIV/AIDS contents in their existing pre-service training curricula
- c. Set-up internships for health professionals that allow for practical sessions on HIV/AIDS care and treatment
- d. Increase number of health professionals trained on HIV/AIDS care and treatment service provision
- e. Participate in the coordination and collaboration with public training institutions and MOH for overall efforts in areas of HIV/AIDS training and HCD

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Training	80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Private health care providers
 - University
- Teachers
- Trainers

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Crown Agent Contract / Crown Agents

Planned Funds:

Activity Narrative:

To ensure the availability of HIV rapid test kits for VCT and PMTCT centers, youth friendly clinics, and TB clinics throughout the entire geographical area receiving USG support, EP will procure test kits of Determine [®] and Unigold [®] rapid tests to test 300,000 people.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community-based organizations
- Health Care Workers
- Host country national counterparts
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

Result 1:	Ability of USG staff in country team to manage and administer HIV/AIDS programs strengthened
Result 2:	Technical support to HIV/AIDS programs in Mozambique improved.
Result 3:	USG leadership in country and donor coordination mechanisms for HIV/AIDS strengthened and ensured

Total Funding for Program Area (\$):

Current Program Context:

USG agencies in Mozambique have met the challenges of the Emergency Plan's first year through redoubled efforts of on-board staff, new recruitments both local and international, and redeployment of some existing staff to work on planning, management, and oversight of Emergency Plan activities. For State, HHS, USAID, and Peace Corps, FY 2005 funds are requested for direct and/or indirect program management costs.

1. CDC country staff and management costs have grown substantially, and this growth continues in FY 2005 for several reasons: (i) All CDC funds for Mozambique are Emergency Plan funds; so unlike other agencies, all personnel and management costs must be covered in the COP05; (ii) CDC's mission is largely to provide direct technical support to the host country, requiring a substantial commitment in high-level programmatic staff, and (iii) Increased funding through cooperative agreements, including with the Ministry of Health, requires additional staff to monitor activities and expenditures as well as to provide administrative assistance in implementing the agreements. In addition, new contractual hiring mechanisms and enhancement of cooperative agreements have provided CDC with an opportunity to restructure staffing in FY 2005, resulting in one-time costs in both termination of existing contracts and funding of new contracts.

2. USAID program management and support costs for FY 2005 are approximately the same as for FY 2004, but this year the Mission does not have prior-year non-Emergency Plan HIV/AIDS funds to cover part of these costs, so COP request is higher than last year's. USAID management and support costs have not risen, despite the increased Emergency Plan funding level, because: (i) A new key technical position of Team Leader for HIV/AIDS is OE-funded and therefore does not require Emergency Plan resources; and (ii) A greater share of the FY 2005 requested funds will be programmed through headquarters mechanisms, so the direct management burden on the Mission team will not rise as steeply as the funding levels.

3. Department of State Emergency Plan-related management costs are higher for FY 2005, in order to: (i) add a public affairs assistant to manage and monitor the expanded activities in the area of building leadership and strengthening public and media efforts; and (ii) provide a full year's funding for an Emergency Plan Coordinator in the Embassy to manage and monitor the State Department activities and help coordinate the inter-Agency processes. The funding for both of these positions includes travel, logistics, and administrative support costs associated with the positions and the State Department activities.

4. Peace Corps Mozambique is not requesting specific Emergency Plan-funded Peace Corps Volunteers. The PCVs working on Emergency Plan HIV/AIDS activities are actually assigned to health and education projects, so Peace Corps headquarters covers base costs for maintaining them in country. The Emergency Plan funding is for project enhancements to ensure that all Volunteers are appropriately trained and supported to achieve Peace Corps' ambitious targets and able to appropriately support the NGOs/CBOs that receive Emergency Plan funds through other USG agencies. With requested management support funding, Peace Corps will contract local staff to strengthen technical support and monitoring oversight of Emergency Plan activities in Mozambique. These positions will result in Peace Corps Volunteers being (i) more effectively trained on key HIV/AIDS issues, language, and skills and thus better able to provide the planned technical support to partner organizations; and (ii) more effective in implementing and reporting on Emergency Plan-funded activities.

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative:

Quality assurance and supportive supervision: Contract 2 local PSCs: (i) A Health Project Assistant will assist the Associate Director for Health in providing technical support to 26 health and 70 education Volunteers in their HIV/AIDS activities, primarily through pre-service and in-service training and through individual on-site support. The Health Project Assistant also will be responsible for assisting with monitoring and reporting of Volunteer activities related to the Emergency Plan targets. (ii) A Driver will be hired for conducting field visits to develop Volunteer site placements for HIV/AIDS activities, to provide ongoing Volunteer support, and for monitoring and reporting Emergency Plan targets.

Training: English language and HIV/AIDS training for Peace Corps language and cross-cultural trainers; Trainers will be more effective in integrating HIV/AIDS vocabulary, context, and themes into the pre-service training of Volunteers to develop appropriate language, socio-cultural integration, and technical skills prior to starting service.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	63%
<input checked="" type="checkbox"/> Training	37%

Targets:

Not Applicable

Target Populations:

USG in country staff

Key Legislative Issues:

Coverage Area:

State Province: Gaza	ISO Code: MZ-G
State Province: Inhambane	ISO Code: MZ-I
State Province: Manica	ISO Code: MZ-B
State Province: Maputo	ISO Code: MZ-L
State Province: Sofala	ISO Code: MZ-S

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Base / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative: This entry covers 4 types of management and staffing costs:

(i) for Technical Staff: Salaries and benefits for direct hire program staff including Director, Surveillance Coordinator and Training Coordinator.

(ii) for Operations Costs: Non-personnel costs including Atlanta-based staff travel, shipping, supplies, and computer equipment.

(iii) for Administrative Staff: Salary and benefits for Deputy Director..

(iv) for Contracts for Technical Staff Services: Contracts for technical area staff services including Care and Treatment Technical Advisor, Home-Based Care Technical Advisor, Prevention Consultant, Training Technical Advisor, and PMTCT Consultant.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Infrastructure	27%
<input checked="" type="checkbox"/> Local Organization Capacity Development	14%
<input checked="" type="checkbox"/> Policy and Guidelines	14%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	15%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing
Budget Code: (HVMS)
Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GAC / US Centers for Disease Control and Prevention
Planned Funds:

Activity Narrative: This entry covers 3 types of management and staffing costs:

(i) for Contracts for Technical Staff Services: Contracts for programmatic staff services, including Care and Treatment technical advisor, STI study coordinator, M&E Program Specialist, and CT technical advisor.

(ii) for Contracts for Administrative Staff Services: Contract for Office Manager.

(iii) for ICASS charges.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	12%
<input checked="" type="checkbox"/> Infrastructure	41%
<input checked="" type="checkbox"/> Local Organization Capacity Development	12%
<input checked="" type="checkbox"/> Policy and Guidelines	6%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	6%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	11%
<input checked="" type="checkbox"/> Training	12%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Local base / US Centers for Disease Control and Prevention
 Planned Funds:

Activity Narrative: This entry covers 3 types of management and staffing costs:

(i) for Technical Staff Salaries: This includes salary and/or benefits for program staff working for CDC at the country office and at the Ministry of Health. Technical staff include the Country Director, Surveillance Coordinator, Training Coordinator, VCT Technical Assistant, MOH assistant, Home-Based Care Technical Advisor, Laboratory Technical Assistant, and STI Study Administrator.

(ii) for Administrative staff salaries: Salaries and benefits for administrative staff, including Deputy Director, 2 Voucher Examiners, Administrative Assistant, 2 Secretaries, Receptionist, 3 Drivers, LAN Administrator, Procurement Agent, Office Manager; includes funds for staff awards and severance pay.

(iii)

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	2%
<input checked="" type="checkbox"/> Infrastructure	92%
<input checked="" type="checkbox"/> Policy and Guidelines	2%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	2%
<input checked="" type="checkbox"/> Training	2%

Targets:

Not-Applicable

Target Populations:

- Host country national counterparts
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Department of State

Planned Funds: []

Activity Narrative: This entry covers two types of management and staffing needs of the Department of State:

(i) [] to develop, implement, and monitor public diplomacy initiatives and activities for the Emergency Plan, through one new staff member (program assistant); funds also will cover travel of this staff member throughout Mozambique to implement and oversee the public diplomacy program for HIV/AIDS, and provide office equipment, supplies, and furniture for this position.

(ii) [] will fund the Emergency plan coordinator position at the U.S. Embassy in Maputo as well as administrative and support costs associated with this position. The Coordinator manages and monitors all Emergency Plan-related Department of State programs and activities, and coordinates with HHS, DOD, USAID, and Peace Corps. About 55% of this amount is for compensation, and 45% is for administrative costs.

- Activity Category
- Commodity Procurement
 - Human Resources
 - Logistics

% of Funds

- 9%
- 60%
- 31%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Agency for International Development

Planned Funds: [Redacted]

Activity Narrative: This entry covers 2 types of management and staffing support for USAID:

(i) [Redacted] for USAID Mozambique HIV/AIDS staff who are directly responsible for program design, implementation management, monitoring, and reporting on the use of funds and the results achieved. Costs include compensation, travel, equipment and supplies, logistics and administrative support, and ICASS charges for international personnel. Staff covered under this activity include: USPSC Program Officer for HIV/AIDS; TAACS Continuum of Care Officer; FSN Clinic-to-Community Outreach Advisor; FSN PLWHA Psychosocial Support Specialist; USPSC OVC and Community Care Officer, USPSC Community-Based Support Officer, USPSC Behavior Change Communication Officer, FSN Communications and Risk Reduction Specialist, and FSN Administrative Assistant.

(ii) [Redacted] for shared USAID Mission management costs borne by the HIV/AIDS team. These costs include estimated shares of the following: air charter contract for site visits and support; office space, utilities, guard services, building maintenance, etc.; translation services; FSN financial analyst responsible for HIV/AIDS program oversight and support (70% FTE); local-hire USPSC project development officer (40% FTE); local-hire USPSC M&E Advisor (12% FTE); project design support; HIV/AIDS share of Mission communications strategy; other program support for HIV/AIDS activities (e.g. workshops, materials, summer interns, etc.).

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	Yes	No
When will preliminary data be available?		
2. Is a Demographic and Health Survey (DHS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	Yes	No
When will preliminary data be available?		
3. Is a Health Facility Survey planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?		
4. Is an ANC Surveillance Study planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, approximately how many service delivery sites will it cover?		
When will preliminary data be available?		
5. Other significant data collection activity:		

Name: Mozambique National Household-based HIV Seroprevalence and Behavioral Survey

Brief description of the data collection activity:

The National Institute of Health, Ministry of Health and National Institute of Statistics are collaborating in 2005 with the Nelson Mandela Foundation and the Human Sciences Research Council to conduct a national household-based HIV Seroprevalence and Behavioral Survey. Survey methods and a protocol are currently being developed with plans to begin the survey in June 2005. Funding for the survey has not yet been identified. Cost estimates are around 1.5 million, however, experience with these types of survey show that costs of combined population-based biological and behavioral surveys are in excess of 5 million dollars. USG has offered technical assistance in the form of protocol review, quality assurance and oversight, and assistance in data analysis and reporting for the survey if other funds can be leveraged to support its implementation. If the survey does not occur in 2005, USG will identify funding in 2006 to conduct the AIDS Indicator Survey to obtain mid-program behavior and knowledge estimates.

Preliminary data available:

October 01, 2005

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005? Yes No