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2006

Mozambique

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Table 1: Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

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Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
Target 2010: 506,379				
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		60,000	20,800	80,800
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		6,000	3,400	9,400
Care				
Target 2008: 550,000				
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		50,000	130,000	180,000
Number of OVC served by an OVC program during the reporting period		125,000	0	125,000
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		321,750	0	321,750
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		2,538	16,600	19,138
Treatment				
Target 2008: 110,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		20,000	8,764	28,764

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2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
Target 2010: 506,379				
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		150,000	52,000	202,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		30,000	8,400	38,400
Care				
Target 2008: 550,000				
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting period		240,000	60,000	300,000
Number of OVC served by an OVC program during the reporting period		180,000	50,000	230,000
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		501,000	0	501,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		10,000	32,400	42,400
Treatment				
Target 2008: 110,000				
Number of individuals receiving antiretroviral therapy at the end of the reporting period		60,000	535	60,535

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3649
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Prime Partner: To Be Determined
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Mozambique requests early funding in the full amount of for the procurement of condoms destined for free distribution through HIV/AIDS services at health facilities. Because of the long lead time for procurement through this mechanism, the early funding is needed to ensure that the required stocks arrive in Mozambique by early FY07.

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Early Funding Associated Activities:

Program Area: Other Prevention
Planned Funds:
Activity Narrative: FY06 funding will support procurement of condoms for free distribution in calendar 2007 throughout t

Mechanism Name: Follow-on to PHRplus

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3721
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: HQ TBD

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3723
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3520
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAJ account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Cooperative Agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3640
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Follow-on to IMPACT

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3666
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: In order to avoid slowdown or interruption in essential USG-funded services that are currently being provided with USG assistance, early funding is requested for a portion of the total 2006 amount.

Early Funding Associated Activities:

Program Area: PMTCT
Planned Funds:
Activity Narrative: This activity is related to a palliative care activity (5326). This TBD partner will continue to pr

Program Area: Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: This activity is related to an MTCT activity (5269). This TBD partner will continue work with the M

Sub-Partner: Mozambique Network of AIDS Service Organizations
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Promoters of Health (Paqueta Sisters)
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Esperanca Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: KEWA Group
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Muslim Association of Quichanga

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT

Sub-Partner: Muslim Women's Association of Inhambane

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3673

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAJ account)

Prime Partner: To Be Determined

New Partner: No

Sub-Partner: National AIDS Network

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Kindlimuka

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Akuvumbana

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Kubatana

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Kubatsirana, Mozambique

Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Mozambique Network of AIDS Service Organizations
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: To Be Determined
 Planned Funding:
 Funding is TO BE DETERMINED: No
 New Partner:

Associated Program Areas: Treatment: ARV Services

Mechanism Name: Quick Impact Program

Mechanism Type: Locally procured, country funded (Local)
 Mechanism ID: 3837
 Planned Funding(\$):
 Agency: Department of State
 Funding Source: GAC (GHA1 account)
 Prime Partner: To Be Determined
 New Partner: Yes

Mechanism Name: State Grant

Mechanism Type: Locally procured, country funded (Local)
 Mechanism ID: 3499
 Planned Funding(\$):
 Agency: Department of State
 Funding Source: GAC (GHA1 account)
 Prime Partner: To Be Determined
 New Partner: Yes

Mechanism Name: LINKAGES

Mechanism Type: Headquarters procured, country funded (HQ)
 Mechanism ID: 3703
 Planned Funding(\$):
 Agency: U.S. Agency for International Development
 Funding Source: GAC (GHA1 account)
 Prime Partner: Academy for Educational Development
 New Partner: No
 Early Funding Request: Yes
 Early Funding Request Amount:
 Early Funding Request Narrative: LINKAGES will need early funding to plan and begin implementing critical PMTCT-related training by February-March 2006. It is critical to get these activities started early in the fiscal year, in order to ensure completion before the AED mechanism expires in October 2006. Early funding is requested to get activities underway in two of the planned three provinces by March 2006.

Early Funding Associated Activities:

Program Area: PMTCT
 Planned Funds:
 Activity Narrative: LINKAGES will provide technical support to the Ministry of Health centrally and in 3 provinces to str

Mechanism Name: Capable Partners Program

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3692
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3697
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Africare
New Partner: No

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Mechanism Name: Track 1 Blood Safety

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3585
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: Twinning

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3720
Planned Funding(\$):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: American International Health Alliance
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3576
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3620
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Schools of Public Health
New Partner: Yes

Mechanism Name: Hope for African Children Initiative

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3695
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: CARE International
New Partner: No

Mechanism Name: State Grant

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3823
Planned Funding(\$):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: Catholic University of Mozambique
New Partner: No

Mechanism Name: Track 1 ARV

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3580
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Columbia University
New Partner: No

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3568
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Prime Partner: Columbia University
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: PMTCT
Treatment: ARV Services

Mechanism Name: UTAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3567
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Prime Partner: Columbia University
New Partner: No

Mechanism Name: Lab Supplies Contract

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3561
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Prime Partner: Crown Agents
New Partner: No

Mechanism Name: Call to Action Project

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3669

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: Early funding is requested of a portion of the COP06 resources for EGPAF's PMTCT activities, to avoid slowdown or interruption of essential USG-supported services.

Early Funding Associated Activities:

Program Area: PMTCT

Planned Funds:

Activity Narrative: With COP06 resources, EGPAF will continue to support integrated PMTCT services, in collaboration with

Sub-Partner: Save the Children US

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Akuvumbana

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: PMTCT

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3574

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Sub-Partner: CARE International

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: PMTCT
Other Prevention
Treatment: ARV Services
Counseling and Testing

Mechanism Name: Cooperative agreement - CDC Brazil

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3562
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: FIOTEC Institute
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3683
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Food for the Hungry
New Partner: No

Sub-Partner: Nazarene Compassionate Ministries
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Christian Reformed World relief Committee
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Kubatsirana, Mozambique
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3674

Planned Funding(\$): [redacted]

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Foundation for Community Development, Mozambique

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: [redacted]

Early Funding Request Narrative: FY05 funds for this partner are expected to be expended by the end of May 2006. When the Mission receives COP06 funding it is first obligated into a Strategic Objective Agreement with the Government of Mozambique then sub-obligated into agreements with partners. Based on prior experience it is estimated that this process takes between four to eight weeks. Therefore, a portion of the COP06 funding is requested to avoid interruption of services provided by this implementing partner.

Early Funding Associated Activities:

Program Area:OVC

Planned Funds: [redacted]

Activity Narrative: This activity is related to other FDC activities in palliative care (5321) and AB (5283). The follo

Program Area:Palliative Care: Basic health care and support

Planned Funds: [redacted]

Activity Narrative: This activity is related to other FDC activities in OVC (5320) and AB (5283). FDC will continue to

Sub-Partner: Mozambican Association for Urban Development

Planned Funding: [redacted]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: OVC

Sub-Partner: Reencontro Xaikai

Planned Funding: [redacted]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Sub-Partner: Anglican Church of Maciene

Planned Funding: [redacted]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: OVC

Sub-Partner: Utomi

Planned Funding: [redacted]

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: OVC

Sub-Partner: To Be Determined

Planned Funding: [redacted]

Funding is TO BE DETERMINED: No

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New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3704
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Fresh Ministries
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3629
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Health Alliance International
New Partner: Yes
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: HAI's COP05 funding is expected to be completely disbursed by the end of April 2006. Once COP06 funding is provided to the USAID Mozambique Mission, it is obligated in the first instance through a Strategic Objective Agreement with the Government of Mozambique, after which it is sub-obligated to specific prime partners. The steps of SOAG obligation and completion of the sub-obligation, based on past experience, together will take 4-8 weeks, even if as much preparatory work as possible is done in advance. In order to avoid slowdown or interruption in Emergency Plan-funded services, early funding of 25% of the total is needed to keep activities going until COP06 incremental funding steps are completed.

Early Funding Associated Activities:

Program Area:Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in MTCT (5352), CT (5235) and treatment (5229). HA
Program Area:Treatment: ARV Services
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in MTCT (5352), palliative care (5146) and CT (5235)
Program Area:Counseling and Testing
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in MTCT (5352), palliative care (5146) and treatment
Program Area:PMTCT
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in palliative care (5146), CT (5235) and treatment

Sub-Partner: Care for Life
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Palliative Care: Basic health care and support

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT
Treatment: ARV Services
Counseling and Testing

Sub-Partner: Kubatsirana, Mozambique
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Organization of Women Educating About AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT
Counseling and Testing

Sub-Partner: Kubatana
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT
Counseling and Testing

Mechanism Name: UTAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3566
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3656
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: The Health Communication Partnership

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3680
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3630
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3570
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3569
Planned Funding(\$):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Women and Social Action, Mozambique
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3732
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Mozambique Federation of Business Associations
New Partner: No

Mechanism Name: HRSA IAA

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3586
Planned Funding(\$):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: New York AIDS Institute
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3701
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Opportunity International
New Partner: No

Sub-Partner: Habitat for Humanity
Planned Funding:
Funding Is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3647
Planned Funding(\$):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Population Services International
New Partner: No

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Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3579

Planned Funding(\$): []

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Population Services International

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: []

Early Funding Request Narrative: FY05 funding for PSI will be fully disbursed by 30 April 2006. Once COP06 funding reaches USAID, there is a process of initial obligation through a Strategic Objective Agreement with the Government of Mozambique, as well as a procurement process leading to the funding award to PSI. Together these procedures are likely to take 4-8 weeks, based on past experience, even when as much advance work is done as possible. In order to avoid slowdown or interruption in critical ongoing services, part of the planned PSI resources are need for early funding for PMTCT [] CT [] Other Prevention [] Palliative Care [] and OVC []

Early Funding Associated Activities:

Program Area:Counseling and Testing

Planned Funds: []

Activity Narrative: This activity is related to other PSI activities in OP (5231) and MTCT (5280). PSI will continue to

Program Area:Palliative Care: Basic health care and support

Planned Funds: []

Activity Narrative: This activity is related to an OVC activity (5134) and will provide essential wrap around services t

Program Area:OVC

Planned Funds: []

Activity Narrative: This activity is related to a palliative care activity (5294) and will increase essential wrap aroun

Program Area:Other Prevention

Planned Funds: []

Activity Narrative: This activity is linked to PSI activities in CT (4978) and PMTCT (5280). PSI will continue to provi

Program Area:PMTCT

Planned Funds: []

Activity Narrative: This activity is related to other PSI activities in OP (5231) and CT (4978). PSI will continue to

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)

Mechanism ID: 3702

Planned Funding(\$): []

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: Project HOPE

New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3678
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Project HOPE
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3557
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Samaritan's Purse
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3693
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Save the Children US
New Partner: No

Sub-Partner: Save the Children Norway

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Sub-Partner: Save the Children UK

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Sub-Partner: Kindlimuka

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Sub-Partner: Kubatsirana, Mozambique

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OVC

Sub-Partner: Hope for African Children Initiative

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Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: OVC

Mechanism Name: Policy Dialogue and Implementation Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3686
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: MEASURE Phase II Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3709
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina Carolina Population Center
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3583
Planned Funding(\$):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: University of Washington
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3685
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: BASE_CDC_HQ

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3521

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Base (GAP account)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: HHS/CDC base funding in Mozambique is used for salaries and operations for CDC. Because these funds are used in the federal fiscal year, there is a need for funding beginning October 1, 2005. Early funding is therefore requested to maintain ongoing operations.

Early Funding Associated Activities:

UNCLASSIFIED

Program Area: Strategic Information

Planned Funds:

Activity Narrative: This activity is linked to Mozambique's five year SI strategy to strengthen the country's overall HI

Program Area: Blood Safety

Planned Funds:

Activity Narrative: This activity also relates to activity number 5142. Mozambique's five year strategic plan for blood

Program Area: Injection Safety

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5176 and 5178. The USG five year biosafety (i.e.,

Program Area: Counseling and Testing

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5210, 5211 and 5214. This activity includes prorat

Program Area: Management and Staffing

Planned Funds:

Activity Narrative: Mozambique's approach to Management and Staffing can be found in Appendix 1 of the five year strateg

Program Area: Palliative Care: Basic health care and support

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technic

Program Area: Palliative Care: TB/HIV

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technic

Program Area: Other/policy analysis and system strengthening

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technic

Program Area: PMTCT

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5251, 5252 and 5257. This activity includes prorat

Program Area: Treatment: ARV Services

Planned Funds:

Activity Narrative: Consistent with appendix 1 of the five year strategy for the Emergency Plan in Mozambique, this acti

Program Area: Treatment: ARV Drugs

Planned Funds:

Activity Narrative: Consistent with appendix 1 of the five year strategy for the Emergency Plan in Mozambique, this acti

Program Area: Laboratory Infrastructure

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technic

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Mechanism Name: GHAI_CDC_HQ

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3526

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: CDC activities take place on a FY basis, so for planned technical assistance activities to occur, early funding must be available. In addition, funding for contract positions is required to continue existing positions when contracts are renewed throughout the year. Because funding is expected about halfway through the fiscal year, approximately 1/2 of proposed funding for all activity areas is needed as early funding.

Early Funding Associated Activities:

UNCLASSIFIED

Program Area: Strategic Information

Planned Funds: [REDACTED]

Activity Narrative: This activity is linked to Mozambique's five year SI strategy to strengthen the country's overall HI

Program Area: Blood Safety

Planned Funds: [REDACTED]

Activity Narrative: This activity also relates to activity number 5151. Mozambique's five year strategic plan for blood

Program Area: Infection Safety

Planned Funds: [REDACTED]

Activity Narrative: This activity also relates to activities numbered 5178 and 5179. The USG five year biosafety (i.e.,

Program Area: Treatment: ARV Services

Planned Funds: [REDACTED]

Activity Narrative: This activity supports the 5 year plan strategy to insure the necessary MOH necessary to implement a

Program Area: Palliative Care: Basic health care and support

Planned Funds: [REDACTED]

Activity Narrative: The first two activities below (\$80,000) are aimed at advancing policy initiatives that support Moza

Program Area: Counseling and Testing

Planned Funds: [REDACTED]

Activity Narrative: This activity also relates to activities numbered 5211, 5213 and 5214. During FY06, the Ministry of

Program Area: Management and Staffing

Planned Funds: [REDACTED]

Activity Narrative: Funding for this activity includes ICASS funds, Capital Security Sharing, and \$20,000 for USG procur

Program Area: Palliative Care: TB/HIV

Planned Funds: [REDACTED]

Activity Narrative: This activity relates to activities described in HIV/AIDS care: Palliative section and includes pror

Program Area: Other Prevention

Planned Funds: [REDACTED]

Activity Narrative: This activity includes prorated salaries for the CDC Senior Prevention Coordinator. Work includes c

Program Area: Other/policy analysis and system strengthening

Planned Funds: [REDACTED]

Activity Narrative: This activity also relates to activity number 5245. The Ministry of Health (MOH) National Strategic

Program Area: PMTCT

Planned Funds: [REDACTED]

Activity Narrative: This activity also relates to activities numbered 5251, 5252 and 5254. CDC Mozambique staff are requ

Program Area: Laboratory Infrastructure

Planned Funds: [REDACTED]

Activity Narrative: Funds are requested for two new positions. The first is a Senior Laboratorian. The Senior Laborato

Mechanism Name: BASE_CDC_POST

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3524

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Base (GAP account)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: HHS/CDC base funding is used for CDC salaries and operations. These run on the federal fiscal year. Early funding is therefore requested to maintain CDC operations, expenses for which accrue beginning October 1, 2005.

Early Funding Associated Activities:

UNCLASSIFIED

Program Area: Strategic Information

Planned Funds:

Activity Narrative: This activity is linked to Mozambique's five year SI strategy to strengthen the country's overall HI

Program Area: Injection Safety

Planned Funds:

Activity Narrative: The USG five year biosafety (i.e., injection safety and prevention of medical transmission) strategi

Program Area: Counseling and Testing

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5210, 5211 and 5213. This activity includes prorated

Program Area: Management and Staffing

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC staff members working in administrative and ope

Program Area: Palliative Care: Basic health care and support

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technic

Program Area: Palliative Care: TB/HIV

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC technical staff members working in this technic

Program Area: Other/policy analysis and system strengthening

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technic

Program Area: PMTCT

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5252, 5254, 5257. This activity includes prorated

Program Area: Treatment: ARV Services

Planned Funds:

Activity Narrative: Consistent with appendix 1 of the five year strategy for the Emergency Plan in Mozambique, this acti

Program Area: Laboratory Infrastructure

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technic

Mechanism Name: GHAI_CDC_POST

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3529

Planned Funding(\$):

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: CDC activities take place on a FY basis, so for planned technical assistance activities to occur, early funding must be available. In addition, funding for contract positions is required to continue existing positions when contracts are renewed throughout the year. Because funding is expected about halfway through the fiscal year, approximately 1/2 of proposed funding for all activity areas is needed as early funding.

Early Funding Associated Activities:

Program Area: Strategic Information

Planned Funds:

Activity Narrative: Activities 5108 and 5109 are linked. This activity is linked to Mozambique's five year SI strategy

Program Area: Laboratory Infrastructure

Planned Funds:

Activity Narrative: Funding of this activity will provide technical support to Mozambique's National Institute of Health

Program Area: Counseling and Testing

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5210, 5213 and 5214. Counseling and Testing service

Program Area: Management and Staffing

Planned Funds:

Activity Narrative: This activity includes funds for expansion of the CDC office, including additional rent, office reno

Program Area: Other/policy analysis and system strengthening

Planned Funds:

Activity Narrative: This activity also relates to activity number 5244. This activity outlines two separate components

Program Area: PMTCT

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5251, 5254, 5257. This PMTCT activity has several

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)

Mechanism ID: 3646

Planned Funding(\$):

Agency: Department of Defense

Funding Source: GAC (GHAI account)

Prime Partner: US Department of Defense

New Partner: No

Mechanism Name: State**Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3648**Planned Funding(\$):** **Agency:** Department of State**Funding Source:** GAC (GHAI account)**Prime Partner:** US Department of State**New Partner:** Yes**Early Funding Request:** Yes**Early Funding Request Amount:** **Early Funding Request Narrative:** The non-ICASS portion of the budget is requested for early funding. These funds are for staff and operations costs that commence in October, 2005.**Early Funding Associated Activities:****Program Area:** Management and Staffing**Planned Funds:** **Activity Narrative:** Funding for management and staffing for the State Dept. follows the coordination and public affairs**Mechanism Name: N/A****Mechanism Type:** Locally procured, country funded (Local)**Mechanism ID:** 3528**Planned Funding(\$):** **Agency:** Peace Corps**Funding Source:** GAC (GHAI account)**Prime Partner:** US Peace Corps**New Partner:** No**Mechanism Name: Working Capital Fund****Mechanism Type:** Headquarters procured, country funded (HQ)**Mechanism ID:** 3650**Planned Funding(\$):** **Agency:** U.S. Agency for International Development**Funding Source:** GAC (GHAI account)**Prime Partner:** Working Capital Fund**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** **Early Funding Request Narrative:** On-hand and scheduled arrivals of ARVs for Mozambique are sufficient to cover estimated needs into calendar 2006. An early funding request of 25% of the total funding will enable the COP06-supported procurement of second-line and pediatric regimens to begin in time to avoid stock-outs in early FY07.**Early Funding Associated Activities:****Program Area:** Treatment: ARV Drugs**Planned Funds:** **Activity Narrative:** ARV Procurement (\$5,000,000): This activity will benefit the clients accessing ART in Mozambique

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3628
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Food Program
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3675
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Relief Corporation
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3626
Planned Funding(\$):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: World Relief Corporation
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: FY05 funds for this partner are expected to be expended by the end of March 2006. When the Mission receives COP06 funding it is first obligated into a Strategic Objective Agreement with the Government of Mozambique then sub-obligated into agreements with partners. Based on prior experience it is estimated that this process takes between four to eight weeks. Therefore, a portion of the COP06 funding is requested to avoid interruption of services provided by this implementing partner.

Early Funding Associated Activities:

Program Area: OVC
Planned Funds:
Activity Narrative: This activity is related to an HBHC activity (5136). World Relief will continue to work in southern

Program Area: Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: This activity is related to an OVC activity (5135). World Relief will continue to deliver quality c

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Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)

Mechanism ID: 3627

Planned Funding(\$):

Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Prime Partner: World Vision International

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount:

Early Funding Request Narrative: FY05 funds for this partner are expected to be expended by the end of April 2006. When the Mission receives COP06 funding it is first obligated into a Strategic Objective Agreement with the Government of Mozambique then sub-obligated into agreements with partners. Based on prior experience it is estimated that this process takes between four to eight weeks. Therefore, a portion of the COP06 funding is requested to avoid interruption of services provided by this implementing partner.

Early Funding Associated Activities:

Program Area:Palliative Care: Basic health care and support

Planned Funds:

Activity Narrative: This activity is related to other WV activities in MTCT (5279), OVC (5139) and CT (5264). WVI and

Program Area:OVC

Planned Funds:

Activity Narrative: This activity is related to other World Vision activities in CT (5264), MTCT (5279) and HBHC (5137).

Program Area:Counseling and Testing

Planned Funds:

Activity Narrative: This activity is related to other WV activities in MTCT (5279), palliative care (5137) and OVC (5139)

Program Area:PMTCT

Planned Funds:

Activity Narrative: This activity is related to other WV activities in CT (5264), palliative care (5137) and OVC (5139).

Sub-Partner: Aid for Development People to People, Mozambique

Planned Funding:

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
OVC

Table 3.3.01: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

During 2005, the USG supported PMTCT at 52 MOH antenatal clinic sites in seven high prevalence provinces, with PMTC linked to maternity services in four of these sites. Other donors support an additional 36 MOH PMTCT sites, for a total 88 PMTCT sites as of September 2005. USG support is coordinated with that of UNICEF, MSF and Comunita Sant' Egidio.

Demand for couple counseling is increasing but still low. The MOH procures Nevirapine (NVP) with other donor funds, and EGPAF/Save the Children received a free donation of NVP for use in two provinces. Mother-to-mother support groups for seropositive clients have been formed. In Beira, Mozambique's second largest city, where one in three pregnant women is seropositive, volunteers accompany women from PMTCT to ARV treatment sites to help them access services.

A targeted technical evaluation on best strategies for infant feeding among seropositive mothers and their HIV-exposed infants following breastfeeding cessation at six months was initiated in 2005 and will be completed in 2006. Results will guide revision of the MOH national infant feeding policies and guidance.

The major PMTCT challenge is to improve program coverage among first-time antenatal attendees. Delivery of NVP to all HIV-exposed infants is a challenge in Mozambique, where a high percentage of births in rural areas take place at home. In 2006, a targeted evaluation will seek the most effective strategy for home delivery of NVP to infants. Community volunteers promote delivery at health facilities for all women.

During FY 06, the USG will continue technical support to the MOH for coordination, policy oversight and updating National PMTCT guidelines and training materials. NGOs will concentrate on improving program coverage at 50 MOH sites. Two larger PMTCT service sites supported by Columbia University as model centers will focus on extending PMTCT services to nearby, smaller health facilities. In line with WHO recommendations, a new prophylactic regimen combining NVP and AZT prior to delivery will be introduced gradually at selected sites in four provinces.

Wrap-around support from other programs will strengthen related services including nutrition education, birth spacing, postnatal care, malaria prophylaxis and TB prophylaxis and treatment for seropositive mothers. Linkages between PMTCT and ARV treatment services will be reinforced, and nurses, peer volunteers, mother-to-mother support groups and community volunteers will be trained to ensure that seropositive pregnant women and family members are referred to ARV treatment and community care services.

With FY 06 funding, partners will provide PMTCT services to 109,548 pregnant women and 10,745 will receive a complete course of ARV prophylaxis. Existing PMTCT sites will be maintained and technical support at the central and provincial levels may enable the MOH to extend PMTCT service delivery to sites where NVP for seropositive mothers is not currently available.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	73
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	10,745
Number of health workers trained in the provision of PMTCT services according to national or international standards	366
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	109,548

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Cooperative agreement - CDC Brazil
Prime Partner: FIOTEC Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA1 account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5206
Planned Funds:

Activity Narrative: This activity is a continuation of South-to-South collaboration with Brazilian experts contracted through FIOTEC to support to the Mozambican National HIV/AIDS program in FY05. The Brazilian technical assistance providers will continue ongoing work to develop, adapt, pilot and validate counseling and testing training materials for the current National PMTCT training curriculum as part of ongoing efforts to fully integrate Counseling and Testing within existing PMTCT services.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Training	51 - 100

Targets:

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Pregnant women
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5208
Planned Funds:
Activity Narrative:

This activity also relates to activities numbered 5181 and 5250.

The PMTCT strategy in Mozambique's five year plan promotes a strong, supportive national environment for the successful scale-up of PMTCT services. To date, PMTCT scale-up has been slow; however, the foundation is now in place to rapidly expand quality services. Funding for Columbia University (CU) to continue to assist the Ministry of Health (MoH) centrally as well as to expand service provision at health posts at this time is critically needed.

The first component in CU's request is to continue to support the MoH's strategy to implement two PMTCT model centers in the southern and northern regions. These sites are Jose Macamo in Maputo and 25 de Setembro Health Center, Nampula.

In FY06, the PMTCT model centers will:

- Build upon existing PMTCT services moving towards a PMTCT plus, family centered approach
- Continue to provide PMTCT services in accordance with national guidelines
- Increase the number of women accessing PMTCT services and referred to day hospitals for continuity of care and treatment
- Increase the number of pregnant women receiving triple-therapy ART in PMTCT setting
- Strengthen follow-up of HIV-exposed infants
- Expand support services offered to HIV infected pregnant women and strengthen linkages and referrals to other services including family planning, IMCI, CCR, etc.
- Serve as regional training and resource centers
- Develop and pilot individual patient tracking system for HIV-positive mothers and children at PMTCT sites, linked to day hospitals
- Evaluate the efficacy and feasibility of new practices

Some of the activities to achieve these goals include:

- Conducting continuing professional development workshops and regional internship programs to foster on-the-job learning and exchange programs visits between staff at more advanced and less advanced PMTCT sites
- Reviewing and updating pre-service training curriculum regarding maternal-to-child transmission issues and breastfeeding in coordination with the MoH
- Initiating provision of on-site triple therapy to women
- Improving PMTCT ARV drug supply and logistics management
- Preparing essential drug programs to include short course ARV drugs for PMTCT
- Hiring additional Maternal Child Health (MCH) nurses at both sites to directly follow-up the implementation of activities
- Providing necessary MCH-related supplies including equipment
- Training health care workers by providing on the job learning and provincial exchange programs to support in the expansion of PMTCT services
- Supporting and strengthening PMTCT provincial technical working group to coordinate PMTCT service scale-up throughout the provinces

The second component includes expanding access of PMTCT services to peripheral health posts that refer women to PMTCT Model Centers for delivery. These sites include three health posts in Nampula and three in Maputo City. Activities to support this component include:

- Conducting readiness assessments for the implementation of basic PMTCT services at the six peripheral sites. Areas of emphasis will be evaluating necessities for the basic implementation of PMTCT, rehabilitating sites as needed and providing supplies and additional equipment where required

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- Developing a standard model Antenatal care (ANC)/PMTCT floor plan for health centers offering ANC services
- Recruiting nurses as needed to provide additional support
- Training staff in counseling and testing within ANC clinics and identifying and following-up HIV-exposed infants at peripheral sites
- Enhancing referral systems to ensure continuum of care post-partum
- Enhancing mechanisms for NVP/AZT availability and dispensation along with triple therapy ART if possible

The third component includes implementing Counseling and Testing (CT) within maternity settings to:

- Increase the number of women offered counseling and testing who may not have accessed PMTCT and CT services during pregnancy
- Pilot the effectiveness of CT within maternities
- Develop best practice care models to be implemented at maternities nationwide
- Improve activities for optimal obstetrical care, including the use of universal precautions
- Revise existing guidelines and protocols and develop appropriate tools and training materials

The fourth component includes supporting Provincial Level PMTCT trainings and capacity building to:

- Increase the number healthcare personnel within Maputo City, Nampula, Zambezia trained in provision of PMTCT services
- Improve professional development by offering continuing education trainings

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	11	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,405	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	192	<input type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	34,248	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Family planning clients
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Pregnant women
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5251
Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5252, 5254, 5257. This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Program Support Specialist for coordination of activities under the Cooperative agreements with the Ministry of Health and Columbia University. A second Program Support Specialist is proposed because of increasing numbers and complexity of cooperative agreements. A portion of that salary is attributed to this activity.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Health Care Financing	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

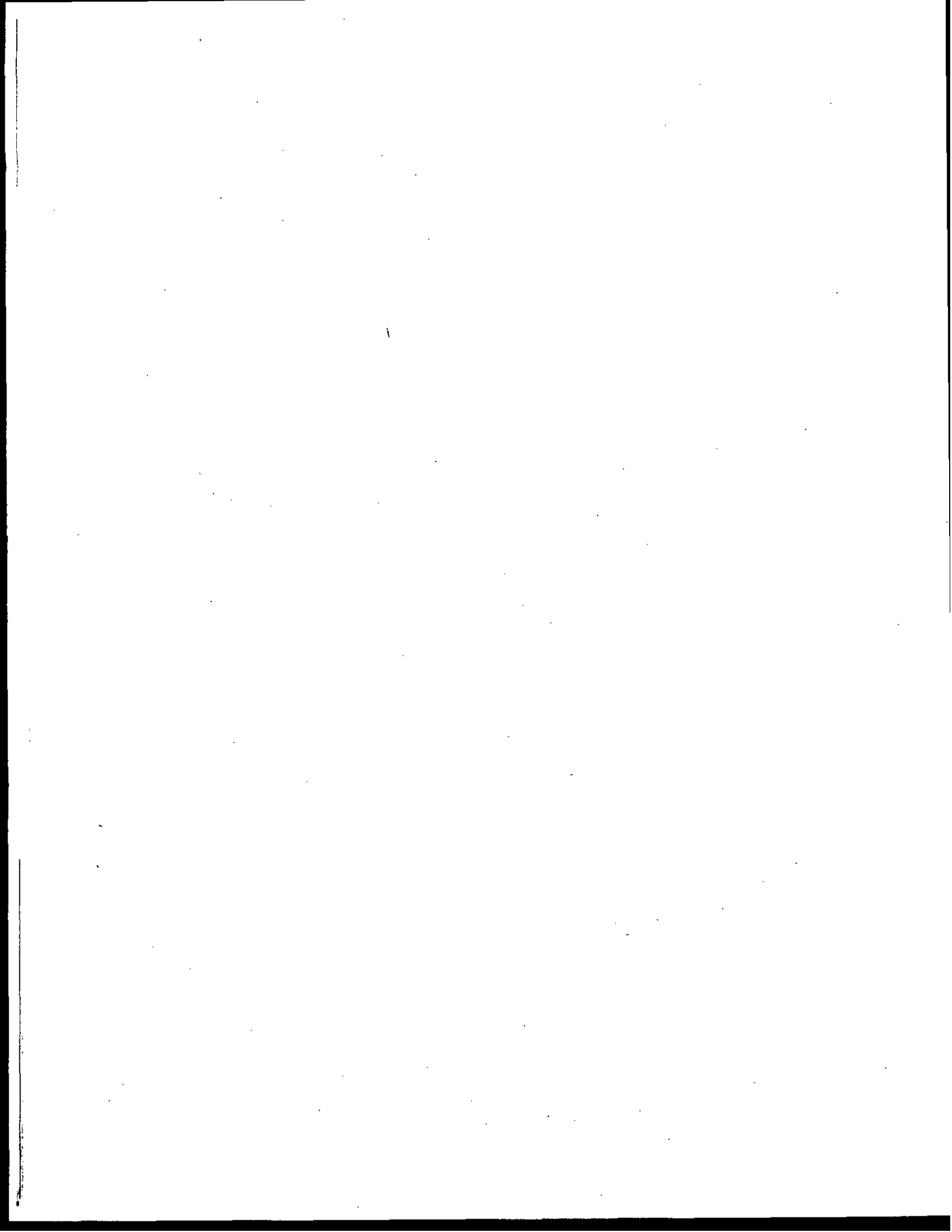


Table 3.3.01: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5252
Planned Funds:
Activity Narrative: This activity also relates to activities numbered 5251, 5254, 5257.
 This PMTCT activity has several different components relating to the Mozambique five year strategy for increasing access to and quality of PMTCT services.

The first component is to support in-country technical assistance to:

- Review, revise and update the national PMTCT guidelines, protocols and training materials
- Conduct final edits and layout of the revised and expanded PMTCT training modules (counseling and testing and infant feeding).

The second activity will support the CDC PMTCT Technical Advisor to implement training activities, conduct on-the-job supervision and host in-country coordination meetings.

The third activity will support the reproduction national PMTCT documents including guidelines, training curriculum, monitoring tools, registers, and job aids.

The fourth component will support a National PMTCT Program Evaluation. This includes support to plan, design, manage, implement and report on the evaluation according to the Ministry of Health's (MoH) PMTCT program's needs and technical input from key stakeholders.

The fifth component will be to support assessment and monitoring of CD4 count and clinical staging of HIV-positive women accessing PMTCT services at selected antenatal clinics and maternities. Findings from this assessment will guide the National PMTCT program in increasing capacity among nurses and improving assessment and follow-up of HIV-positive women and infants

The sixth component will support the MoH to conduct an advocacy and partners meeting to:

- Enhance coordination and linkages between PMTCT services and infant/child vaccinations, malaria, family planning and other reproductive health programs and services
- Formulate written recommendation to insure greater integration of PMTCT services within existing Mother-and-Child Health and Reproductive Health services

The seventh component will support the MoH PMTCT team to participate in a relevant conference or conduct a site visit to learn new international, regional, and/or local PMTCT recommendations and best practices. Participation in regional/ international PMTCT or PMTCT+ seminars or conferences will also inform and keep national PMTCT program guidelines, policies and practices up-to-date.

The eighth and final component supports inter-/national travel for the CDC PMTCT Technical Advisor and the CDC Senior Prevention Technical Advisor to provide technical assistance and support to the MoH PMTCT team, PMTCT stakeholders, and USG PMTCT implementing partners.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

- HIV/AIDS-affected families
- National AIDS control program staff (Parent: Host country government workers)
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- Pregnant women
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5254

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5251, 5252 and 5257. This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Director, Senior Prevention Coordinator and PMTCT Technical Advisor as well as a proposed Health Communications Specialist. Work includes coordinating PMTCT activities, developing policy guidance, and participating in regular review of drug protocols for ARV prophylaxis and treatment of pregnant women and infants. These staff also provide technical assistance for improved comprehensive PMTCT service provision and mother and infant follow-up, participate in QA visits, assist in developing training materials and implementing trainings, and also help to establish PMTCT monitoring systems. Staff will also lend significant technical support to the National PMTCT program evaluation.

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Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- HIV/AIDS-affected families
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.01: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5257
Planned Funds:
Activity Narrative: This activity also relates to activities numbered 5251, 5252 and 5254. CDC Mozambique staff are requesting technical assistance visits in the amount of for HHS/CDC Atlanta staff to support the review of PMTCT guidelines, protocols and training materials, to participate in ongoing PMTCT program monitoring and to support the implementation of the national PMTCT program evaluation.

In addition, this activity includes the salary and benefits of the CDC PMTCT Specialist. The PMTCT Specialist is physically housed at the Ministry of Health office, and provides technical assistance and leadership for implementing the national PMTCT program.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations
 Faith-based organizations
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 HIV/AIDS-affected families
 National AIDS control program staff (Parent: Host country government workers)
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Policy makers (Parent: Host country government workers)
 Pregnant women
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 HIV positive children (6 - 14 years)
 Caregivers (of DVC and PLWHAs)
 Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
 Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Follow-on to IMPACT
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHA) account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	5269
Planned Funds:	<input type="text"/>
Activity Narrative:	This activity is related to a palliative care activity (5326).

This TBD partner will continue to provide comprehensive, integrated PMTCT services in 7 existing sites and expand coverage to additional sites, to serve a total of 12 sites in Zambezia province. These services were provided by Family Health International in FY04 and FY05. Collaborating closely with MOH and central level and with health teams at provincial level, the implementor will provide training to health workers including nurses, counselors, and physicians, in state-of-the-art PMTCT services to urban and rural pregnant women at antenatal facilities. Community mobilization and primary prevention of MTCT also will take place through sub-partners in both Zambezia and Inhambane provinces. Using a national protocol, CT is offered to all antenatal attendees and their partners. Nevirapine, infant feeding education, exclusive breastfeeding education, and referral to treatment sites are offered to all pregnant women who test positive. During postnatal follow-up, continued counseling and advice on infant feeding, nutrition, and family planning are provided to mothers. The implementing partner will escort seropositive women to facilities offering HIV/AIDS care and treatment services, for CD4 counts and enrollment in ART as appropriate within the integrated HIV/AIDS services network. HIV-positive pregnant women and their newborns receive Nevirapine, as well as 18 months of follow-up education, counseling, and support. This activity further supports seropositive women and infants at facility and community levels through the organization and implementation of mother-to-mother support groups.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	12	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	800	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	60	<input type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,500	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Nurses (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Volunteers
- Women (including women of reproductive age) (Parent: Adults)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Zambezia

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Call to Action Project
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5276

Planned Funds:
Activity Narrative: With COPAR resources, EGPAF will continue to support integrated PMTCT services, in collaboration with the MOH, at 10 existing and one new site (total of 11 sites) in Gaza and Nampula provinces. PMTCT sites located in antenatal settings are important entry points for HIV/AIDS care and treatment and for the prevention of HIV transmission to newborns, and EGPAF's PMTCT sites refer and link clients to other HIV/AIDS services within the integrated network. EGPAF will continue to train and provide refresher training for counselors in antenatal and maternity sites. EGPAF also will provide technical support to the MOH at central and provincial levels related to PMTCT scale-up. Sub-partners will assist EGPAF in training community-based volunteers to continue and expand community mobilization for PMTCT to fight stigma; for example, in communities where it is the norm to breastfeed for 2 years, mothers who do not do so are stigmatized. EGPAF will continue to work to integrate family planning and neonatal services into PMTCT. Mother-to-mother support groups will provide additional education on maternal and infant feeding and health during the postnatal period.

In 2006, EGPAF will establish a PMTCT Learning Site in Chibuto in Gaza province, strengthening neonatal care through PMTCT and child health programs for seropositive and seronegative mothers in a rural district where HIV prevalence is high. Working with USAID Global Health Bureau programs providing technical assistance in neonatal care and PMTCT integration, EGPAF will help nurses and counselors at the Chibuto Learning Site gain new skills to support mothers during the first postnatal month and to strengthen linkages between household-level care and health facility care for the newborns. This center is expected to provide a working model of best practices in PMTCT, neonatal care, and family planning integration in a rural district highly affected by the HIV epidemic.

Also this year EGPAF will complete a targeted evaluation, begun in 2005 in conjunction with USG PMTCT partner Health Alliance International and the MOH, on early breastfeeding cessation for HIV-positive mothers (\$35,000). Findings will be disseminated in June 2006 to all PMTCT partners, and policy implications discussed with MOH and partners at central and provincial levels. Lessons learned from this TE will be used by USG partners in PMTCT to strengthen interventions to improve health outcomes for seropositive mothers and their HIV-exposed newborns.

Finally, EGPAF will provide funding to Save the Children (\$30,000) to create, in collaboration with MOH, a national learning center for PMTCT and neonatal health care integration, in the high HIV-prevalence province of Gaza. This effort is linked to national PMTCT activities and to Save the Children PMTCT activities in Gaza and Nampula provinces. Save will demonstrate the positive impacts on infant survival of strong integration between neonatal health care and PMTCT at a rural antenatal site in Chibuto and in surrounding communities. Integrating PMTCT and neonatal care, through nurses, midwives, and community volunteers, will improve the survival rate of HIV-exposed and other infants. MOH has enthusiastically endorsed this activity. The Chibuto learning site will be a place where antenatal teams from Maputo, Inhambane, Manica, and Sofala provinces can learn to apply approaches that are cost effective in reducing neonatal mortality. Related technical assistance for this effort is being provided by USAID/Washington through the Access project.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	11	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	890	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	30	<input type="checkbox"/>
Number of community activists trained in delivery of PMTCT services	18	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,800	<input type="checkbox"/>

Target Populations:

- Community leaders
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Volunteers
- Women (including women of reproductive age) (Parent: Adults)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

- Gaza
- Nampula

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5279
Planned Funds:
Activity Narrative: This activity is related to other WV activities in CT (5264), palliative care (5137) and OVC (5139).

WVI will continue to provide training and technical support to 4 PMTCT sites in rural Zambezia province, and will increase program coverage to at least 75% of all first-time antenatal attendees in line with policies and protocols of the MOH. A comprehensive package of integrated PMTCT services, including CT, Nevirapine for seropositive mothers and their exposed newborns, couple counseling, family planning, and infant feeding education, will be provided. Seropositive mothers will be referred to mother-to-mother support groups in communities for continuing support and care. All seropositive pregnant women will be referred to the HIV/AIDS care and treatment services site in Mocuba (or eventually the planned new site in Gurue) for appropriate care and treatment. WVI will continue to involve churches and community members in the fight against fear and social stigma which affect seropositive pregnant women and their children. Back-up supplies of gloves and test kits will be procured. In the communities feeding into these PMTCT service sites, WVI also will work with other USG partners to carry out PMTCT primary prevention campaigns among youth, young people planning to marry, and adult men and women. WVI's PMTCT activities are linked to their USG-supported palliative care, CT, and OVC services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	4	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	450	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	16	<input type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,000	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- HIV/AIDS-affected families
- Infants
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Volunteers
- Secondary school students (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

- Stigma and discrimination

Coverage Areas

- Zambezia

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5280
Planned Funds:
Activity Narrative: This activity is related to other PSI activities in OP (5231) and CT (4978).

PSI will continue to provide technical support to MOH sites to scale up PMTCT activities in 3 provinces and Maputo City. PSI will deliver a complete package of PMTCT services in line with MOH policies and protocols, including voluntary CT, provision of Nevirapine to seropositive mothers and their newborns, and provision of integrated postnatal services. PSI will renovate facilities, train counselors, track seropositive mothers and their infants for 18 months postnatal, and establish mother-to-mother support groups in communities. Each site will counsel and test at least 75% of first-time antenatal attendees. PSI will continue to support the 11 PMTCT sites initiated with USG funding between 2003 and 2005, and will add additional sites through training of nurses and counselors and in collaboration with the MOH. PSI will continue to implement community-level activities to reduce fear and social stigma among seropositive pregnant women and mothers. Seropositive pregnant women will be referred to the nearest HIV/AIDS care and treatment site for additional needed services prior to delivery. PSI will continue to disseminate a package of PMTCT communications materials developed with and implemented through the MOH and all PMTCT implementing partners.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	11	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,000	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	38	<input type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counselling and testing for PMTCT and received their test results	26,000	<input type="checkbox"/>

Target Populations:

Community leaders

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Public health care workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Gender

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gaza

Maputo

Zambezia

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5352
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in palliative care (5416), CT (5235) and treatment (5229).

HAI will continue to support a comprehensive package of PMTCT services at 24 existing sites within the highly HIV-infected Beira Corridor in Manica and Sofala provinces (\$960,000). Populations receiving services at antenatal sites in the Beira Corridor are among the most-at-risk populations in Mozambique. At some antenatal centers where where HAI's USG-supported integrated PMTCT, family planning, and neonatal services are provided, HIV infection rates among young pregnant women are 30-43%. HAI's PMTCT services are specially designed to bring both men and women into counseling prior to the birth of an infant, so that HIV serostatus is determined and other care and treatment needs can begin to be addressed even prior to delivery. This prevention activity is thus closely linked with HAI activities in HIV/AIDS care and treatment.

In 2006, HAI also will carry out a targeted evaluation on community-level delivery of Nevirapine to ensure that pregnant mothers who deliver at home can receive prophylaxis to prevent vertical transmission . The TE also will determine the most effective way to protect HIV-exposed infants in community settings. Results will be discussed and disseminated with the MOH and all PMTCT implementing partners. Also in 2006, HAI will complete the TE on early breastfeeding cessation which began with FY05 funding .

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	24	<input type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,200	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	30	<input type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	34,000	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 HIV/AIDS-affected families
 Infants
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Pregnant women
 Volunteers
 Men (including men of reproductive age) (Parent: Adults)
 Women (including women of reproductive age) (Parent: Adults)
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 Religious leaders
 Public health care workers
 Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Manica

Sofala

Table 3.3.01: Activities by Funding Mechanism

Mechanism: LINKAGES
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 5363
Planned Funds:

Activity Narrative: LINKAGES will provide technical support to the Ministry of Health centrally and in 3 provinces to strengthen patterns of exclusive breastfeeding and other infant feeding options in high HIV-prevalence settings . Training activities focus on reducing practices of mixed feeding among mothers, and extending the exclusive breastfeeding period to 6 months. Target audiences for training are health workers and, in the communities, mothers, male, partners, and mothers-in-law. LINKAGES will work with all USG-support PMTCT partners on the promotion of exclusive breastfeeding and improved infant and young child nutrition, especially for those infants exposed to HIV at delivery. A targeted evaluation on therapeutic feeding for HIV-positive young children, begun with the MOH and UNICEF in 2005, will be completed and results disseminated .

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		<input checked="" type="checkbox"/>
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national or international standards	100	<input type="checkbox"/>
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>

Indirect Targets

In addition to PMTCT providers trained, 6 local organizations will be provided with technical assistance related to the targeted evaluation on therapeutic feeding options for HIV-positive young children.

Target Populations:

Community leaders
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 Traditional birth attendants (Parent: Public health care workers)
 HIV/AIDS-affected families
 Infants
 People living with HIV/AIDS
 Pregnant women
 Volunteers
 Men (including men of reproductive age) (Parent: Adults)
 Women (including women of reproductive age) (Parent: Adults)
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 Religious leaders
 Public health care workers
 Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

UNCLASSIFIED

Coverage Areas

Gaza

Maputo

Zambezia

Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area 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 2004-2008 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 abstinence and/or be faithful (AB), as stated in the National Strategic Plan to Combat STI/HIV/AIDS, are to increase knowledge of HIV/AIDS through IEC activities and to promote delay of sexual debut, reduction in partners, faithfulness to one partner, and increased use of services within the MOH integrated health network.

By mid-FY05, USG programs were reaching more than 400,000 individuals in face-to-face, community-based AB-focused HIV prevention programs; and an estimated 2.3 million people through mass media focused on AB. The USG also supported training for over 4,500 individuals to lead AB focused community based prevention programs. Efforts are being made to reach and involve community and faith-based leaders, women's associations and to establish peer-to-peer youth groups in promoting AB. In order to promote a supportive national environment for behavior change, the Johns Hopkins University provides technical assistance to the National AIDS Council (NAC) in developing the National HIV/AIDS Communications Strategy and operational plan. USG AB partner organizations have established quarterly information exchange meetings to share experiences and lessons learned in this challenging program area.

Mozambique has high rates of high risk behavior, and current norms are deeply interwoven in cultural, social and economic patterns. In 2005, the Mozambican Foundation for Community Development (FDC) began a campaign with USG support to challenge tolerance of intergenerational sex and other social norms that have led to increasing rates of HIV among young women. Prominent Mozambican women leaders are spearheading this effort. There is further need for bold leadership at every level to provide influential role models, reinforce messages that informed, disciplined decision-making and healthy behaviors are the keys to hopeful futures for young Mozambicans, and challenge the norms that put young people at risk.

In FY 06, USG partners will rapidly increase their efforts to engage communities to support AB in Gaza, Maputo, Inhambane, Nampula, Sofala, Zambezia and Manica provinces. Community-based interpersonal communication activities will foster environments that are open to discussion and dialogue about HIV/AIDS. Implementing partners will train more peer-to-peer youth groups and support parent-teacher-child discussion activities and other community and school-based programs. These programs will address risk perception, build the sense of self-efficacy needed for behavior change, and encourage dialogue on community norms and practices to protect young people, especially vulnerable groups.

FDC's program for in-school and out-of-school youth will conduct 90 lectures and debates, 100 cultural activities, and 50 sports activities to reach 350,000 individuals in four provinces. FY 06 funds will continue support for several FBO AB programs focused on youth, pastor networks and family interventions that began in FY 05. The Johns Hopkins University will provide technical support to Eduardo Mondlane University faculty and students to design, implement and evaluate on-campus AB messages and interpersonal communication programs. FY 05 and FY 06 funds will support requests for applications to engage new implementing partners and fund innovative AB programs.

The FY 06 targets for all AB activities are 1,114,700 people reached through community programs that promote HIV prevention through abstinence and/or being faithful, and over 19,000 people trained to promote AB at the community level.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,114,700
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	266,035
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	19,278

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Quick Impact Program
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHAJ account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4853
Planned Funds:

Activity Narrative: The Quick Impact Program will enable new partner organizations at the 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 will also operate in the Emergency Plan program areas of Other Prevention, OVC and Palliative Care.

Projects will target areas of northern and central Mozambique where USG-supported HIV/AIDS care and ART services are ongoing. 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,300	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	1,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	225	<input type="checkbox"/>

Coverage Areas

- Manica
- Maputo
- Nampula
- Sofala
- Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4958
Planned Funds:

Activity Narrative: With Track 1 funding, Samaritan's Purse will continue to mobilize, equip, and train older youth and Christian community leaders to prevent new HIV infections. Programs promote abstinence, secondary abstinence, fidelity and monogamous relationships, and avoidance of unhealthy sexual behaviors. Clubs called "There is Hope" will continue to provide a venue for training on basic HIV information, prevention behavior change skills, testing information, stigma reduction, effective communication and education, and community mobilization. The clubs partner with community-based volunteer teams that act as liaisons between Samaritan's Purse, the club members, and the community. Samaritan's Purse will continue to use interactive communications tools, such as visual story boards with text in local languages, to describe and invite discussion about open-ended situations in which behavior decisions will avoid HIV risk.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,200	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Teachers (Parent: Host country government workers)
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Inhambane

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAJ account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5011
Planned Funds:
Activity Narrative: This activity related to other Peace Corps activities in OP (4921), OVC (5062) and policy and systems strengthening (5065).

This activity also relates to the activity Technical Assistance for Local Organization Capacity Development. During the period of the 2006 COP, approximately 29 Health Volunteers and 75 Education Volunteers will be engaged in a range of AB Prevention activities with their colleagues, communities and institutions / organizations in seven provinces and Maputo city. During this period, Peace Corps will be expanding geographically and in Volunteer numbers, which will allow for greater expansion of A/B outreach in terms of individuals reached, persons trained, and institutions and communities technically strengthened (the latter is reported under Local Organization Capacity Development). During the COP 06, Peace Corps Education Volunteers will serve as English and Biology teachers in approximately 40 high schools and technical institutions, and Health Volunteers will be providing capacity building assistance to approximately 100 communities and organizations in HIV/AIDS AB prevention support. Together, they will directly reach approximately 20,000 individuals with AB prevention messages and train 40 individuals to train others on AB prevention. Because of their two-year commitments of living and working with the Mozambicans in their communities, Peace Corps Volunteers are uniquely placed to effect real behavior change through the development and provision of culturally appropriate messaging, materials, and personal support. As educated and qualified young Americans placed as secondary school teachers, Education Volunteers serve as vital role models for both teachers and young Mozambican men and women in a country where such role models are exceedingly few.

In the COP 06, the Education Volunteers will integrate information and create specific lesson plans on AB prevention into their English and Biology teaching, as well as develop and support extra-curricular HIV-related activities. Through the successive COPs, the strategy for the Education Volunteers has been to continue to strengthen Volunteers' and counterparts' skills and knowledge. In the COP 04, PEPFAR funds covered the development of a HIV/AIDS teaching manual for PC/M education volunteers, which was based on successful practices of HIV integration in the classroom and extracurricular activities. The manual, considered to be a living document, continues to be updated and modified based on successful practices and is expected to become a major teaching and training tool for the Volunteers and their colleagues. The COP 04 funds were also used for the printing of Mozambique's first Life Skills Manual in Portuguese, and the reproduction of numerous local materials. The COP 05 funds continue to support the production for creative, updated and accurate AB materials, as will the proposed funding in the COP 06. Additionally, the COP 06 will build on previous years best practices for continuing to strengthen the AB training component in pre and in-service trainings for Education Volunteers and their counterparts. Topics and materials that Education Volunteers incorporate into their AB teaching and training with students, colleagues and community members include: updated and accurate information on HIV transmission; information on locally available services, including the importance of HIV testing and how and where it is done; HIV stigma reduction through PLWA & home based care provider guest speakers; skills for analyzing traditional gender norms, practices, behaviors and rights; and contextually and culturally-specific life skills training for youth. The COP 06 proposed budget for AB prevention will be used for Education Volunteer training and materials enhancements, which will allow for maximum Volunteer effectiveness in providing quality A/B instruction and support. The budget will cover A/B materials development and reproduction; pre-service and in-service training enhancements for improved AB skills and knowledge; exchange visits, allowing Volunteers and their counterparts to visit each other's schools and projects

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to share best practices; and PC/M staff office supplies.

The COP 06 funding will allow PC/M to continue its planned strategy of expansion of the Health Volunteers, geographically and numerically. The Health Volunteers will support Mozambican NGOs, CBOs and FBOs in a range of A/B activities and materials development, supporting activities such as peer education and counseling; sports, theatre and activities for in and out of school youths; and local media productions. The PEPFAR funds will be used for training and support enhancements so that Volunteers can be placed in less-served areas, and so that they will be more effective in their communities and organizations. The enhancements will be primarily through the provision of housing where ordinary, communities and organizations could not afford to house Volunteers according to PC's security standards. Additionally, the 06 funding will allow PC/M to continue to strengthen the skills and knowledge of the Health Volunteers and their counterparts through improved and targeted pre and in-service trainings; in-field technical support by PC/M staff; AB materials development and reproduction; and the financing of organizational exchange visits, allowing Health Volunteers and their counterparts to visit each other's projects to share best practices and lessons learned.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	40	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Most at risk populations
- Non-governmental organizations/private voluntary organizations
- Program managers
- Secondary school students (Parent: Children and youth (non-OVC))
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

Gender

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Nampula

Sofala

Tete

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Community Development, Mozambique
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5283
Planned Funds:
Activity Narrative: This activity is related to other FDC activities in OVC (5320) and palliative care (5321).

FDC will continue a program of AB for in-school and out-of-school youth in the Maputo Corridor. This program raises awareness of HIV/AIDS, and reduces fear and stigma associated with the disease through face-to-face discussions in homes, schools, and communities. The primary themes for these interactive events are abstinence and fidelity. Elements of the program include direct communications (through theatre, sports, public and community events days) complemented by mass media campaigns. Peer-to-peer guided discussions will continue to enable youth to share correct information about HIV/AIDS and to discuss the application of AB behavioral messages to their own lives and decision making. Activities directed at younger youth aged 10-14 years will focus on primarily abstinence messages.

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Information, Education and Communication

10 - 50

Training

10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	250,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,500	<input type="checkbox"/>

Target Populations:

Adults

Community leaders

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Gaza

Inhambane

Maputo

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5284
Planned Funds:
Activity Narrative: World Relief will continue to implement its Track 1-funded Mobilizing Youth for Life program, utilizing the "Choose Life" curriculum, in Sofala, Maputo, Gaza, and Inhambane provinces. World Relief will continue to identify and enroll new participating church members, students, and out-of-school youth, to develop and implement community-level interpersonal programs and training focused on AB behaviors. AB outreach activities and training also will be continued with teachers, peer educators, pastors, community leaders, and parents.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	64,570	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	3,000	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- Orphans and vulnerable children
- Teachers (Parent: Host country government workers)
- Children and youth (non-OVC)
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders
- Implementing organizations (not listed above)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Gaza

Inhambane

Maputo

Sofala

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5286
Planned Funds:

Activity Narrative: Project HOPE will continue HIV prevention activities with emphasis on abstinence and being faithful for vulnerable youth 10-24 years of age, both in and out of school, and including young married couples. Activities directed at 10-14 year olds focus on abstinence behaviors. Community-level partnerships include village health banks, schools, youth groups, and local traditional leaders. HOPE utilizes various approaches in education and behavior change, such as training youth as peer educators; training youth leaders; working with community leaders, professional educators, health professionals, and traditional healers; working with faith-based organizations; and creating and disseminating prevention messages through locally based mass media such as community radio, theatre, and folk arts. Parent-youth communication and community discourse in general address healthy norms and behaviors, and strengthen gender-based HIV prevention. HOPE will continue to work in close collaboration with the Ministry of Health and with other NGO partners in Zambezia to integrate these prevention activities with care and treatment services related to HIV/AIDS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	152	<input type="checkbox"/>

Target Populations:

- Adults
 - Community leaders
 - Community-based organizations
 - Faith-based organizations
 - Non-governmental organizations/private voluntary organizations
 - Orphans and vulnerable children
 - Teachers (Parent: Host country government workers)
 - Volunteers
- Children and youth (non-OVC)
 - Girls (Parent: Children and youth (non-OVC))
 - Boys (Parent: Children and youth (non-OVC))
 - Primary school students (Parent: Children and youth (non-OVC))
 - Secondary school students (Parent: Children and youth (non-OVC))
 - Men (including men of reproductive age) (Parent: Adults)
 - Women (including women of reproductive age) (Parent: Adults)
 - Out-of-school youth (Parent: Most at risk populations)
 - Religious leaders

Key Legislative Issues

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

Coverage Areas

- Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: The Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5289
Planned Funds:
Activity Narrative: This activity is related to a systems strengthening activity (5291).

JHU/HCP will provide technical support to the Communication and Art Department of the Eduardo Mondlane University to strengthen academic and community programs in AB. Components include: (1) design and launch of the first HIV/AIDS Strategic Communication course; (2) carrying out the second "Leadership in Strategic HIV/AIDS Communication" workshop; (3) expansion and incorporation of state-of-the-art social and behavior change communication approaches into existing curricula in the UEM faculties of Education, Medicine/Public Health, and Social Sciences; and (4) continuing work that began in 2005 to mobilize and support faculty- and student-led design, implementation, and evaluation of a campus communication program fostering an enabling environment for open discussion of HIV/AIDS and of AB-focused BCC.

This AB-focused activity is related to broader JHU/HCP support for improved BCC implementation, described under system strengthening (OHPS).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Indirect Targets

This activity will build the capability of students and faculty at UEM as well as at other Mozambican academic institutions that will adopt UEM's example in incorporating HIV/AIDS prevention into curricula and into campus-wide events and operations.

Target Populations:

- Community leaders
- Teachers (Parent: Host country government workers)
- University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	To Be Determined
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHA1 account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	S293
Planned Funds:	<input type="text"/>
Activity Narrative:	This activity is related to another AB activity (5294).

This FY06 funding will provide incremental funds to continue the activities of successful applicants selected for funding in late 2005 under a competitive RFA solicitation to identify new partners for USG-supported AB activities in Mozambique. The RFA, entitled "Promoting Abstinence, Faithfulness, and Healthy Community Norms and Behaviors," is intended to expand and strengthen primary prevention efforts promoting abstinence until marriage, delayed sexual debut, faithfulness, and avoidance of unhealthy sexual behaviors among and affecting youth. Applicants will address the RFA's 2 objectives: (1) promoting AB behavior change, including abstinence until marriage, secondary abstinence until marriage, and fidelity in marriage and monogamous partnerships (along with knowledge of own and partner serostatus); and (2) promoting healthy community norms and behaviors, to increase avoidance of harmful behaviors (such as sexual coercion and violence, cross-generational and transactional sex, prostitution, and sex-trafficking) and unhealthy behaviors (such as sexual promiscuity before and outside of marriage). It is increasingly clear that to reduce new HIV infections, especially among unmarried young women, it is important to address social norms and behaviors in the community more broadly, particularly to promote greater sexual responsibility among adult men. Applicants will respond to challenges created by gender norms, inequalities, and practical realities that affect women's and men's different behaviors and abilities to adopt AB behaviors.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	350,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	100,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	300	<input type="checkbox"/>

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

- Cabo Delgado
- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Niassa
- Sofala
- Tete
- Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5294
Planned Funds:
Activity Narrative: This activity is related to another AB activity (5293).

With this funding, USAID will complete a limited competition RFA directed toward strong applicants who did not receive awards under the late-2005 "Promoting Abstinence, Faithfulness, and Healthy Community Norms and Behaviors" RFA (see activity #5293). This process will identify one or two additional new partners for AB, who will expand and strengthen primary prevention efforts promoting abstinence until marriage, delayed age of sexual debut, faithfulness, and avoidance of unhealthy sexual behaviors among and affecting youth. Involving additional new AB partners in this way will complement existing prevention activities. Illustrative activities could include: capacity building for umbrella groups of Muslims and other under-represented religious groups to promote AB behavior change and reduce new HIV infections; capacity building of umbrella youth sports associations to incorporate messages of healthy living through delay of sexual debut and other AB behaviors; school- or community-based youth programs addressing the impact of alcohol use on decision making, risk-taking, and AB behaviors; a role model program linking community and/or national leaders to schools for interpersonal discussions on AB prevention, life planning, goal setting, and other healthy keys to successful futures; or a Be Faithful behavior change program targeting migrant labor (miners) and their families.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Teachers (Parent: Host country government workers)
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Cabo Delgado

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Tete

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1
Prime Partner:	Food for the Hungry
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB .
Program Area Code:	02
Activity ID:	5297
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>Food for the Hungry (FFH) works with 3 sub-partners to promote behaviors of delay of sexual debut, abstinence, and fidelity among youth and adults, through faith-based groups and organizations, schools, and communities.</p> <p>Youth-to-youth groups, led by volunteer Youth Leaders and supervised by paid Promoters and a volunteer adult church member or community group leader, foster behavior change at the community level. The youth-to-youth approach for health promotion has proven successful in other contexts in activities implemented by FFH, World Relief, and other NGOs.</p> <p>"Choose Life," the skills-based HIV awareness curriculum, will continue to be used in the youth-to-youth groups. FFH employs local mass media, motivation interviewing techniques, skills building activities, and social support through small groups to carry out behavior change at several stages: pre-contemplation, contemplation, preparation to change behavior, action, and maintenance of the behavior change.</p> <p>The FFH program reinforces the role of parents and other protective influences. Building upon awareness messages, FFH involves and trains parents to educate and counsel youth on abstinence and healthy sexuality, using stories and other methods appropriate in the local context. Church-hosted and community-level meetings and events reinforce youth and adult commitments and encourage communication concerning sexual behavior. Influential leaders, such as pastors and teachers, will continue to receive training in how to help youth and other community members develop skills for AB and how to build a supportive environment for healthy sexual behaviors and norms. Particular focus is given to fight against cultural practices that increase girls' vulnerability to HIV.</p> <p>This activity also addresses sexual coercion and unhealthy sexual behaviors such as trans-generational and transactional sex. Influential local leaders and community members, working through churches, FBOs, and CBOs, will encourage youth to reject unhealthy sexual behavior. Productive and safe social outlets, such as sports clubs, will be promoted.</p>

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	179,580	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	12,430	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- Teachers (Parent: Host country government workers)
- Volunteers
- Children and youth (non-OVC)
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

- Gender
- Reducing violence and coercion
- Stigma and discrimination

Coverage Areas

- Gaza
- Inhambane
- Manica
- Maputo
- Sofala
- Tete

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5302

Planned Funds:
Activity Narrative: These funds will support 2 USG events aimed at promoting, among USG employees and their families, HIV risk avoidance through abstinence and faithfulness behavior change, within the context of broader healthy behaviors (such as diabetes management, blood pressure, healthy weight control). Activities will include information events and IEC materials on abstinence, fidelity, partner reduction, and the importance of knowing own and partner serostatus. Confidential CT will be available to participants, including couples and family counseling. Other topics covered will include risks and adverse effects of alcohol and other drugs as well information about first aid, dental health, blood sugar, and tobacco use. Offering focused AB BCC information and skills within a "health fair" context encourages openness to the messages and involvement of spouses and other family members. Similar USG health events in the past have been successful, including in number of employees/family members taking advantage of on-site CT services.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	250	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	35	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	6	<input type="checkbox"/>

Target Populations:

USG in-country staff

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Country: Mozambique

Fiscal Year: 2006

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Maputo

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5303

Planned Funds: [redacted]

Activity Narrative: These funds support full costs for two technical positions on the USAID HIV/AIDS team: the Technical Advisor for Behavior Change Communications (Fellow or PSC) and the Community Risk Avoidance/Reduction Specialist (FSN). The costs covered for these two positions include: compensation, administrative/logistics support, and entitlement travel (total [redacted] office costs [redacted] ICASS charges [redacted]; USAID IRM tax [redacted]; and other costs including local and international travel [redacted]. These team members provide technical leadership on the rapidly expanding AB portfolio as well as technical oversight and monitoring of AB partners' activities, implementation progress, and results.

Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Indirect Targets

The technical contributions of these positions will improve the program quality, coverage, and results achieved by all of the USG's AB implementing partners in Mozambique.

Target Populations:

- Community-based organizations
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Fresh Ministries
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5373
Planned Funds:

Activity Narrative: With Track 1 funding initially provided in FY05, Fresh Ministries will begin an AB for Youth program, implemented through pastor networks, youth, and family ministries. A strong focus will be given to training of trainers and facilitators among youth, adults, and clergy, to lead discussions and workshops; these discussions will focus on HIV/AIDS parent-child communications, skills training to discuss the risks of premature sex, the importance of marriage and faithfulness, and gender inequalities (including gender-based violence) and their relationship to HIV infection. Fresh Ministries also will facilitate discussions among girls concerning sexual activity and help them develop strategies for maintaining power and control over their lives. Projected first-year activities include expansion of Fresh Ministries' implementing capacity throughout the target area and recruitment of staff and HIV/AIDS youth workers. Training for staff of Fresh Ministries and its local subpartner, the Church of the Province of Southern Africa, will include issues of HIV/AIDS peer-to-peer outreach, parental involvement, community mobilization, and gender.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	40,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	280	<input type="checkbox"/>

Target Populations:

- Faith-based organizations
- Orphans and vulnerable children
- Children and youth (non-OVC)
- Primary school students (Parent: Children and youth (non-OVC))
- Secondary school students (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

- Gender
- Reducing violence and coercion

Coverage Areas

Niassa

Table 3.3.02: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHA1 account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: S444
Planned Funds:

Activity Narrative: This activity will implement a leadership and training conference for 45 girls aged 13-18 in 7 provinces nationwide, focusing on acquisition of leadership and decision-making skills and how to implement them in the context of HIV-prevention. This empowerment program will instruct participants on design and implementation of community-based follow-up activities using the skills learned in the leadership conference. The activity anticipates funding these follow-up activities, enhancing the scope and breadth of the activity.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	45	<input type="checkbox"/>

Target Populations:

- Community leaders
- Girls (Parent: Children and youth (non-OVC))
- Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Increasing women's legal rights

Coverage Areas

- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Sofala
- Tete

Table 3.3.02: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5445
Planned Funds:

Activity Narrative: This activity will provide small grants to community-based organizations and schools for community-level AB initiatives. The supported events, all of which will have an A/B focus, will include, but not be limited to, community & school-based theatre, dance and music group productions; debates; health fairs, sports teams and sports events; training of trainer events for activists, peer educators, media staff and others; focus-group training on life skills; support for A/B materials development; and income generating activities and skills training for young girls, poor women and OVCs who might otherwise turn to transactional sex for financial gain. The messaging will be focused on encouraging behavior change for A/B and also will address gender-based norms and practices that promote unsafe behavior.

A majority of the community-based projects will have support from Peace Corps volunteers.

Emphasis Areas

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations

Coverage Areas

- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Sofala
- Tete

Table 3.3.02: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5446
Planned Funds:
Activity Narrative: The Embassy Public Affairs Office will provide grants for developing radio and/or TV & film products targeting young people nationally with messages promoting and supporting abstinence and faithfulness.

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

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Targets

Target

Target Value

Not Applicable

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful

Indirect Targets

The materials developed are expected to reach 200,000 individuals across the country with AB behavior change messages and information.

Target Populations:

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

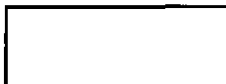
Coverage Areas:

National

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
 Budget Code: HMBL
 Program Area Code: 03

Total Planned Funding for Program Area:



Program Area Context:

A total of 111 blood banks currently provide blood transfusion services at health facilities in Mozambique. In 2003, approximately 57,800 blood transfusions were administered, and the number of transfusions rose to approximately 60,600 in 2004. A large proportion of blood donations continue to come from patients' family members; hence, efforts to mobilize voluntary, low-risk and repeat blood donors are needed. Of all blood units collected in 2004, around 3.7% (n=2,258) tested positive for syphilis and around 8% (n=4,838) tested positive for HIV, compared with 8.4% testing HIV positive during the previous year.

Assistance provided by the USG to the National Blood Transfusion Program in 2004 and 2005 has supported the reorganization of the program and started the transition towards a network model of service provision. Under the reorganization plan approved by the new Minister of Health who assumed office in February 2005, a total of 27 blood banks will be up-graded to become referral units. These will conduct a full range of procedures, including blood collection, testing, production of blood components, storage, administration of blood units and supply of peripheral blood banks with blood units. The remaining 83 blood banks are divided into satellite units conducting blood collection, testing and administration of blood units or those responsible only for administering blood transfusions, depending on their level of capacity and number of blood units administered. Blood bank equipment procured in 2004 and 2005 is being installed at the first 8-10 referral blood banks being upgraded to blood bank laboratories, to improve the existing services and create the capacity to serve other peripheral blood banks. Infrastructure rehabilitation of the blood bank in Nampula City, which serves as referral blood bank for the Northern region, is currently underway.

In addition, blood donation legislation has been developed with technical assistance from the American Association of Blood Banks (AABB) and been submitted to the Minister of Health and the Council of Ministers for approval. The AABB has also assisted the blood transfusion program to draft norms and standards, review key standard operating procedures, and develop training materials. These will be tested and adjusted to the Mozambican context through initial training sessions to be conducted before the end of calendar year 2005. The USG has also supported the addition of a senior program staff member to oversee blood donor recruitment nationally as well as five senior provincial level blood transfusion program supervisors.

Proposed USG funding for FY06 will continue to support MOH plans for development of the service network, which calls for a total for 27 referral units to be established and equipped by 2007. As new equipment arrives and is installed in the blood banks, the training of technical personnel, including laboratory technicians, will take place. The AABB will provide technical assistance for the development of additional training materials, facilitation of training, training of Mozambican trainers and on-the-job mentoring at selected key referral sites. In collaboration with the new Senior Blood Donor Recruitment Coordinator, further revisions to the blood donor recruitment strategy will be made and implementation of the revised legislation and strategy will begin. The AABB will provide technical assistance to establish a quality assurance and laboratory quality control program for the blood transfusion services.

The World Bank provides complementary support for the blood transfusion program, primarily by financing the procurement of equipment and reagents.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	222
Number of individuals trained in blood safety	110

Table 3.3.03: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5142
Planned Funds:
Activity Narrative:

This activity also relates to activity number 5151. Mozambique's five year strategic plan for blood safety addresses five critical areas for strengthening the blood banking and transfusion programs. To assure that sufficient expertise is available on CDC to provide technical assistance to the Ministry of Health (MoH) in each of these areas, substantial staff time in terms of prorated salary for the CDC Prevention Coordinator has been allocated to this activity. Her work includes coordinating blood safety activities with MoH and the American Association of Blood Banks, providing technical assistance for program planning and implementation, and participating in blood transfusion program monitoring and evaluation.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

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

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Cabo Delgado
- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Niassa
- Sofala
- Tete
- Zambezia

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety
Prime Partner: American Association of Blood Banks
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5144
Planned Funds:

Activity Narrative: This activity also relates to activity number 5154. This activity is in support of Mozambique's five year strategy for strengthening the blood banking and transfusion program. Specifically, AABB will assist the National Blood Transfusion Program (NBTP) to continue to strengthen and build central level capacity by providing technical assistance for:

- Adapting international transfusion program guidelines, Standard Operation Procedures (SOPs) and training materials for use in the Mozambican context
- Improving equipment procurement, distribution and maintenance systems
- Designing and establishing a quality assurance program
- Improving donor mobilization and recruitment
- Designing plans for blood bank infrastructure rehabilitation at selected sites

AABB will also assist the NBTP increase training capacity and the number of skilled blood service providers by supporting the development and implementation of a blood safety and transfusion training program. This includes developing and reviewing training materials, facilitating training activities and supporting providers with on-the-job mentoring.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	55	<input type="checkbox"/>
Number of individuals trained in blood safety	111	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Blood Donors

Coverage Areas

Cabo Delgado

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Tete

Zambezia

Table 3.3.03: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5151
Planned Funds:

Activity Narrative: This activity also relates to activity number 5142. Mozambique's five year strategic plan for blood safety addresses five critical areas for strengthening the blood banking and transfusion programs. To assure that sufficient expertise is available on CDC to provide technical assistance to the Ministry of Health (MoH) in each of these areas, prorated salaries for the CDC Technical staff members working in this technical area have been allocated in this activity. Staff include CDC's Director and Prevention Coordinator. Together, they coordinate blood safety activities with the MoH and the American Association of Blood Banks, providing technical assistance for program planning and implementation, and participating in blood transfusion program monitoring and evaluation. Coordination activities also include working with the World Bank and other donor agencies supporting the National Blood Transfusion Program.

Emphasis Areas	% Of Effort
Health Care Financing	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

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

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA1 account)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 5154
Planned Funds:

Activity Narrative: This activity also relates to activity number 5144.
 Through this activity, USG efforts as described in their five year strategy to support the overall Blood Safety program in Mozambique will be achieved. Specifically, the Ministry of Health will continue to strengthen and improve the quality of existing blood transfusion services by

- Moving into the first phase of the re-structuring of the National Blood Transfusion Service with a network model of service delivery
- Up-grading equipment at blood banks at major central and provincial level hospitals to start providing referral services to lower level blood banks
- Training 44 blood bank personnel on blood bank management, immunohematology, serology, blood collection, testing and processing
- Training 11 staff to implement a revised blood donor recruitment strategy that will increase recruitment of low-risk and repeat blood donors.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	55	<input type="checkbox"/>
Number of individuals trained in blood safety	111	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)
- Blood Donors

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Coverage Areas

Cabo Delgado

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Tete

Zambezia

Table 3.3.04: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

The Mozambican Ministry of Health (MOH) Biosafety Program, which oversees injection safety and other efforts to prevention medical transmission of disease, has benefited greatly from USG support since 2004. There are 2 USG implementing partners. JHPIEGO has provided technical assistance and training to MOH staff to introduce a standards-based approach to biosafety in central and provincial referral hospitals. John Snow, Inc. (JSI) provides technical assistance and training on injection safety at all levels of health facilities and into the communities. Key achievements to date include:

- Development of terms of references for and revitalization of the Infection Prevention and Control (IPC) Task Force
- Technical assistance to MOH for the development of a 5-year IPC operational plan
- Establishment of IPC and Injection Safety Committees in 13 hospitals, 16 health centers, 17 health posts and 4 HIV/AIDS outpatient clinics
- Development and dissemination of IPC norms, standards and training materials
- Training of 20 trainers, 581 health care workers and 283 support staff since the beginning of USG support in 2004
- Performance of four rounds of evaluation of IPC program progress at the 13 hospitals involved to date, registering an improvement from 12-35% of IPC standards met at baseline to 59-86% at the last evaluation conducted in August 2005
- Development and introduction of injection registers in 39 health units and set-up of a monitoring system for injection safety
- Procurement and distribution of auto-destruct injection consumables, waste segregation and protection equipment to 39 health facilities

USG funding proposed for FY06 will support:

- Continuation of implementation of standards based IPC at 13 hospitals and expansion to six new hospitals
- Continuation of implementation of injection safety and waste management activities in 39 health facilities and expansion to 30 additional facilities
- Establishment of a recognition system to reward staff and hospitals complying with IPC standards to enhance motivation and sustainability
- Development and piloting of a simple surveillance system for selected nosocomial infections
- Training of 52 trainers, 605 health workers and 260 support staff on IPC and injection safety
- Continuation of technical assistance to the MOH biosafety program, and support for monitoring and evaluation of IPC and injection safety activities, including integration of injection safety data into the National Health Information System
- A qualitative study and development of IEC reminder materials focusing on reduction of injections where appropriate and enhancing compliance with safe injection and waste management practices targeting health workers and support staff
- Establishment of needle pits at 39 health facilities

Other donors that provide complementary support for biosafety program efforts are UNICEF, through support to the national immunization program, UNDP with support for training, French Cooperation for Cabo Delgado Province and Spanish Cooperation for specific technical assistance needs.

Program Area Target:

Number of individuals trained in injection safety 885

Table 3.3.04: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5176
Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5178 and 5179. The USG five year biosafety (i.e., injection safety and prevention of medical transmission) strategic vision under the Emergency Plan is to expand standards-based management for infection prevention and continuing education, to supervise, monitor and improve bio-safety programs at health facilities and in the community, and to serve as an advocate for procurement of commodities and supplies (i.e., injectable drugs with needles, syringes, and single-use injection materials and appropriate waste management systems and equipment for hospitals, health centers and health posts) through other in-country donors.

To achieve this vision, substantial staff resources are required. This activity includes pro-rated salaries for the CDC Technical staff members working in the injection/biosafety area. Staff include CDC's Prevention Coordinator and Training Specialist who coordinate activities with the Ministry of Health and JHPIEGO, prepare training materials, perform trainings, prepare guidance, and perform supervision.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in Injection safety		<input checked="" type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Populated Printable COP
 Country: Mozambique

Fiscal Year: 2006

Table 3.3.04: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5177
Planned Funds:

Activity Narrative: Mozambique's overall five year injection safety strategic vision is closely tied to the activities proposed here for JHPIEGO funding. Since 2004, JHPIEGO has been supporting the Ministry of Health (MoH) to improve infection prevention and control (IPC) practices to decrease the risk of infection transmission in health facilities. This activity aims, over a five-year period, to protect clients, providers, and the community through three main strategies: 1) ensuring the adoption of IPC practices in 30 hospitals in the country using a hands-on standards-based management approach (SBM) for quality and performance improvement, 2) strengthening/developing a continuing education system for key cadres of service providers in IPC to ensure continuous compliance with evidence-based practices, and 3) strengthening the pre-service education in IPC at nursing and medical teaching institutions.

In 2006, JHPIEGO will provide technical assistance to the MoH to:

- Implement/monitor the five-year national operational plan for IPC
- Continue the implementation and follow-up of the SBM initiative to improve IPC practices in 13 hospitals and expand the initiative to six new hospitals
- Strengthen the central and provincial levels to implement and expand the SBM process
- Implement a recognition system to reward hospital teams that are complying with IPC standards to enhance motivation and sustainability and to reinforce regulation
- Develop and pilot a simple surveillance system for selected nosocomial infections
- Strengthen local capacity to provide training and technical assistance in IPC for current health care providers by creating/strengthening provincial trainers and training sites

In FY06 the results of implementing SBM/IPC in hospitals include:

- SBM initiative fully implemented in 13 hospitals and expanded to six new hospitals
- Compliance with IPC performance standards in the initial six hospitals improved by at least three-fold, and by at least two-fold to the first expansion group of seven hospitals as compared with their baseline assessment results
- Baseline assessments conducted, operational action plans developed, and implementation started in the six new hospitals
- Central, provincial and local infrastructure strengthened to support the SBM initiative: national IPC task force, provincial IPC liaison, and hospital-based SBM coaches
- Recognition process approved and being implemented by the MOH to reward achievement of IPC performance standards by hospitals
- External assessments to verify hospitals compliance with the IPC standards conducted in the six initial hospitals

In FY06, the result of conducting continuous education in IPC will include:

- Learning materials developed/adapted and field-tested for continuous education
- One hundred and five hospital health care providers with knowledge and skills up-dated in IPC
- Twenty health care providers trained as trainers in IPC

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Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	125	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Traditional birth attendants (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Cabo Delgado
- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Niassa
- Sofala
- Tete
- Zambezia

Table 3.3.04: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5178

Planned Funds:
Activity Narrative: The USG five year biosafety (i.e., injection safety and prevention of medical transmission) strategic vision under the Emergency Plan is to expand standards-based management for infection prevention and continuing education, to supervise, monitor and improve bio-safety programs at health facilities and in the community, and to serve as an advocate for procurement of commodities and supplies (i.e., injectable drugs with needles, syringes, and single-use injection materials and appropriate waste management systems and equipment for hospitals, health centers and health posts) through other in-country donors.

To achieve this vision, increasing staff resources are required. This activity includes prorated salaries for the CDC technical staff members working in this technical area. Staff include CDC's Program Support Specialist for coordination of activities under the Cooperative Agreements with the Ministry of Health and JHPTEGO. A second Program Support Specialist is proposed because of increasing numbers and complexity of cooperative agreements. A portion of that salary is attributed to this activity.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Health Care Financing	51 - 100
Local Organization Capacity Development	10 - 50

Targets

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

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

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Table 3.3.04: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5179
Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5176 and 5178. The USG five year biosafety (i.e., injection safety and prevention of medical transmission) strategic vision under the Emergency Plan is to expand standards-based management for infection prevention and continuing education, to supervise, monitor and improve bio-safety programs at health facilities and in the community, and to serve as an advocate for procurement of commodities and supplies (i.e., injectable drugs with needles, syringes, and single-use injection materials and appropriate waste management systems and equipment for hospitals, health centers and health posts) through other in-country donors.

This activity includes prorated salaries for the CDC technical staff members working in this technical area. Staff include CDC's Director and Lead Training Specialist. Work includes coordinating injection safety activities, quality assurance visits, developing training materials and implementing trainings. Also included is a portion of the salary for the proposed Health Communications Specialist position.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

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

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 5259
Planned Funds:

Activity Narrative: JSI will continue to help the Ministry of Health to reduce the spread of HIV and other infectious disease and to reduce the fear of infection among health care workers, thereby lessening health care worker attitudes and actions contributing to stigma and discrimination against people living with HIV/AIDS. This activity builds on and contributes to related training, commodity supply, and technical support provided to the MOH through USAID's health program in Mozambique. The primary target beneficiaries of this technical assistance, training, and material support are MOH health care providers, as well as waste handlers for injection and care services. JSI works in collaboration with other partners within the Task Force for Prevention and Control of Infections, to: develop a National 5-Year Safe Injection Strategy; provide technical assistance and training to health care workers in matters related to behavior change to ensure safe injection practices; develop and implement an advocacy strategy to ensure availability of equipment and supplies of auto-disposable syringes and related products; and manage sharps waste in a safe and appropriate way. With FY06 Track 1 funding, activities will be extended to health facilities in 4 cities and 3 districts, and training will be provided to 500 health care technicians plus 260 auxiliary staff.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in Injection safety	760	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

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Coverage Areas

Gaza

Maputo

Nampula

Zambezia

UNCLASSIFIED

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
 Budget Code: HVOP
 Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

Coordination of HIV/AIDS prevention falls 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 2004-2008 is to reduce new infections from 500 per day to 350 per day in 5 years. The MOH prevention objectives in the National Strategic Plan to Combat STI/HIV/AIDS are to increase knowledge about HIV/AIDS through information, education and communication (IEC), promote safe sexual behaviors (delay of sex, reduction in partners, faithfulness to one partner, and correct and consistent use of condoms), and increase use of services within the MOH integrated health networks. During 2005, the NAC encouraged all partner organizations to focus on social stigma reduction. The National Strategic Plan II for HIV/AIDS and the NAC's operational guidelines explicitly request all HIV/AIDS implementing partners to address social stigma, fear and discrimination as a high priority in HIV programs. Fear and stigma are barriers to risk perception, and reducing stigma is a cross-cutting theme for many USG-supported programs.

In FY 05, USG funding intensified the focus of the condom social marketing (CSM) program through which condoms are sold in bars, hotels and shops along transport corridors and other areas of high risk behavior. The program includes behavior change communication (BCC) targeted at most-at-risk and high-transmitter populations such as uniformed services and mobile populations in over 140 districts. A qualitative peer-research study of cross-generational, transactional sex was conducted in Maputo to describe attitudes and practices contributing to the spread of HIV/AIDS. The results of this study will inform BCC activities focused on informal networks of women and partners engaged in high-risk sex. Building on the Department of Defense (DOD) LIFE Initiative, funding was also provided for programs with uniformed services.

FY 06 funding levels will not allow for the continuation of OP activities by some partner organizations and will not allow for any new partners, sub-partners or new activities (except for new organizations that may apply for the very small Embassy Quick Impact grants). The CSM program will continue at a reduced level of funding in FY 06. The USG is currently the sole provider to the Ministry of Health of condoms for free distribution in hospitals, health facilities, clinics, and counseling and testing centers. In FY 06 the USG funding will procure fewer than half of the estimated 2007 requirement of 40 million condoms. The MOH has been encouraged to identify funding sources and carry out its own condom procurements to meet remaining needs.

FY 06 funding will also continue and expand implementation of a BCC strategy with the Ministry of the Interior, training 36 peer educators selected from among young police recruits to work in three provinces. The objective of the Police Force program is to emphasize the value of male peer support in today's high risk environments and to empower young recruit peer educators to help mentor and nurture other male police personnel to reduce risky behaviors. Special IEC materials targeting young policemen will be created. Eighteen police squadrons, or roughly 50,000 individuals, will benefit from these activities. Older, more experienced policemen will be trained in supervisory roles. In addition, USG funding will continue to support a BCC program for the Mozambican Defense Force (MDF) initiated in 2004 with DOD funding. Support will be given to the MDF for BCC on HIV/AIDS to be integrated into training for all new recruits. For both police and military programs, activities such as interpersonal peer education and establishment of HIV information resources centers will be developed as part of comprehensive HIV/AIDS service packages that cross into the care and treatment program areas.

Program Area Targets:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	542,450
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	532
Number of targeted condom service outlets	5,016

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Quick Impact Program
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4891

Planned Funds:

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

Projects will target areas of northern and central Mozambique where USG-supported HIV/AIDS care and ART services are ongoing. 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	200	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Coverage Areas

- Manica
- Maputo
- Nampula
- Sofala
- Zambezia

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4921
Planned Funds:

Activity Narrative: This activity also related to the other Peace Corps activities in OVC (5062), other policy and system strengthening (5065) and AB (5011).

During the COP 06 period, 75 Education and 29 Health Peace Corps Volunteers combined will expect to reach 800 high-risk individuals with Other Prevention messaging, and train 20 trainers in seven provinces and Maputo city. The Education Volunteers, who teach in secondary schools, will target OP messaging for older students who are engaged in high-risk behavior (a significant number of secondary school students are over 20 years old; many have children) and through extra-curricular activities and anti-AIDS groups at schools and in communities. The Health Volunteers will provide technical assistance in OP targeted messaging to organizations who work with high risk populations (commercial sex workers, migrant workers and their spouses, sero-discordant couples, etc.). Both sectors of Volunteers will address traditional gender norms and women's rights as part of the prevention sessions, aim at reducing stigma to encourage HIV testing, and foster linkages with local health facilities.

The COP 06 Other Prevention funds will be used for training and support enhancements so that Volunteers will be more effective in their communities and organizations. The enhancements will include Volunteer housing and security upgrades; enhanced pre and in-service trainings to include other prevention knowledge and skills; in-field technical support by PC/M staff; materials development and reproduction; and the financing of organizational exchange visits, allowing Health Volunteers and their counterparts to visit each other's projects to share best practices and lessons learned.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	800	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Target Populations:

- Commercial sex workers (Parent: Most at risk populations)
- Community-based organizations
- Faith-based organizations
- Most at risk populations
- Mobile populations (Parent: Most at risk populations)
- Non-governmental organizations/private voluntary organizations
- Children and youth (non-OVC)
- Secondary school students (Parent: Children and youth (non-OVC))
- Migrants/migrant workers (Parent: Mobile populations)
- Out-of-school youth (Parent: Most at risk populations)

Key Legislative Issues

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

Coverage Areas

- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Sofala
- Tete

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Services International
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5212
Planned Funds:
Activity Narrative:

This activity was inspired by the movie "Good Morning Vietnam," about a radio disc jockey who tries to bring humor and a reality check to Armed Forces Radio and becomes wildly popular with the troops. The DoD and PSI will use "public address" announcements and programming at military facilities to strengthen HIV/AIDS risk awareness among the troops and remind them that whatever they do while serving their lives will continue after they finish their service and return to their families. The programming will emphasize primarily AB components of prevention, since risk avoidance can be more effective than risk reduction. However, considering the military as a group at high risk of HIV infection, promotion of and education in correct and consistent use of condoms, as well as mobilization for treatment of STDs, will be important in the programming.

PSI will start this activity in one military facility in FY06, expecting to expand to a few more in FY07 based on the experience from the first site. The Ministry of Defense has identified the Boane barracks in Maputo province as the first site, based on the volume of troops (recruits and veterans) in place there. A simple amateur DJ studio will be assembled, and wall/ceiling speakers installed in common areas such as dormitories, cafeterias, shower rooms, verandas, the gym, etc. Two soldiers will be trained to use the equipment; the "station" will be run by the soldiers themselves, who have the cultural knowledge of the military and will be able to focus on themes and issues relevant to their fellow soldiers. The station will play popular songs intercalated with prevention and care-seeking messages as well as HIV/AIDS related songs. In addition, messages from family, friends, and colleagues can be read, and pre-taped messages from soldiers' families or letters from their families can be broadcast. Such messages will have a strong emotional impact and provide the soldiers with a reminder of faithfulness and responsibility to their families. Interviews with fellow soldiers also will be programmed, largely focused on the topic of behavior change to avoid HIV risk and the importance of knowing HIV status.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Infrastructure	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	750	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2	<input type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

Indirect Targets

An unquantifiable additional number of people are likely to be reached indirectly with the prevention and care-seeking messages, through troops who "take the messages home" and through civilians from nearby communities who may be present in the facility as workers during the broadcasts.

Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas

Maputo

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Central Contraceptive Procurement
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5223
Planned Funds:

Activity Narrative: FY06 funding will support procurement of condoms for free distribution in calendar 2007 throughout the Mozambique health system. These are distributed in venues such as hospitals, clinics (PMTCT sites and HIV/AIDS Day Hospitals), and HIV counseling and testing centers; as well through community events by NGOs, the National AIDS Council (CNCS), and civil society organizations. These condoms are intended both the general population and the most-at-risk populations.

In previous years, the major donors of condoms for free distribution were USAID and UNFPA in Mozambique. To scale up free condom distribution in order to meet demand, especially as HIV/AIDS prevention and care services are expanding, about 40 million condoms will be needed in country by 2007, at a total budget requirement of USG funding of is requested under COP06, with the Ministry of Health (MOH) planning to cover the balance of the costs through other funding sources. USAID and the MOH are encouraging and working with other donors, such as the World Bank, to support condom procurement.

Emphasis Areas

Commodity Procurement
 Logistics

% Of Effort

51 - 100
 10 - 50

Targets

Target

Target Value

Not Applicable

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
 Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful
 Number of targeted condom service outlets

Target Populations:

- Adults
- Most at risk populations
- Discordant couples (Parent: Most at risk populations)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5230
Planned Funds:
Activity Narrative: This activity includes prorated salaries for the CDC Senior Prevention Coordinator. Work includes coordinating other prevention activities with USG-funded and non-USG-funded partners, providing technical assistance to the Mozambican Ministry of Health and National AIDS Council, participating in QA and supervision visits, providing guidance for program planning and monitoring.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of targeted condom service outlets		<input checked="" type="checkbox"/>

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Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Coverage Areas:

National

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Table 3.3.05: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	5231
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>This activity is linked to PSI activities in CT (4978) and PMTCT (5280). PSI will continue to provide logistics and technical support for condom social marketing (CSM) targeting most-at-risk groups, within the context of a number of behavior change communication (BCC) activities targeting youth and adults of reproductive age in all 11 provinces of Mozambique. This program is a key element of the comprehensive BCC program in Mozambique, that includes abstinence, delayed sexual activity for youth, partner reduction among adults, and promotion of faithfulness. Prevention activities using CSM are closely linked to PSI's work in PMTCT, CT, and promotion of timely clinical treatment of STIs. The program ensures wide availability of condoms through large and small commercial outlets and non-traditional outlets, interpersonal communications for risk reduction, mass media messages, and design, production, and distribution of print materials for health workers and targeted populations. PSI will maintain CSM distribution while increasing coverage in outlets frequented by most-at-risk groups. BCC messages on radio will encourage sexually active adults to remain faithful to one partner and otherwise to make consistent use of condoms. Young couples and sexually active youth are encouraged to prevent both unwanted pregnancies and transmission of STI, including HIV, through condom use.</p> <p>PSI will continue to implement program monitoring and assessment activities to ensure that target audiences are responding appropriately to the BCC and CSM campaigns and reducing the number of high-risk sexual encounters. Channels of communication include videos, radio broadcasts, and print media, selected in different provinces to match the demographic characteristics of urban and rural populations. Interactive peer education techniques are used with special target groups including pregnant women, mobile youth, and uniformed services personnel. PSI has developed several professional teams of local actors who use folk media including drama to achieve behavior change.</p> <p>PSI will continue to implement a specially targeted BCC strategy utilizing peer educators selected from among young police recruits. These recruits become mentors and positive role models to male youth in towns and urban areas. In 2006, 36 new peer educators who will work in 3 provinces will be trained. The objective of this component is to emphasize the value of male peer support in today's high-risk environments and to empower young males to help mentor and nurture other male youth to reduce their risky behavior. Special IEC materials targeting young policemen will be created. Eighteen police squadrons around the country will benefit from these activities. Older, more experienced policemen will be trained in supervisory roles. PSI also will support the Ministry of the Interior to develop an HIV prevention strategy to guide the work with police officers over the next 5 years.</p> <p>In 2006, PSI will intensify an existing USG-supported BCC program among the military that was initiated in 2004 with DoD funding and continued with Emergency Plan funding in FY05. Activities include interpersonal peer education and establishment of HIV/AIDS information resource centers. Based on pilot work in 2004-5, this year PSI will assist the military in designing and implementing an orientation program on HIV prevention for new military recruits that will become a standard part of their training curriculum.</p>

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Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Logistics	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	525,900	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	310	<input type="checkbox"/>
Number of targeted condom service outlets	5,016	<input type="checkbox"/>

Target Populations:

Faith-based organizations
 Most at risk populations
 Discordant couples (Parent: Most at risk populations)
 Street youth (Parent: Most at risk populations)
 HIV/AIDS-affected families
 Military personnel (Parent: Most at risk populations)
 Mobile populations (Parent: Most at risk populations)
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 University students (Parent: Children and youth (non-OVC))
 Men (including men of reproductive age) (Parent: Adults)
 Women (including women of reproductive age) (Parent: Adults)
 Out-of-school youth (Parent: Most at risk populations)
 Host country government workers
 Public health care workers

Key Legislative Issues

Gender
 Addressing male norms and behaviors
 Stigma and discrimination

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Coverage Areas

Cabo Delgado

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Tete

Zambezia

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
 Budget Code: HBHC
 Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

The Ministry of Health oversees the development of policy, guidelines, training of master trainers and M&E systems for home-based care (HBC), sexually transmitted infections (STIs) and opportunistic infections (OIs). In FY 04-05, USG support reached 9,050 direct and over 17,000 indirect beneficiaries through 47 different NGOs. The revised HBC training manual includes a TB module so that community volunteers can reinforce adherence to TB medications, educate their communities regarding TB and refer suspected cases to health centers. In collaboration with WHO, the USG supported the development of HIV and OI training manuals for nurses, medical agents and health workers. Six provincial courses were conducted, and 138 health workers were trained in OI management and basic HIV/AIDS care. Management of opportunistic infections continues to be integrated with HBC in training activities, supervision, adherence and referrals.

In FY06, the USG will continue to support the MOH National Strategic Plan and the USG Five-Year Strategic Plan to expand palliative care to PLWHA at both the facility and community levels and advance policy initiatives in support of palliative care. Direct support for service delivery will be 69% of the palliative care budget, and indirect support through capacity building for the MOH and Ministry of Women and Social Action (MMAS) (31%). Other major donors that provide complementary support for HBC include UNICEF, WFP, WHO, the World Bank, Danida; DFID and GTZ.

To complement the current 53 HBC accredited trainers, the Mozambican Nurses Association (ANEMO) will receive technical and financial support for six HBC master trainers to provide training and TA to CBOs and FBOs providing HBC. ANEMO will train and supervise 84 accredited trainers of volunteers who will train 7,200 volunteers within two years, creating the capacity to reach over 72,000 PLWHA. ANEMO will also help to supervise HBC trainers and data collection systems.

MMAS will pilot a multi-sectoral model for care and support of PLWHA to promote integration of wrap around services for HBC. This will clarify roles and responsibilities and improve linkages between public sectors, NGOs and donors. The activity leverages funds from UNICEF and the World Bank, and engages the World Food Program (WFP) and several NGOs. Food security will be sought through USAID health and agriculture programs and WFP to improve access of targeted PLWHA and their families to services and information on breast feeding, weaning foods, sanitation, water treatment, home gardens, and less labor intensive food production technologies.

The USG will continue to support the MOH in rolling out OI prevention and treatment services through procurement and distribution of OI medicines such as cotrimoxazole for at least 2,000 adults and 1,000 children; training of 175 medical agents and nurses in the prevention, diagnosis and management of OIs will be held. The training includes follow-up of ARV patients, now that MOH policy fully supports the provision of care for ARV patients by non-medical personnel.

In order to provide more effective diagnoses and treatment of STIs among community and high risk clients, the STI training materials were revised in FY 05, and, in FY 06, these will be used to in two training of trainer sessions and 15 trainings nationwide for 420 health care providers.

A target of 17,500 clients will receive direct care at the community level in accordance with MOH guidelines for home-based care. Improved data collection systems will count the number of clients served indirectly.

The leadership transition within the MOH has caused delays in training and in the development of materials and consistent data collection systems. Capacity development is a high priority for the new Minister, but reorganization and reduction of consulting staff positions have exacerbated human capacity constraints in the short term.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	53
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	82,261
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Quick Impact Program
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4890

Planned Funds:

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

Projects will target areas of northern and central Mozambique where USG-supported HIV/AIDS care and ART services are ongoing. 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Coverage Areas

Manica

Maputo

Nampula

Sofala

Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5133
Planned Funds:

Activity Narrative:

This activity is related to an OVC activity (5134) and will provide essential wrap around services to targeted PLWHA through the following two components:

1) PSI will continue to implement a program to make household-level Safe Water Systems (SWS) available to 7,000 PLWHA and their families. The SWS consist of small bottle of solution to purify water for a one month period for a family. The program will reach 3,500 additional PLWHA and provide them with an SWS through links with 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).

Using social marketing techniques, PSI will scale up marketing and distribution activities in target provinces. As distribution is pushed out through wholesalers and through retail outlets, a campaign of radio and to a lesser extent billboard and other mass media will to increase awareness of this new product.

Simultaneously, PSI will provide the USG NGO partners working in HBC and OVC with a one-day training covering the essential facts about diarrheal disease and transmission, its links to HIV/AIDS, the importance of prevention and treatment of diarrhea, and correct use of the SWS. NGO partners will assist PSI in the development of promotional materials targeted to families of PLWHAs, and will provide SWS free to the HBC beneficiaries they serve.

2) PSI also will target the distribution of 20,000 Insecticide Treated Bed Nets (ITN's) to PLWHA and their caregivers as a component of the basic hygiene kit. The MOH encourages HBC providers to have not only a HBC kit which is used by the volunteers when serving clients but also to provide hygiene kits which can be left at the clients home so that basic care can continue to be provided by family members. One component of the kits is an ITN to help ward off malaria which can be especially threatening to a PLWHA. PSI will implement the program to make the nets available to USG NGO partners implementing HBC activities, and will provide training in ITN usage, and the importance of protecting oneself against malaria which includes using nets, cleaning up around the house and removing all stagnant water from surrounding areas.

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Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Information, Education and Communication	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
HIV positive infants (0-5 years)
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Gaza
Inhambane
Manica
Maputo
Nampula
Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: World Relief Corporation
 USG Agency: U.S. Agency for International Development
 Funding Source: GAC (GHAJ account)
 Program Area: Palliative Care: Basic health care and support
 Budget Code: HBHC
 Program Area Code: 06
 Activity ID: 5136
 Planned Funds:
 Activity Narrative: This activity is related to an OVC activity (5135).

World Relief will continue to deliver quality care for the chronically ill through its existing cadre of trained animators and volunteers totaling 120 and increase the overall number by an additional 120 volunteers in FY 2006 in targeted communities. WR works through pastor networks to gather information about the communities and identify the services needed by the PLWHA. All WR animators receive Ministry of Health accredited training in home-based care, and extend this knowledge to the volunteers. Targeted 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,400	<input type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Wrap Arounds
Food

Coverage Areas

Gaza
Inhambane
Maputo

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5137
Planned Funds:
Activity Narrative: This activity is related to other WV activities in MTCT (5279), OVC (5139) and CT (5264).

WVI and NGO/CBO/FBO partners will expand upon work initiated in FY 2004 and FY 2005 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 expand the number of districts and encourage better health care for individuals by providing information about and referrals to HIV/AIDS-related services at health facilities. The 138 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. In total World Vision envisions training 132 activists and retraining 270 during the reporting period. These activists will also train family members to provide basic care to PLWHA 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	17	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,020	<input type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Indirect Targets

This activity will also include targeting over 14,000 PLWHA in stages I and II of the disease. The individuals will be assisted by trained home visitors who will: follow-up of their illness and opportunistic infections; ensure the completion of the treatment prescribed by the doctor; provide counseling, psychosocial support and advice for Positive Living through provision of psychosocial counseling; and refer individuals to health facilities.

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- Volunteers
- Caregivers (of OVC and PLWHAs)
- Religious leaders

Key Legislative Issues

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

Coverage Areas

- Sofala
- Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5141
Planned Funds:
Activity Narrative: This activity is related to an activity in OVC (5143).

HIV infected adults and children in general have greater energy needs, greater presence of micronutrient deficiencies and that growth in children can be severely impaired if infected with HIV or if they do not have access to a properly balanced diet. To achieve the full benefits of ARV, adequate dietary intake is essential and dietary and nutritional assessment is an essential part of comprehensive HIV care.

Emergency Plan funds will be used to improve the health and nutritional status of vulnerable children and households. The program may include several activities from: registering/targeting beneficiaries; verifying means of support that already exists; distributing food through USG partners; and monitoring and evaluating all activities. Activities will be based on OGAC food and nutrition guidance.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Indirect Targets

This activity will target 1,500 PLWHA receiving ART and their families, taking into account an average family size of 5 individuals, with family food rations. The daily rations for PLWHA receiving ART and their family members includes 1,200g of cereals; 200g of pulses; 100mls of Vitamin A enriched oil and 600g of corn soya blend. The target of serving 1,500 PLWHA receiving ART and their family members takes into account one meal per day over a one year period.

Target Populations:

- Community-based organizations
- Faith-based organizations
- Nurses (Parent: Public health care workers)
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- Volunteers
- Caregivers (of OVC and PLWHAs)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

- Stigma and discrimination
- Wrap Arounds
- Food

Coverage Areas

- Gaza
- Manica
- Sofala

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5146
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in MTCT (5352), CT (5235) and treatment (5229).

HAI will continue to provide technical support to two national 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 and FY2005 and includes an expansion to at least three additional sites to reach a total of 5,232 persons in home based care.

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. An estimated 15,329 seropositive patients presenting with symptoms associated with HIV/AIDS and related infectious diseases will receive care and, as appropriate, referral for ARV treatment.

It has been internationally recognized that to achieve the full benefits of ARV, adequate dietary intake is essential and dietary and nutritional assessment is an essential part of comprehensive HIV care. Based on these findings HAI will collaborate closely with World Food Program tapping into their existing program to target those HBC clients on ART to improve nutrition in the context of HIV through provision of food to PLWHA receiving ART and their families.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	15	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	20,561	<input type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Caregivers (of OVC and PLWHAs)

Key Legislative Issues

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

Coverage Areas

- Manica
- Sofala

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative agreement - CDC Brazil
Prime Partner: FIOTEC Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5197
Planned Funds:

Activity Narrative: The five year Mozambique strategic plan envisions integrated health networks where clients at high risk of testing or becoming HIV positive are able to access counseling and testing services. This activity is a continuation of South-to-South collaboration with Brazilian experts contracted through FIOTEC to support to the Ministry of Health in FY05 to update and finalize the national STI training curriculum to include HIV/AIDS and CT contents. This partner will validate and finalize the training materials by observing a training for each curriculum, implementing a trainee skills assessment and conducting observation follow-up visits to assess training methodology and content strengths and weaknesses.

Emphasis Areas

Training

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.

Populated Printable CDP

Country: Mozambique

Fiscal Year: 2006

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Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5198
Planned Funds:	[REDACTED]
Activity Narrative:	<p>Mozambique's five year strategy for palliative care emphasizes four areas: 1) to equitably expand access to comprehensive care, 2) to promote an integrated approach to care that benefits clients in need, 3) to advance policies that support and expand best-practice models of care, and 4) to improve policies, advance strategic planning and increase organizational strengthening of government and non-government partners. To date, one of the principal challenges in ensuring quality care has been the ability of the Ministry of Health (MoH) and health care facilities to adequately diagnose and treat opportunistic infections (OIs). With funds from FY06, Columbia University will build upon previous activities working in collaboration with the MoH OI Program to:</p> <ul style="list-style-type: none"> • Provide continued support for an MoH OI focal person hired in FY05 to provide leadership for the development of strategic and implementation plans for OI service delivery. Activities include revision of existing guidelines and training materials, coordination with HIV ART services and development of a plan for expanding OI diagnostic capabilities. The focal person will continue to work in coordination with focal persons for HIV treatment, HIV/TB coordination and laboratory development, as well as other relevant personnel from the MoH (e.g.: home-based care, STI, Malaria units, etc.) • Continue to provide support to the OI Working Group lead to finalize the revision of guidelines, training materials, development of monitoring and evaluation tools and a plan for expansion and strengthening of OI diagnostic capability • Provide palliative care and support for the 20,000 persons estimated to be on ARV treatment and 31,080 persons seeking care at CU-supported treatment sites • Purchase [REDACTED] in drugs for treatment of 2,000 adult HIV infected patients diagnosed with OIs and prophylaxis and/or treatment of OIs for 1,000 HIV infected infants and children. These drugs will primarily be used at Columbia University supported sites but may also be made available to other MoH sites as needed. The list of drugs to be purchased will be developed in collaboration with the Center for Drug and Medical Commodity Procurement of the Government of Mozambique, input from leading clinical experts in the country and USG supported agencies currently involved in drug procurement system development (e.g.: John Snow Incorporated). Drugs included in this list will be those needed to treat the most common OI affecting HIV infected adults and children in Mozambique.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Number of Individuals provided with HIV-related palliative care (excluding TB/HIV)	51,080	<input type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Women and Social Action, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5199
Planned Funds: [Redacted]

Activity Narrative: This is a multi-sectoral activity that addresses several of Mozambique's five year Emergency Plan goals. Most importantly, it advances policy initiatives that support palliative care including community-based psycho-social support. It also increases the quality and breadth of care to PLWHAs in the home and strengthens the capacity of key national institutions. The activities proposed here will all be done as a continuation of a USG FY05 cooperative agreement with MMAS.

In FY06, the Ministry of Women and Social Action (MMAS) will be provided with funds to acquire technical assistance to create guidelines, conduct trainings, and strengthen monitoring and evaluation (M&E) program materials for the support of integrated care and support networks. MMAS staff and community committees will also be trained in social evaluation and referral skills, and psycho-social support of families and individuals affected by HIV/AIDS, including orphans and vulnerable children. Referrals will include links to the formal sector (MMAS cash grants), the informal sector (such as World Food Program's nutritional supplements and local NGO home based care programs, which, refer to health clinics as needed). This activity will also benefit from the support of USAID, UNICEF, the World Bank and local NGOs who will provide capacity building and other support such as financing cash grants in response to the higher demand that will occur for services.

MMAS will also use funds to support direct technical assistance to create income generation guidelines, training and M&E materials. The materials will help standardize and coordinate implementing partner approaches to income generations as part of an integrated care and support package for vulnerable families. To achieve this level of consensus and standardization around effective practices, MMAS will conduct regional partners meetings.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Volunteers
- Host country government workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Coverage Areas

Sofala

Tete

Table 3.3.06: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5200

Planned Funds: [redacted]

Activity Narrative: The first two activities below [redacted] are aimed at advancing policy initiatives that support Mozambique's five year palliative care strategy including community-based psychosocial support and assuring the quality of home-based care (HBC) practices in implementing partners.

The first component provides an opportunity to monitor the effective and appropriate use of medicines in Mozambique's HBC programs. Currently NGOs are allowed to prescribe medications within Ministry of Health (MoH) guidelines according to the category of health personnel on their staff; there is, however, little oversight of this practice. Through on-sight supervision and discussions with HBC volunteers and care providers, we will assess the effectiveness of their current approach to medicine distribution. We will also determine whether additional supervision and oversight is required and if the composition of HBC kits is useful in providing better community access to medicines for opportunistic infections and pain control.

The second component is designed to support the HBC technical advisor to attend continuing education trainings or conferences with a multisectoral team composed of the Ministry of Women and Social Welfare (MMAS). In addition, funds have been allocated for travel to pilot sites for supervision of integrated care and support system sites and income generation activities are ongoing, also with participation from MMAS. By ensuring that there is a multisectoral team, we are promoting the development of stronger institutional ties between MMSA and MoH, and better coordinated and integrated referral systems in practice. Funds are also allocated for routine supervisions of HBC Programs by the technical advisor throughout the country.

Finally, the third component of this activity sheet provides critical salary allocations for care. Consistent with the management and staffing appendix of the five year strategy for Mozambique's Emergency Plan, funding [redacted] is requested for prorated salary costs of CDC staff working in this technical area. This includes a portion of the salary of the Care and Treatment Coordinator and of the Training Specialist. In addition, a new position of Opportunistic Infection/TB-HIV Specialist is proposed, with salary spread between Basic and TB/HIV Palliative Care. This person would take the lead in CDC's palliative care activities, providing direct technical assistance and guidance to the MoH, MMAS, Columbia University, and other partners working in this area.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Volunteers
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	BASE_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5224
Planned Funds:	<input type="text"/>
Activity Narrative:	This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Program Support Specialist. Work includes coordinating the cooperative agreement with the Ministry of Health and the Ministry of Women and Social Welfare. A second program support specialist position is proposed to assist in coordination of expanding activities under the cooperative agreement.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5225
Planned Funds:	<input style="width: 50px; height: 15px;" type="text"/>
Activity Narrative:	This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Director, Home-Based Care Specialist, and Lead Training Specialist. Work includes coordination of palliative care activities with the Ministry of Health and Ministry of Women and Social Welfare, quality assurance activities and training. A position of Health Communications Specialist is proposed to assist in training, HR development and health communications activities.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Caregivers (of OVC and PLWHAs)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Foundation for Community Development, Mozambique
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHA) account
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5321
Planned Funds:	<input type="text"/>
Activity Narrative:	This activity is related to other FDC activities in OVC (5320) and AB (5283).

FDC will continue to provide care to HIV+ chronically ill persons in communities in the Maputo Corridor through subgrants to one local CBO; the Association of Mozambican Nurses and to the extent possible new CBO/FBO partners. Over 390 trained 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.

UNCLASSIFIED

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	12	<input type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,900	<input type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Gaza
Inhambane
Maputo

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5324
Planned Funds: [redacted]
Activity Narrative: This activity is related to an OVC activity (5323).

The purpose of this activity is to build the capacity of local organizations to implement palliative care activities and to roll out the MOH accredited training in HBC to increase the number of individuals receiving quality care services. The detailed activities include:

1 [redacted] AED will continue to work with Mozambican networks and organizations that work with PLWHA and together have national reach. FY06 represents year 2 of a planned 3 year activity that began in FY 2005 with strengthening of local organizations and networks; clients reached with services will continue to increase in FY2006 and FY2007. This support will continue to strengthen the capacity of nascent Mozambican support networks as well as national organizations and provide additional support to their members to deliver essential services to PLWHA, focusing geographically on the catchment areas of USG-support clinical care and ARV treatment sites. AED will focus training efforts on the member organizations of the networks and other national organizations and will include in certain cases grants management and proposal writing so that these organizations will be able to apply to the National AIDS Council and for other funding sources to continue and expand service delivery beyond the Emergency Plan contributions. Training for the networks will focus on increasing their abilities to account for funds, subgrant to member organizations and report results. It is envisioned that the networks and/or organizations served during year one will become future Mozambican umbrella organizations. FY2006 Emergency Plan support for this program is with Orphans and Vulnerable Children.

2 [redacted] In addition to providing capacity building training to the Mozambican Nurses Association (ANEMO), AED will subgrant to the organization to continue to play the role of master trainers for HBC in Mozambique. In FY2005 ANEMO received funding through a subgrant to administer the MOH accredited training in HBC to CBO/FBO/NGOs providing palliative care services. Recognizing that ANEMO is a relatively weak organization it was decided that under the guidance and technical expertise of AED the organization could flourish and continue to provide a critical service to Mozambican society in a more efficient and effective manner.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Indirect Targets

If additional funding is available for this activity under the plus-up scenario it is envisioned that small grants will be provided to the networks and/or organizations receiving capacity building support in order to carry out activities including training 275 individuals in HBC and provision of care to 2,750 PLWHA.

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Follow-on to IMPACT
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5326
Planned Funds:
Activity Narrative: This activity is related to an MTCT activity (5269).

This TBD partner will continue work with the MOH in training health workers to strengthen the management of sexually transmitted disease transmission (STI). This work began in FY05 through Family Health International. Using a training of trainers model (TOT) and technical experts from FHI, a Brazilian organization called FIOTEC and the Ministry of Health, master trainers will provide additional training to health workers and counselors who assist in the management and treatment of STIs in health facilities throughout the country. Two training-of-trainers sessions will be conducted, along with 15 training sessions nationwide for health care providers. The objective of the training component is to strengthen the HIV treatment and care network by offering more effective diagnosis and treatment of STIs among community and high risk clients and to provide education and advice. The activity will improve health workers skills in following the national STI protocol and will strengthen health worker communication with their clients on the relationships between STI, risks of infection to their sexual partners and the need to change behaviors. Trainings will take place at central, regional and provincial levels.

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Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Key Legislative Issues

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

Coverage Areas:

- National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5354
Planned Funds:
Activity Narrative: This activity has two components designed to reduce stigma and discrimination.

The first component includes developing a series of tool kits to be used to raise awareness of HIV/AIDS and the rights of PLWHA, promotion of life skills and self reliance as well as promoting action to challenge HIV stigma. The tool kits will be developed to provide people working in the AIDS field—especially the "front-line" workers—with a set of flexible educational materials to raise their own understanding and help them facilitate raising awareness and other life skills with community groups. The idea behind the toolkit is to promote an openness or space where AIDS professionals and community members can talk about their own fears and concerns about AIDS, look at the roots of stigma and how it affects PLWHAs, families, children and communities and develop strategies and skills to confront stigma and discrimination.

The second component involves working directly with sero-positive individuals to reduce risky behaviors. Presently there are few effective interventions designed to help sero-positive persons. To date most prevention efforts have focused primarily on reducing the risk of infection among HIV-uninfected individuals. Program areas may include some or all of the following:

- Interventions for HIV-sero-discordant couples
- Enhanced post-test counseling at counseling and testing sites
- Ongoing prevention counseling at clinics and testing sites with both partners
- Support/counseling groups for HIV-infected persons
- Community (e.g. post-test clubs) or clinic-based (e.g., PLWHAs)
- Prevention interventions integrated into HIV care and/or treatment
- Prevention messages delivered by the health care provider
- When available, HIV counselor can provide more in-depth discussion of prevention issues and skills training on disclosure to partner, negotiation of safer sex, reducing number of sexual partners, etc.
- HIV prevention intervention delivered at each care/treatment visit
- Providing written information available in the clinic and provided to the patient as appropriate

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)

Number of individuals provided with HIV-related palliative care (excluding TB/HIV)

Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.

Indirect Targets

100 community-based peer educators (possibly including health care workers) will be trained to use tool kits developed to reduce stigma and discrimination through face-to-face activities with PLWHA and other family and community members.

Target Populations:

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gaza

Maputo

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
 Budget Code: HVTB
 Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

Tuberculosis is the major opportunistic infection that affects PLWHA. Until recently, however, the TB Program had been a missed opportunity for identifying those in need of HIV/AIDS care, and vice-versa, due to lack of coordination between the TB and HIV/AIDS programs. The TB Program has implemented the DOTS strategy effectively throughout health centers in Mozambique with technical assistance from the Royal Netherlands Tuberculosis Association. However, because it has functioned so effectively as a stand-alone program, there has been some reluctance to move toward collaboration with other programs. Since morbidity and mortality rates among TB/HIV co-infected patients are high, the development and implementation of new models of collaboration and integration between TB and HIV care programs is a high priority.

FY 05 funding for TB/HIV activities was directed towards supporting the Ministry of Health (MOH) to develop policies, guidelines and training materials that could provide the framework for integrating TB and HIV services. A manual has been developed to train nurses, medical agents and doctors in the integration of TB/HIV services. In addition to the support provided by Emergency Plan, USAID also provides support to the National TB Program in the area of TB/HIV and expansion of DOTS through the TB Coalition for Technical Assistance (TBCTA) based in Washington.

In FY06, USG funding will provide technical assistance to the MOH for integrating TB and HIV services. First steps will include development of an implementation plan for the integration of TB/HIV services and prioritizing strategies to better coordinate services between the two programs. Two TB/HIV model centers will be developed at USG-supported HIV care and treatment facilities to serve as learning centers for implementation of integrated TB/HIV programs. By the end of FY06, integrated TB/HIV programs will be implemented at all USG supported treatment sites based on nationally and internationally approved approaches to TB and HIV integration.

The USG will support recruitment of central level staff to lead the planning and implementation of TB/HIV programs and the development of patient tracking tools, TB screening tools and protocols for ARV treatment for TB/HIV co-infection. Comprehensive models for integration with HIV testing, provision of ARV treatment and referrals will be tested. Using an approved algorithm from the National TB Control Program, expanded HIV opt-out testing in TB sites will be expanded, and referral of co-infected TB/HIV patients from the TB clinic to treatment sites will be strengthened. Prophylactic medications, including cotrimoxazole, will be provided to TB/HIV co-infected persons.

These activities will strengthen the integration of TB and HIV in sites providing HIV care services. By the end of FY06, at least 29 USG supported sites in 7 provinces (Maputo, Gaza, Zambezia, Nampula, Manica, Sofala, and Inhambane) will provide TB/HIV services to 3,750 HIV infected persons, including prophylaxis against TB and other opportunistic infections; 3,000 new cases of TB will be diagnosed and provided with appropriate treatment at these sites.

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	25
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	200
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,000
Number of HIV-infected clients given TB preventive therapy	3,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5201
Planned Funds:

Activity Narrative: Developing linkages and referrals for patients co-infected with HIV and TB to insure comprehensive care and treatment is integral to Mozambique's five year strategic vision. The primary goal of this funding would be to enhance linkages between HIV and TB programs at specific points of service to improve the identification of co-infected patients. This activity has several different components.

The first component is to continue to provide technical assistance to the Ministry of Health (MoH) to improve its capacity for monitoring and evaluation of HIV/TB program integration and to support the HIV/TB working group of the MoH.

The second component is aimed at providing continued support to the implementation of model centers for HIV/TB integration at two Columbia University (CU) ART facilities. One of these "TB/HIV model centers" is located at the Mavalane General Hospital in Maputo city. The second site under consideration is the Nampula Military Hospital in Nampula province. These model centers are being designed to address critical issues related to the on-site implementation of HIV/TB service integration in Mozambique. Some of these issues include:

- Defining the feasibility and use of IHN prophylaxis for HIV infected adults and children in Mozambique, development of job aids useful to the primary level health care provider to facilitate recognition of patients with co-infections
- Developing clinical records that link information from both programs
- Establishing functional, scalable referral systems for patients between TB and HIV services. Model center services are designed to readily identify HIV/TB-co infected individuals seeking care at different entry points (e.g.: ART clinic, TB clinic, in-patient wards and antenatal clinics) and to ensure the timely use of TB treatment and ART as indicated. Health facility-based services will be linked with existing community and home-based services offered by other organizations, located in the same geographic area of the model centers; thus creating a network of services to and from the health facility and into the community.

A third component of this activity is the implementation of basic measures to support the widespread integration of TB/HIV services at other USG ART sites. Accordingly, CU will initiate site level activities that ensure HIV testing, prevention education, and referral for HIV care are included in a basic care package for all TB patients. These activities will include

- Training 30 to 40 nurses providing directly observed therapy (DOT) to TB patients in HIV counseling and testing
- Implementing on-site HIV testing at DOT clinics located in proximity to USG-supported HIV care and treatment facilities
- Establishing protocols for referral and treatment of TB patients with HIV infection to HIV care and treatment programs.

A fourth component of TB/HIV integration activities implemented by CU will be to offer cotrimoxazole prophylaxis to all TB/HIV co-infected patients through DOT clinics located in the vicinity of CU-supported ART facilities. To fulfill this, CU will provide support to:

- Establish stocking, procurement, distribution and administration systems for cotrimoxazole prophylaxis for HIV-infected TB patients at DOTS clinics
- Develop a referral system to HIV services for continuation of cotrimoxazole after TB treatment is complete
- Provide monitoring and evaluation support to evaluate program feasibility and monitor adverse events.

Finally, in a fifth component, CU will work with the MoH to strengthen the pediatric

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component of HIV/TB program integration. These activities will include:

- Developing and evaluating TB screening and diagnostic tools for children
- Introducing a package of TB care and treatment for HIV exposed and infected children at CU-supported ART facilities
- Implementing HIV testing for children with TB
- Improving the detection of TB in children of HIV/TB dually infected adults
- Establishing a pediatric TB/HIV model program at the pediatric centers of excellence, beginning at the Maputo Central Pediatric Day Hospital.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	25	<input type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	200	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,000	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	3,000	<input type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Gaza
- Inhambane
- Maputo
- Nampula
- Zambezia

Table 3.3.07: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5226
Planned Funds:

Activity Narrative: This activity relates to activities described in HIV/AIDS care: Palliative section and includes prorated salaries for the CDC technical staff members working in this technical area. Staff includes a proposed OI-TB/HIV specialist who would focus on opportunistic infections in order to catalyze activities with our partners and integrate best practices in country programs. This individual will work with the Ministry of Health focal person within tasked to lead the planning, development and implementation of OI programs in Mozambique. Support and oversight will also be provided for TB/HIV activities that will be undertaken by Columbia University within their ARV treatment sites and TB/HIV models centers.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	51 - 100
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
 Policy makers (Parent: Host country government workers)
 Host country government workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5227

Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC technical staff members working in this technical area. Staff include CDC's Program Support Specialist. Work includes coordinating the cooperative agreement with the Ministry of Health and Columbia University (CU). A second program support specialist position is proposed to assist in coordination of expanding activities under the cooperative agreement. The CU program has expanded since it started two years ago although the original focus of supporting laboratory and treatment services has not changed. During FY06 CU will expand its program to 25 treatment sites and is expected to increase staffing levels with consequent and expected increase in administrative requirements.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
 Policy makers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 5228
Planned Funds:
Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Deputy Director and Lead Training Specialist. Work includes coordination of TB/HIV activities with Ministry of Health and Columbia, surveillance of TB/HIV, commodity procurement and distribution, and human resource development. A position of Health Communications Specialist is proposed to assist in training, HR development and health communications activities.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		<input checked="" type="checkbox"/>
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		<input checked="" type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
 Policy makers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
 Budget Code: HKID
 Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

Programs for orphans and vulnerable children (OVC) have improved significantly over the past two years, principally due to the efforts of USAID in collaboration with UNICEF and the Ministry of Women and Social Action (MMAS), the Mozambican ministry responsible for OVC. Guidance for OVC programs in Mozambique is based on The Global Framework for Orphans and Vulnerable Children, draft guidance from OGAC's OVC Working Group, the UNGASS goals and recommendations from the Rapid Assessment, Analysis and Action Planning (RAAAP) process, a multi-country, sub-Saharan initiative funded by USAID, UNICEF, UNAIDS and WFP. The USG Five-Year Strategic Plan aims to 1) Mobilize and support local response; 2) Standardize essential services for OVC; and 3) Strengthen the enabling environment and government response. The USG continues to support direct service delivery (82% of FY 06 OVC funding in the CDP) to achieve client targets, and capacity building of government and civil society for building long-term sustainability (18% of funding).

In 2005, MMAS established its sectoral plan for HIV/AIDS, including a National Plan of Action for OVC. The second and last phase of the OVC situational analysis is under way (ESF funding), with a final national report of the situation of OVC in Mozambique due by early 2006. MMAS has also undertaken M&E and costing exercises as the final steps of the RAAAP process. MMAS received \$2.7 million in MAP funding for overall capacity building, with a particular focus on planning and financial management.

To improve direct service delivery to OVC, the USG and its eight OVC NGO implementing partners established country-level guidelines for a package of six essential OVC services to be provided by 2006. This USG standard was the point of reference for MMAS in establishing national OVC guidelines, and influenced subsequent OGAC guidance. In the first half of FY05 over 63,000 OVC were reached with three of the six essential services through USG-supported NGO, CBO and FBO partners. With FY 06 funds implementing partners will provide all six direct services to approximately 140,000 OVC. The priority for FY 06 will be to ensure essential services continue for current beneficiaries before reaching new OVC and advancing toward the FY 2008 target of 200,000.

Implementing partners are also encouraged to tap other sources to help with wrap-around services. Training and capacity building will enable CBOs to apply for funding from the multi-donor supported Common Fund administered by the National AIDS Council, and to better monitor program progress. The Ministry of Education has abolished school fees at the primary school level, but OVC still need support for school materials and other costs in order to access basic education. In FY 05, the Ambassador's Girls' Scholarship Fund is providing educational support for 6,000 girls. MMAS is streamlining the process for legal registration of children, a critical step in obtaining a poverty certificate for OVC and secondary school enrollment. FY 06 support to the World Food Program will provide a basic ration to 12,000 of the most vulnerable children.

USG supports the development of the M&E system for MMAS, in keeping with the "Three Ones" principal of "ONE" national M&E system, and has provided technical assistance to assist MMAS in rolling out the OVC Implementation Plan. FY 06 funding will support the Hope for African Children Initiative (HACI) to take the lead role in developing civil society awareness of OVC and in sharing programmatic lessons learned for OVC.

Of the many international donors and several UN organizations that support HIV/AIDS and OVC, the USG is the largest donor for OVC, and UNICEF and DFID are also important contributors to OVC policy development, planning and service delivery in Mozambique.

Program Area Target:

Number of OVC served by OVC programs	140,842
Number of providers/caretakers trained in caring for OVC	10,063

Populated Printable: CDP
 Country: Mozambique

Fiscal Year: 2006

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Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5062
Planned Funds:
Activity Narrative: This activity related to other Peace Corps activities in OP (4921), AB (5011) and system strengthening (5065).

During the period of the 2006 COP, approximately 10 Health Peace Corps Volunteers will be assisting organizations and communities to support orphans and vulnerable children (OVCs) in six provinces and in Maputo city. They will assist in service provision for 500 OVCs, the training of 30 caretakers or service providers, and provide capacity building support to 20 organizations in OVC care and/or service provision (the latter is reported under Other/Policy Analysis & Systems Strengthening). The Volunteers' primary assignment will be to provide technical assistance to a range of Mozambican organizations and associations supporting OVCs. Volunteer placements will either be placed directly with small Mozambican NGOs or CBOs, or in international or national umbrella NGOs that provide assistance to Mozambican OVC organizations. At community level, the Volunteers will be active in assisting communities and organizations in conducting household and community vulnerability studies and planning for community responses to ensure an adequate level of health and welfare for those children identified as vulnerable. Volunteers will assist communities and organizations in the provision and coordination of OVC basic services, including access to health services, education, shelter, legal rights, income generating activities, and food and nutritional support, as well as provide training to communities on a range of health topics, such as nutrition and nutritional gardening, and basic health and hygiene. Their activities with communities will aim to reduce stigma and discrimination against OVCs, as well as address traditional gender roles and biases that create discrimination and put males and females at risk of HIV infection.

In addition to their work in communities, Volunteers will provide technical assistance to organizations operating OVC day centers. Their support activities will include the establishment of systems, policies and practices that ensure the delivery of adequate standards of care and services (reported under Technical Assistance for Local Organization Capacity Development), as well as developing programs that prepare OVCs for adulthood and independence, such as educational and life skills programs, skills for income generating activities, and various forms of counseling and therapy that aid children in overcoming trauma.

The COP 06 proposed budget for OVC support will allow PC/M to continue its planned strategy of expansion of the Health Volunteers, geographically and numerically, focusing on less-served areas, and providing enhancements to their training and support to ensure improved output. The budget will be used for OVC materials development and reproduction; pre-service and in-service training enhancements for improved OVC skills and knowledge; accommodation rentals and security enhancements for the Health Volunteers so that they can be placed with organizations that, otherwise, could not afford to house them; organizational exchange visits, allowing Health Volunteers and their counterparts to visit each other's projects to share best practices; PC/M staff office supplies, communications and travel enhancements for efficient and effective support of the Health Volunteers; and PC/M staff capacity building in PEPFAR and HIV/AIDS through post exchanges and conferences.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	30	<input type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- Program managers
- Religious leaders

Key Legislative Issues

- Gender
 - Addressing male norms and behaviors
 - Reducing violence and coercion
 - Increasing women's access to income and productive resources
- Stigma and discrimination
- Wrap Arounds
 - Food
 - Education

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKJD
Program Area Code: 08
Activity ID: 5134
Planned Funds:

Activity Narrative:

This activity is related to a palliative care activity (5294) and will increase essential wrap around services to OVC through implementation of the following two components:

1) PSI will continue to implement a program to make household-level Safe Water Systems (SWS) available to those infected and affected by HIV/AIDS. The SWS consist of small bottle of solution to purify water for a one month period for a family. The program will reach 3,500 additional PLWHA and provide them with an SWS through links with 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).

Using social marketing techniques, PSI will scale up marketing and distribution activities in target provinces. As distribution is pushed out through wholesalers and through retail outlets, a campaign of radio and to a lesser extent billboard and other mass media will to increase awareness of this new product.

Simultaneously, PSI will provide the USG NGO partners working in HBC and OVC with a one-day training covering the essential facts about diarrheal disease and transmission, its links to HIV/AIDS, the importance of prevention and treatment of diarrhea, and correct use of the SWS. NGO partners will assist PSI in the development of promotional materials targeted to families of PLWHAs, and will provide SWS free to the HBC beneficiaries they serve.

2) PSI also will target the distribution of 18,750 Insecticide Treated Bed Nets (ITN's) to OVC under five years of age and their caregivers in Zambezia Province. The Ministry of Women and Social Action, USG's main government counterpart for OVC service provision, included ITNs in their costing exercise when determining the average cost per client for caring for OVC and has encouraged NGOs, CBOs, PVOs and FBOs to assist in the provision and distribution of nets. PSI will implement the program to make the nets available to USG NGO partners implementing HBC activities, and will provide training in ITN usage, and the importance of protecting oneself against malaria which includes using nets, cleaning up around the house and removing all stagnant water from surrounding areas.

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Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

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

Coverage Areas

Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5135
Planned Funds:
Activity Narrative: This activity is reallocated to an HBHC activity (5136).

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 and 2005. 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 of providing six essential services to each OVC in order to be considered "reached". 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. In addition WR will work closely with its agriculture projects to train OVC and their caregivers in establishing and maintaining community plots both for production for sale and consumption.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	19,500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	2,000	<input type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

UNCLASSIFIED

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Increasing women's legal rights
Stigma and discrimination
Wrap Arouds
Food
Education

Coverage Areas

Gaza
Inhambane
Maputo

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5139
Planned Funds:
Activity Narrative: This activity is related to other World Vision activities in CT (5264), MTCT (5279) and HBHC (5137).

WVI and sub-partner Aid for Development People to People (ADPP) will continue USG-supported OVC programs in targeted districts of Zambezia and Sofala provinces, building on services started in 2004 and 2005 and expanding to nearby high-need communities. Through community committees, WVI and ADPP provide a basic set of six essential services for OVC as defined by the Ministry of Women and Social Action (MMAS) and the USF. WVI 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 continue to work with MMAS to initiate and improve needed support services for OVC, especially for child-headed households.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	33,342	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	2,200	<input type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Indirect Targets

World Vision will work closely with PSI to implement a program to make household-level Safe Water Systems (SWS) available to those OVC who are part of the WV program. In addition OVC under five years of age who are beneficiaries of World Vision services in the province of Zambezia will be targeted for the distribution of 18,750 Insecticide Treated Bednets. These two interventions will provide essential wrap around services for targeted OVC.

UNCLASSIFIED

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Wrap Arounds
Food
Education

Coverage Areas

Zambezia

UNCLASSIFIED

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: World Food Program
 USG Agency: U.S. Agency for International Development
 Funding Source: GAC (GHAJ account)
 Program Area: Orphans and Vulnerable Children
 Budget Code: HKID
 Program Area Code: 08
 Activity ID: 5143
 Planned Funds:
 Activity Narrative: This activity is related to an HBHC activity (5141).

The World Food Program has worked closely with WHO efforts to develop approaches based on the latest available scientific evidence with respect to identifying the macronutrient and micronutrient needs of HIV-infected peoples, the specific nutritional needs of children infected and affected by HIV/AIDS and the nutritional needs of HIV-infected adults and children receiving ART. It was recognized that HIV infected adults and children in general have greater energy needs, greater presence of micronutrient deficiencies and that growth in children can be severely impaired if infected with HIV or if they do not have access to a properly balanced diet. To achieve the full benefits of ARV and proper growth of a vulnerable child, adequate dietary intake is essential and dietary and nutritional assessment is an essential part of comprehensive care. Based on these findings this activity will expand existing interventions being carried out by WFP in Mozambique to improve nutrition in the context of HIV and OVC through provision of food to OVC and their caregivers. The goal of the activity is to improve the health and nutritional status of vulnerable children and households. WFP will provide a supplementary ration to OVC living in vulnerable, food-insecure households. Criteria has been established to identify those that are food-insecure and WFP will work in close collaboration with USG implementing partners providing care to OVC to ensure that the rations are reaching the intended individuals. The rations do not constitute a complete diet for the OVC and caregivers but is meant to supplement other foods that the person has access to. The program includes several activities from: registering/targeting beneficiaries; verifying means of support that already exists; distributing food through USG partners; and monitoring and evaluating all activities. Clear and fixed discharge criteria will be established so that food assistance is not seen as interminable. WFP will also ensure that there is an exist strategy in place. FY2006 EP support for this program is shared across the Palliative Care: Basic Health Care and Support program area. The bulk of funding for this activity will be used for procurement of food both locally, regionally and internationally, and subsequent distribution.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of Individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

UNCLASSIFIED

Indirect Targets

This activity will target 12,000 OVC. The daily rations for OVC includes 500g of cereals; 50g of pulses; and 20mls of Vitamin A enriched oil. The target of serving 12,000 OVC takes into account one meal per day over a one year period.

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Wrap Arounds

Food

Coverage Areas

Gaza

Inhambane

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
 Prime Partner: Foundation for Community Development, Mozambique
 USG Agency: U.S. Agency for International Development
 Funding Source: GAC (GHAI account)
 Program Area: Orphans and Vulnerable Children
 Budget Code: HKID
 Program Area Code: 08
 Activity ID: 5320
 Planned Funds:
 Activity Narrative: This activity is related to other FDC activities in palliative care (5321) and AB (5283).

The following two activities are designed to increase quality services to OVC through local organizations and to increase the ability of the Ministry and of Women and Social Action to provide leadership for the national OVC response.

1) In this activity, 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 and FY 2005 funds, and extend services slightly to reach OVC in adjacent areas with six essential services as defined by the Mission and the Ministry of Women and Social Action. 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 and those children who are in the "window of hope" age group (10 years and under). The program will also target activities at older widows and widowers who are caregivers for many OVC and empower them to better care for the children and meet their physical, psychological and social needs.

2) In the second activity FDC will provide technical assistance to the Ministry of Women and Social Action to build MMAS 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). MMAS 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

UNCLASSIFIED

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	12,500	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	833	<input type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Most at risk populations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Addressing male norms and behaviors
Stigma and discrimination
Wrap Arounds
Food
Education

Coverage Areas

Gaza
Inhambane
Maputo

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5323
Planned Funds:
Activity Narrative: This activity is related to a palliative care activity (5324).

AED will continue to work with Mozambican networks and organizations that work with OVC and together have national reach. FY06 represents year 2 of a planned 3 year activity that began in FY 2005 with strengthening of local organizations and networks working in home-based care activities; clients reached with services will continue to increase in FY2006 and FY2007. This support will continue to strengthen the capacity of these nascent Mozambican support networks as well as national organizations and provide additional support to their members to deliver essential services to orphans and vulnerable children, focusing geographically on the catchment areas of USG-support clinical care and ARV treatment sites. AED will focus training efforts on the member organizations of the networks and other national organizations and will include in certain cases grants management and proposal writing so that these organizations will be able to apply to the National AIDS Council and for other funding sources to continue and expand service delivery beyond the Emergency Plan contributions. Training for the networks will focus on increasing their abilities to solicit, receive and account for funds, subgrant to member organizations and report results. It is envisioned that the networks and/or organizations served will become future Mozambican umbrella organizations. FY2006 Emergency Plan support for this program is shared with Palliative care/basic health care and support.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Indirect Targets

If additional funding is available to Mozambique under the plus-up scenario it is envisioned that small grants will be provided to the networks and/or organizations already receiving capacity building training in order to carry out activities including training volunteers to provide care to OVC and delivery of services to OVC. Under the plus-up scenario \$300,000 has been requested to reach 4,000 OVC with six essential services and train over 266 caregivers of OVC.

Target Populations:

- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Save the Children US
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5335
Planned Funds:

Activity Narrative: Under this Track 1 project Save the Children (with the SAVE Alliance and the Hope for African Children Initiative) will continue 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 under SAVE Norway, and to HACI which has made 3 subgrants to local NGOs. As of mid-year 2005 (March reporting period) SCF US had provided at least 3 essential services to over 40,000 OVC in a 6 province geographic target area. Over 8,000 individuals were trained in various aspects of caring for OVC including providing psychosocial support, referrals to health posts, livelihood training and support and ensuring that the children were in school and had access to education support. Identification of, and provision to, OVC is carried out by the 122 Community Committees that receive regular supervision from SCF US and its partners. It is anticipated that SCF US and its partners will "reach" over 60,000 OVC in FY06 and train 4,000 volunteers in OVC care and support skills.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	60,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	4,000	<input type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Most at risk populations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- Program managers
- Volunteers
- Caregivers (of OVC and PLWHAS)
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination
- Wrap Arounds
- Food
- Education

Coverage Areas

- Gaza
- Manica
- Maputo
- Sofala
- Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Hope for African Children Initiative
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5340
Planned Funds: [Redacted]

Activity Narrative: CARE will continue to 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 continue to 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 (MMAS)-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 MMAS policy review and reform, and will lay the foundation for a multi-sectoral approach to OVC services over the longer term. Under this activity HACI will closely coordinate its efforts with activities funded by SCF US which have resulted in HACI providing sub-grants to three local organizations to deliver a complete package of care to OVC in Mozambique.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- International counterpart organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Host country government workers

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5341

Planned Funds:

Activity Narrative: Under this Washington awarded agreement Project Hope will provide care, support and protection for OVC and their caregivers by strengthening the coping capabilities of household and communities caring for OVC by: improving economic status and quality of living for OVC and caregivers; strengthening capacity of families to provide care and support; establishing community networks linking support services; and establishing replicable models for strengthening the ability of household to care and support OVC. The premise of activities is based upon working with existing Village Health Banks (VHB) and forming new VHBs. Activities include training volunteers from the VHB to provide OVC services to the participating households of the VHB including micro-credit activities. Project Hope will also provide training and support to families of OVC in such partner organizations as INAS, NTSWANANO, ADS, CHIKUHA, VUKOXA and SCF US. The project plans to "reach" 3,600 OVC by September 2005 and train 336 volunteers in identifying and caring for OVC in the Province of Gaza. By September 2007 over 15,000 OVC will have been "reached" with six essential services as defined by the USG in conjunction with the Ministry of Women and Social Action and training provided to 1,000 volunteers in the Provinces of Gaza and Zambezia.

Emphasis Areas

% Of Effort

Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	667	<input type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Most at risk populations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- Program managers
- Volunteers
- Caregivers (of OVC and PLWHAs)
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders

Key Legislative Issues

- Gender
- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination
- Wrap Arounds
- Food
- Education

Coverage Areas

- Gaza
- Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Africare
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5342
Planned Funds:

Activity Narrative: Under this Washington awarded project Africare will provide care, support and protection for OVC and their caregivers by strengthening the capacity of families to cope with their problems and increasing the capacity of children and young people to meet their own needs. The objectives of the project include enhancing local capacity including government and communities to support a basic care package for OVC and increasing access to direct support services for OVC and caregivers. The project will ensure that OVC are receiving the six essential services defined by the USG and the Ministry of Women and Social Action to needed to be considered "reached". Africare is in the early stages of setting up the project in the Manica Province recruiting staff, liaising with government officials and identifying beneficiaries. It is anticipated that Africare will reach 5,000 OVC during FY 2006 and train over 300 volunteers in care and support skills for OVC. Africare will also collaborate closely with its ongoing household food security program in the Province of Manica to ensure that OVC and their caregivers have access to nutrition and agriculture messages.

UNCLASSIFIED

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/>
Number of providers/caretakers trained in caring for OVC	333	<input type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Gender
Increasing gender equity in HIV/AIDS programs
Stigma and discrimination
Wrap Arounds
Food
Education

Coverage Areas

Manica

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Opportunity International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5345
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. OI provides loans, savings and insurance to the poor focusing on community caregivers. Habitat provides capacity building support to community groups and fosters the management of home construction projects by locally elected volunteer committees.

Implementation of the program started in April 2005 with Habitat for Humanity building ten houses and renovating one house in some highly HIV/AIDS affected areas of southern Mozambique. A community education program on HIV/AIDS was provided in all the communities in which Habitat worked. As of June 2005, 36 OVC were provided with shelter. During FY2005 OI was granted approval for a banking license in Mozambique. It is anticipated that four branches, to be acquired from CARE International, will be opened in Maputo, Beira, Chimio and Quelimane during FY2006. OI will also take over CARE International's loan portfolio of [] and 2,914 active clients.

B5

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		<input checked="" type="checkbox"/>
Number of providers/caretakers trained in caring for OVC		<input checked="" type="checkbox"/>
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>

Indirect Targets

Targets for FY2006 include over 3000 people trained in HIV/AIDS health education, over 400 micro finance clients trained as Peer Educators, and over 100 persons trained in succession planning. Habitat will build 36 houses accommodating 112 OVC. This will include training over 100 OVC in house construction/renovation techniques, including 20 OVC in apprenticeship programs, and providing 200 OVC with improved shelter. OI will issue an additional 1,500 plus loans of which almost half will be to women during FY2006. The micro finance clients, trained in caring for OVC, will reach over 3,000 OVC.

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Non-governmental organizations/private voluntary organizations
 Orphans and vulnerable children
 Program managers
 Volunteers
 Caregivers (of OVC and PLWHAs)
 Religious leaders

Key Legislative Issues

Gender
 Increasing women's access to income and productive resources
 Stigma and discrimination
 Wrap Arounds
 Microfinance/Microcredit

Coverage Areas

Manica
 Maputo
 Sofala
 Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 5351
Planned Funds:

Activity Narrative:

This Targeted Evaluation is part of a multi-country approach to determine effective community-based group care for OVC. Group care will become necessary as the number of OVC increase over the next 10 to 15 years, and the traditional community-based family foster care is no longer an option. Institutional care is both too costly and non-preferred form of OVC care in the African context. Through this targeted evaluation, the Emergency Plan will identify and analyze various types of community-based group care that is currently operating and theoretical models that could operate in rural and peri-urban African countries. An analysis will be conducted of how group care supports OVC in the community context and what specific components of care need to be present to ensure that quality care is being provided that will contribute to a productive future for OVC. Program components will be age appropriate with a focus on the most vulnerable populations in resource poor countries. The Mission will tap into a centrally funded TE to study a model of community group care with standardized indicators and methods being employed to study different models of care for OVC in other countries and settings.

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Emphasis Areas

% Of Effort

Strategic Information (M&E, IT, Reporting)

51 - 100

Targets

Target

Target Value

Not Applicable

Number of OVC served by OVC programs

Number of providers/caretakers trained in caring for OVC

Number of staff trained in OVC policy and program coordination

Number of individuals trained in monitoring and evaluation of OVC services

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Manica

Maputo

Sofala

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
 Budget Code: HVCT
 Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

The Ministry of Health (MOH) began implementation of the National Counseling and Testing (CT) program in 2000 with four CT sites. By the end of 2004, the program had expanded CT services to 113 locations providing services to over 190,000 clients. These service sites included 50 conventional VCT centers, 23 antenatal clinics where CT is provided within the context of PMTCT, 23 VCT satellite sites (where staff from conventional VCT sites provide services once or twice a week in remote areas), six youth centers and two hospital inpatient wards. By the end of July 2005, the number of CT service sites had further increased to 155, of which 54 sites are currently receiving direct USG support.

CT services are the entry point for HIV care and treatment services, but challenges remain. The number and distribution of CT sites do not fully meet the demands for testing, especially in rural areas. Human resource constraints, especially the number of CT counselors, hamper service expansion. The MOH and National AIDS Council (NAC) are considering new approaches to make CT services more available and effective at the community level.

In FY06, the USG will continue to support the key elements outlined in the Five-Year Strategic Plan for Mozambique: 1) promote a supportive national environment for the successful scale-up and delivery of CT services; 2) transition traditional VCT services into routine CT health services; 3) train community counselors, CT supervisors and facilitators; and 4) encourage innovative approaches to expanding CT services.

Activities in FY06 will focus on the integration of CT into routine health services, exploring an "opt-out only" option for PMTCT, TB and OI/STI services. Maintaining rather than expanding current USG-supported CT sites is the priority at FY 06 funding levels. Changes in emphasis will include broadening the CT approach to introduce community-based CT and expanding CT services through satellite sites and provider-initiated CT in clinical settings. The USG will continue support to the MOH and implementing partners to develop and conduct training in traditional VCT, CT in the workplace, couple counseling, and within PMTCT, TB and other provider-initiated clinical settings.

Three experienced NGO partners will plan innovative approaches in CT. In one rural province, CT services will be provided at the village level through nine satellite sites. Another NGO partner will develop opportunities for CT at commercial pharmacies, under the supervision of MOH. Another innovative approach will create conducive environments for couple counseling and will respond to the needs of entire families where members are benefiting from HIV treatment.

USG support of CT at military hospitals started successfully in 2005. In FY2006, USG will fund the expansion of CT at military hospitals where both Defense Force personnel and civilians receive quality CT services.

The USG also will support the NAC in the development and implementation of a national community-based CT service. Fifty organizations attended an initial stakeholder meeting chaired by the NAC to discuss strategy for community-based CT in 2005.

Other donors supporting CT include Germany, France, Spain, UNFPA, WHO, and the World Bank.

Total CT clients served directly through USG-supported partners with FY06 funds will be 139,800. Because of the substantial central USG support for CT in Mozambique, in particular the procurement of test kits for CT as well as lab support and health worker training, the USG direct program area target, is estimated at 366,500, based on the total number of clients expected to be counseled and tested in clinical CT sites in Mozambique during FY06 plus additional clients that will be reached with FY06 funding during the early months of FY07.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	81
Number of individuals who received counseling and testing for HIV and received their test results	366,500
Number of individuals trained in counseling and testing according to national or international standards	345

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAJ account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	4978
Planned Funds:	[REDACTED]
Activity Narrative:	This activity is related to other PSI activities in OP (5231) and MTCT (5280).

PSI will continue to provide technical support to 19 existing CT sites in MOH health facilities, and will scale up CT services in 9 satellite sites [REDACTED]. Both provider-initiated and client-initiated CT will be implemented, as MOH staff receive planned training in provider-initiated CT. Satellite expansion will take place primarily in the populous and high-prevalence Zambezia province. PSI will train counselors, rehabilitate facilities, and deliver a complete package of CT services in line with MOH policies and protocols. PSI will work to reduce social stigma that affects PLWHA, and will train counselors and make minor structural adjustments to accommodate "satellite" counseling in rural health facilities. PSI will work with MOH and CNCS to lay the groundwork for implementing community- and family-based CT, and explore opportunities for CT services to be implemented in private sector pharmacies in urban areas (Maputo, Beira, and Quelimane). Through theatrical performances and radio spots, adults including uniformed services personnel and older youth will be mobilized to take advantage of HIV CT.

PSI also will continue to collaborate with the Ministry of Defense to build capacity for providing CT (as well as other HIV/AIDS services) at military bases [REDACTED]. PSI will continue to provide CT services to military personnel at 4 sites established with FY05 funding, in Maputo, Tete, Sofala, and Nampula provinces. With FY06 resources, two new military CT sites will be established, in Cabo Delgado and Manica provinces. CT training will be carried out for military nurse-counselors. All military health facilities also provide services to families of the troops and to civilians in nearby communities, so the CT services at military sites reach a larger target population than the troops themselves.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	25	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	87,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	60	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Public health care workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Cabo Delgado

Gaza

Manica

Maputo

Nampula

Sofala

Tete

Zambezia

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Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative agreement - CDC Brazil
Prime Partner: FIOTEC Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5202
Planned Funds:

Activity Narrative: This activity is a continuation of South-to-South collaboration with Brazilian experts contracted through FIOTEC to support to the Mozambican National CT program in FY05. The Brazilian technical assistance providers will continue ongoing work to develop and finalize CT training materials for couples and youth. This partner will validate and finalize the training materials by observing a training for each curriculum, implementing a trainee skills assessment and conducting observation follow-up visits to assess training methodology and content strengths and weaknesses.

Emphasis Areas

% Of Effort

Training

51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing counseling and testing according to national or international standards

Number of individuals who received counseling and testing for HIV and received their test results

Number of individuals trained in counseling and testing according to national or international standards

Target Populations:

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Lab Supplies Contract
Prime Partner: Crown Agents
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5203
Planned Funds:

Activity Narrative: The USG is one of the primary technical assistance providers to and funding sources for the Ministry of Health (MoH) Counseling and Testing Program. As outlined in the five year strategy, one of the goals is to support procurement of test kits, lab equipment and reagents.

Through this activity, Crown Agents will supply the MoH with HIV rapid test kits for about 318,000 clients to be tested in FY06. This includes 3180 Determine rapid test kits (100 test/kits) and 4096 Unigold rapid test kits (20 tests/kit for 81,920 positive Determine test results). This supply will provide an estimated 50% of the total HIV test kits required nationwide to support HIV testing in both provider-initiated and client-initiated CT sites (including VCT and youth centers; CT in PMTCT, TB and clinical services; and community CT), and will support the MoH to meet their FY06 HIV testing targets.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Most at risk populations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Girls (Parent: Children and youth (non-OVC))
- Boys (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Cabo Delgado
- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Niassa
- Sofala
- Tete
- Zambezia

Table 3.3.09: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHA) account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5205
Planned Funds:
Activity Narrative: In accordance with Mozambique's five year strategy, the country is undergoing a transition of traditional VCT services to routine CT in appropriate health service facilities and improved community-based access to VCT services.

JHPIEGO will continue ongoing CT support to the National AIDS Council (NAC) and Ministry of Health (MoH) CT program by assisting them in expanding the national CT approach to include community-based CT. JHPIEGO, in collaboration with NAC, MoH and multi-sectoral partners, will develop guidelines, protocols, and an implementation/expansion strategy for community-based CT service delivery. To facilitate community-based CT service implementation, JHPIEGO will also adapt and develop training materials and job aids (e.g., posters, checklists, protocol, registration books) for CT trainers and community-based CT providers. They will also conduct four trainings for 55 community-based CT trainers, who in turn will train 120 community counselors. Trainees will receive follow-up visits to support skills transfer. On an ongoing basis, JHPIEGO will evaluate all of these documents and make adjustments for its expansion.

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	12,800	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	175	<input type="checkbox"/>

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Discordant couples (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Migrants/migrant workers (Parent: Mobile populations)
Out-of-school youth (Parent: Most at risk populations)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
 Prime Partner: US Centers for Disease Control and Prevention
 USG Agency: HHS/Centers for Disease Control & Prevention
 Funding Source: GAC (GHAI account)
 Program Area: Counseling and Testing
 Budget Code: HVCT
 Program Area Code: 09
 Activity ID: 5210

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5211, 5213 and 5214. During FY06, the Ministry of Health's (MoH) primary goal is to continue to expand the national Counseling and Testing Program and to develop a more comprehensive approach to implementing CT. This expanded approach includes integrating CT in clinical settings, initiating community-based CT services and exploring the feasibility and effectiveness of new testing methods for inclusion in the national protocol.

As a result of this forward approach, this activity will support technical assistance from the CDC Atlanta to:

- Continue to provide ongoing assistance to review and upgrade the MoH CT database to insure that a minimum, standardized, timely and routinely available set of data on CT clients is available
- Support new approaches and methods for community-based and adolescent HIV counseling and testing
- Support the integration and development of couples and prevention with positives counseling by providing guidance to the MoH and JHPIEGO to develop national guidelines, protocols and training materials. Cost for this part of the activity is

In addition, this activity includes prorated salary () for the CDC Prevention Coordinator working in this technical area. This person provides close oversight of the CT program and ensures that there is coordination with PMTCT, TB/HIV and ART staff at the MoH and with USG partners.

Also requested are funds (-salary + benefits + move) for a Counseling and Testing Specialist who would spend 100% of time in this activity. As CT efforts expand to support PMTCT, TB/HIV and ART, enhanced technical support to the MoH, Ministry of Women and Social Welfare, and to partners implementing ART is needed.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

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Target Populations:

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5211
Planned Funds:
Activity Narrative:

This activity also relates to activities numbered 5210, 5213 and 5214. Counseling and Testing services are the first building block in the Ministry of Health (MoH) Integrated Health Networks (IHNs). For this reason, in the five year USG strategy, emphasis is placed on supporting an environment for the successful scale-up and delivery of CT services within IHNs nationally, including all aspects of the CT training program (e.g., community counselors, CT supervisors and facilitators) and the inclusion of novel approaches to expanding CT services to specific target or high-risk groups. This activity has several different components designed to move forward the Mozambique five year strategy.

The first component is to support the MoH and National AIDS Council (NAC) to host the annual CT Partners meeting. The goal of this meeting is for CT stakeholders to present and share 2005 CT program data, experiences and lessons learned, and current/new international, regional and national recommendations and best practices in CT. This activity will inform 50 CT program managers who in turn will facilitate dissemination of up-dated CT information to all existing CT partners, providers and service sites.

The second component of this activity will support the NAC and MoH CT staff to conduct regional study tours and site visits to successful community-based and integrated CT services (Kenya and/or Uganda). The goal is for the team to better understand the programmatic and implementation issues, challenges and lessons learned of providing CT services in community-based and clinical settings and to determine how these services will be implemented in the Mozambican context.

The third component is to support an in-country consultant to provide technical assistance for development of a screening questionnaire and guidance document to assess and counsel women who test positive in CT services for risk of domestic violence and abuse.

The fourth component is to evaluate the feasibility and effectiveness of saliva-based HIV testing in community-based and adolescent CT settings. This testing technology has not been utilized in Mozambique but is seen as a possible option due to the ease of extracting testing specimen, the increasing acceptability of testing among hard to reach populations and decreases in medical transmission risk. The evaluation will be conducted within the context of existing youth program sites providing CT services in a non-medicalized setting, as well as within community-based sites serving populations in remote rural areas where facility-based testing is not currently available.

The fifth component of this activity supports inter-/national travel for a full-time CDC CT Technical Advisor and CDC Senior Prevention Technical Advisor to provide technical assistance, participate in continuing education, facilitation of training and supervision, and support to the MoH CT team, CT stakeholders, and USG CT implementing partners.

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	50	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Program managers
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5213

Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5210, 5211 and 5214. This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Director, Senior Prevention Coordinator, CT Technical Advisor and Training Specialist. Work includes:

- Coordinating counseling and testing activities with Ministry of Health (MoH), National AIDS Council (NAC), JHPIEGO and other USG and non-USG funded implementing partners
- Providing technical assistance for program policy and guideline development and development, revision, and piloting of training materials
- Participating in facilitation of training and supervisory visits
- Leading formal and informal capacity building activities for National counterparts at MoH and NAC

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Program managers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5214
Planned Funds:

Activity Narrative: This activity also relates to activities numbered 5210, 5211 and 5213. This activity includes prorated salaries for the CDC technical staff members working in this technical area. Staff include CDC's Program Support Specialist. Work includes coordinating the cooperative agreement with the Ministry of Health and JHP/IEGO. A second program support specialist position is proposed to assist in coordination of expanding activities under the cooperative agreement.

Emphasis Areas	% Of Effort
Health Care Financing	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards		<input checked="" type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5235
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in MTCT (5352), palliative care (5146) and treatment (5229).

HAI's CT activity is linked to its work in HIV treatment services, palliative care, and PMTCT. HAI will continue to strengthen sub-partners in Manica and Sofala provinces to achieve greater community reach and to mobilize community members to learn their HIV status by participating in HIV CT in 32 sites. The Beira Corridor, where HAI is working, has the highest HIV infection rates in the country. HAI received supplemental FY05 Emergency Plan funding for expanding CT activities as a part of the special Rapid Expansion of Treatment Services Fund. With COP06 resources, HAI will continue to operate and support 32 existing CT sites, including services in 5 "youth friendly" health centers and in communities. All of these CT sites provide referrals to other HIV/AIDS services within the integrated HIV/AIDS networks. 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 HIV clinical services, where clinical and home care as well as psychosocial support for PLWHA are provided through post-test clubs, mother-to-mother support groups, home-based care, and PLWHA associations. Stigma reduction is central to the work of the community-based sub-partners. End-stage clients who are not currently benefiting from palliative care at HIV treatment and care facilities are referred to home-based palliative care providers who support both the patient and the family. The integration of CT services with facility- and community-based care ensures effective referrals and better outcomes for clients. HAI's emphasis on provision of a continuum of care and treatment is fundamental to its approach to CT.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	32	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	35,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	40	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Doctors (Parent: Public health care workers)
 Nurses (Parent: Public health care workers)
 HIV/AIDS-affected families
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Volunteers
 Men (including men of reproductive age) (Parent: Adults)
 Women (including women of reproductive age) (Parent: Adults)
 HIV positive pregnant women (Parent: People living with HIV/AIDS)
 HIV positive infants (0-5 years)
 HIV positive children (6 - 14 years)
 Out-of-school youth (Parent: Most at risk populations)
 Religious leaders
 Public health care workers
 Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Manica

Sofala

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	World Vision International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAJ account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5264
Planned Funds:	<input type="text"/>
Activity Narrative:	This activity is related to other WV activities in MTCT (5279), palliative care (5137) and OVC (5139).

WVI will continue to support 2 CT sites in Zambezia province (in Mocuba and Namacurra), and will expand CT services through 2 additional satellite sites in collaboration with the MOH provincial health team. WVI will provide supervision and additional training to strengthen the quality of counseling and to promote couple counseling. This activity allows further development of the HIV care and treatment integrated network, including essential referral systems, in the populous and largely rural province of Zambezia, where sentinel surveillance shows HIV prevalence is growing at alarming rates. WVI will continue to involve churches and community members in the fight against fear and social stigma related to HIV/AIDS as part of the outreach and promotion related to CT services. This activity is linked to WVI's work in palliative care, PMTCT, and OVC services.

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	4	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results	5,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national or international standards	20	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Volunteers
- Secondary school students (Parent: Children and youth (non-OVC))
- Men (including men of reproductive age) (Parent: Adults)
- Women (including women of reproductive age) (Parent: Adults)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Out-of-school youth (Parent: Most at risk populations)
- Religious leaders
- Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Zambezia

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
 Budget Code: HTXD
 Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement:

83

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The Ministry of Health (MOH) Center for Drug and Medical Commodities (CMAM) is in charge of forecasting, procurement, warehousing and distribution of all medicines – including ARVs – used in public health facilities. In 2004, CMAM started to import and distribute ARVs and developed ARV logistics procedures based on those used for other drugs. By mid-2005, ARV procurement, warehousing and distribution were integrated into the general drug logistics system that supplies all public health facilities. CMAM is currently using a combination of manual and automated management systems that are not integrated. Because these disparate systems do not allow CMAM to manage the flow of products through the facilities in an efficient and effective manner, a new computerized system has been developed.

MOH policy on ARVs is to purchase first-line fixed-dose triple drug combination products, with d4T+3TC+NVP currently being prescribed for 80% of the patients. Other first-line combinations are prescribed for specific categories of patients (pregnant women, adverse reactions, and TB infected patients (19 %). Second-line ARVs are prescribed to patients developing resistance (1%). To date, about 13,000 patients are receiving ART. The 2004 MOH National Strategic Plan aimed to reach 21,000 on ART by the end of 2005, 40,000 by the end of 2006, 58,000 by the end of 2006 and 96,000 by the end of 2007.

Of the approximately 800 children under 15 years of age on ART to date, 328 are being treated with liquid pediatric formulations. The goal is to provide treatment to 3,000 children by the end of 2006.

To date, the USG has supported CMAM logistics management strengthening since 2002 through the USAID health program, including standardization of operating procedures, production of 4 drug management manuals (one for each level of distribution), and training of 1,600 pharmacy staff. This resulted in improved data available for drug forecasting, less leakage in the supply chain and increased availability of drugs at health facilities, which has led, in turn, to increasing donor support for pharmaceuticals (\$76 million in 2005). USG funding for the development and implementation of the computerized management information system will be completed by September 2005. During FY 05, the USG procured all second-line and pediatric ARV formulations required for 2006, which are due to arrive in Mozambique in January 2006.

During FY 06, the USG will provide technical assistance and training to strengthen pharmaceutical logistics, information and control systems to ensure a reliable supply of ARVs for all sites delivering ARV treatment services. The computerized system being implemented at central and provincial warehouses and central hospitals in FY 05 will be rolled out to provincial hospitals in FY 06, and a module for ARV pharmaceutical forecasting will be developed and integrated into the system.

On average, there will be up to 70,000 patients on ART by 2007, including 700 on second-line and 3,000 on pediatric ARVs. As the lead-time for ARV procurement is as long as 8 months, FY06 funds will be used to procure FDA- approved ARVs needed in FY07. If the quantities of pediatric and second line ARVs required are less than currently estimated, USG funds would be used to purchase first-line ARVs that are FDA-approved and part of MOH-approved regimens.

Complementary support for ARV procurement and logistics is financed through the MOH Common Fund (resources from Mozambique's health sector donors) and the Government of the Republic of Mozambique.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Working Capital Fund
Prime Partner: Working Capital Fund
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5232

Planned Funds: [redacted]
Activity Narrative: ARV Procurement [redacted] This activity will benefit the clients accessing ART in Mozambique health facilities (both Ministry of Health and Ministry of Defense). To date about 13,000 patients are under ART, expected to rise to 21,000 by the end of calendar 2005, and to 40,000 by end-2006; up to 70,000 patients will be on ART in 45 sites by 2007, including 700 on second-line and 3,000 on pediatric treatments in 27 sites. As the lead time for ARV procurement is as long as 8 months, COP06 funds will be used to procure FDA-approved ARVs needed in FY07. If these estimated quantities of pediatric and second-line ARVs are not required, then USG funds would be used to purchase first-line ARVs that are included on the FDA-approved ARV list and in line with MOH-approved regimens. Continued related support for ART is provided to the MOH and health care facilities throughout the country by USG partners Columbia University, Health Alliance International, and the Elizabeth Glaser Pediatric AIDS Foundation; this support will assist Mozambique to reach its ART targets and increase the number of sites offering ART.

(1) Second-line ARVs: MOH policy on ARVs is to purchase first-line fixed-dose triple-drug combination products, with d4T+3TC+NVP being prescribed to 80% of the ART patients, and other first-line combinations prescribed to specific categories (pregnant women, adverse reactions, TB-infected patients) making up another 19% of ART patients. The second-line FDA-approved ARVs that are prescribed to patients developing resistance, about 700 patients or 1% of the total on ART, will be purchased with this Emergency Plan funding.

(2) Pediatric ARVs: The USG will purchase FDA-approved ARV drugs for 3,000 infected children (2,000 new pediatric HIV patients and 1,000 patients identified in 2005). The National Strategic Plan for Scaling Up HIV/AIDS/STI Services (2004) estimates that 15% of all infected persons in the country are children under 15 years of age, with the vast majority of these under 5 years of age. The MOH began efforts to reduce the impact of the HIV epidemic in children 3 years ago, through the national PMTCT program and, more recently, the national Pediatric HIV/AIDS program.

ARV Logistics [redacted] The USG will provide technical assistance and training to strengthen pharmaceutical logistics, information, and control systems to ensure the reliable supply of ARVs in all sites delivering HIV/AIDS services. The computerized system being implemented (with USG support) at central and provincial warehouses and central hospitals of the MOH in FY05 will be rolled out to provincial hospitals and fully maintained in FY06, and a specific module for ARV pharmaceutical forecasting will be developed and integrated into the system.

These ARV procurement activities relate to and support the full range of HIV/AIDS ARV Treatment services, Palliative Care services, TB-HIV services, and Laboratory Infrastructure activities requested in the COP06.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50

Indirect Targets

The ARV drugs that will be procured under this activity, and the logistics support that will be provided to Mozambique, will enable a total of 40,000 patients, including 19,000 newly initiating ART, to be reached through 45 ART sites by 2007.

Target Populations:

- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	5263
Planned Funds:	<input type="text"/>
Activity Narrative:	Consistent with appendix 1 of the five year strategy for the Emergency Plan in Mozambique, this activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Director, Deputy Director and Lead Training Specialist. Work includes coordinating ARV Drug activities, particularly in the area of procurement, and developing policy guidance, working with partners, developing educational materials and developing human resources. Also included is a portion of the salary for the proposed Health Communicatoins Specialist position.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50
Policy and Guidelines	51 - 100

Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

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Country: Mozambique

Fiscal Year: 2006

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National

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Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: HTXS
 Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Since initiating ARV treatment services in 2001, the Mozambique Ministry of Health (MOH) has taken the leadership in providing ARV treatment services. One of the main achievements in 2004-05 has been the elaboration of the five-year strategic plan for STI/HIV and AIDS. The plan calls for scaling up ARV treatment in Day Hospitals within Integrated Health Network (IHN) sites and ensures that linkages are developed with other critical HIV/AIDS services for provision of comprehensive ARV treatment services. The main objective of the strategic plan is to offer an appropriate combination of preventive and curative services in order to reduce sexual and mother to child transmission of HIV, avoid HIV transmission in health units, and increase the length and quality of life of PLWHA, including the health workers themselves. Nationwide, 30 ARV treatment sites based on the IHN model are operating in seven provinces. The objective of the national expansion plan is to develop 129 IHN sites by 2008. The national target for 2006 is to treat 20,000 PLWHA, with rapid roll-out continuing in subsequent years to reach 132,000 by the end of 2008. Currently, 56% of ARV treatment services for both adults and children are provided in Maputo City.

Though national site expansion targets have been reached in 2005, treatment scale-up is constrained by severe shortages of doctors and nurses, limited capability of existing staff to provide ARV treatment, dilapidated health infrastructure, and the shortage of adequate laboratory facilities. In addition, pediatric HIV treatment needs to be expanded beyond Maputo city. The MOH has been re-examining the treatment scale-up strategy beyond the IHN model and is developing practical scale-up models to expand access to ARV therapy in rural areas. The new approaches include developing middle and basic level health providers' skills to provide ARV treatment and integrating ARV treatment in rural health facilities so these can provide follow-up services for patients initiated on ART at referral and larger health centers.

During 2004 and 2005, Emergency Plan funding supported treatment services at 12 out of the 30 existing treatment sites in Mozambique through direct funding and through technical assistance by Columbia University and Health Alliance International. Support to sites includes hiring and training of staff, provision of technical oversight at treatment sites, support for renovation of treatment service sites and development of capacity for program monitoring and reporting. By June 2005, there were 3,043 clients receiving ARV therapy and 25,169 receiving HIV care services at USG-supported facilities. This number receiving ARVs expected to increase to 9,000 by March 31, 2006. Support to the central MOH includes technical support for development of policy and guidelines on adherence support, ARV treatment, ARV procurement planning, and pediatric AIDS treatment.

In FY 06, support for 18 existing sites will continue and be expanded to 35 additional new ARV treatment service sites. These will be primarily rural facilities in the provinces of Sofala, Manica, Nampula, Inhambane, Zambezia, Gaza and Maputo that will provide mainly follow-up and treatment of patients initiated on ART at referral facilities. Two new implementing partners will be funded to develop ARV treatment services in two of the 7 provinces.

Pediatric treatment scale up will include introduction of pediatric ARV treatment at two model PMTCT centers. In addition, treatment adherence enhancing strategies focused on PLWHA and the provision of treatment through strengthened TB/HIV integration activities will be supported.

The USG continues to participate in donor coordination forums such as those organized around pooled funding mechanisms established by other donors and the MOH.

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Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	53
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	24,901
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	35,725
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	33,475
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	601

Table 3.3.11: Activities by Funding Mechanism

Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5180
Planned Funds:
Activity Narrative:

In Mozambique's National Strategic Plan (PEN, 2004), the Government outlined its intention to rapidly expand access to HIV treatment to 129 Integrated Health Network (IHN) sites to reach 132,000 HIV infected adults and children by 2008. For 2005, the treatment target outlined in the PEN was approximately 20,000. In 2006, 57,000 persons were expected to be accessing ARV treatment.

In Mozambique, approximately 13,000 persons are currently receiving treatment at 30 sites throughout the country. The USG provides support to 12 of these treatment sites and has provided ART services to 3,043 persons and care to 25,169, so far. The USG supports ART services through 3 partners: the Health Alliance International (HAI), Columbia University (CU), and a new partner to be determined by end-FY05. During FY 06, the USG team anticipates that it could reach 27,000 persons with ART services given its existing in-country partners. While this target is significant, it is only 50% of the proposed national target. To further increase the number of persons on treatment at a more rapid pace, the USG proposes to recruit two new partners: one to provide ARV services and the other through EGPAF to expand treatment services to PMTCT sites.

Funding requested under this activity is aimed at recruiting a new ART partner with a proven record for rapidly scaling-up ART services in the Emergency Plan and that has demonstrated expertise, and capability, through their work in other resource limited settings, to assist the Mozambican government reach its national goal for 2006. A new partner will be selected from those responding to a Request for Applications and funded through an existing or new cooperative agreement. The new partner will support expansion of ART services to more peripheral sites of the health care areas, in particular those in rural zones of the country, and will complement expansion to urban sites by CU and HAI. Proposed sites for a new ART service provider would be three health centers in Zambezia, an underserved province of Mozambique, and three health centers in the province of Inhambane.

The support to these six new sites will include facility renovations, training of doctors, medical agents and nurses (approximately five to ten staff per site for a total of 60 in all sites) in ARV treatment and pharmacy management of ARV drugs, provision of technical oversight for program monitoring and reporting and recruitment of staff needed to complement existing MOH staff at the new sites.

In addition to expanding the number of sites and increasing access to ART services to rural, typically underserved areas, this strategy supports recent Ministry of Health directives to decentralize and integrate HIV related services to primary level of the health care system. With this approach of an additional 11 new sites for CU, eight new sites for HAI, possibly two new sites for a partner to be funded in FY05 and eight PMTCT-plus sites supported by the Elizabeth Glaser Pediatric AIDS Foundation, the USG would be supporting a total of 36 ART sites in Mozambique by end of 2006 with the possibility of reaching more than 27,000 persons.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	6	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	600	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	600	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	60	<input type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Inhambane

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1 ARV
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAJ account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5181
Planned Funds:
Activity Narrative:

Columbia University's (CU) scale-up of treatment services is guided by the Mozambique five-year strategic vision to insure that the USG is providing support for up to 55 ARV Integrated Network hub sites at the end of five years and developing appropriate systems that refer patients and link services across various levels of the health system, as well as to the community. This activity is linked to activities numbered 5250, 5260, 5261, 5188, 5282 and 5232. In collaboration with MOH, CU will continue to support 14 ART facilities at various stages of development and expansion in Maputo (four sites), Gaza (two sites), Inhambane (two sites), Nampula (two sites), and Zambezia (four sites). To accomplish this, CU will

- 1) finance and mentor 15-20 MOH clinic staff per HIV care and treatment facility (200 total),
- 2) provide equipment and supplies to maintain facility operations
- 3) conduct additional site level renovations as needed,
- 4) improve patient management and strategic information systems,
- 5) reinforce follow-up and referral systems,
- 6) strengthen linkages with community organizations providing services for PLWHA, VCT outlets, TB clinics and PMTCT centers.

In addition, CU will continue to provide technical assistance to the Ministry of Health in clinical care, training and human resources capacity development, treatment adherence and psycho-social support, drug management, and monitoring and evaluation. Specific activities by area include:

Human resources: Continue financing the salaries of MoH health care providers to supplement existing staff at 14 HIV care and treatment facilities. These providers include, doctors, medical technicians, nurses, counselors, pharmacists, data technicians and administrative staff. This activity will be financed through sub agreements with Provincial Health Authorities (DPS) in the five provinces supported by CU.

Training: Continue supporting CU clinical-support teams in five provinces. The clinical-support teams provide clinical mentoring, technical assistance and logistical support to staff at HIV care and treatment facilities in each of the five provinces supported by CU. They will provide refresher training for all health care providers staffing the 14 CU-supported HIV care and treatment facilities to reinforce guidance received through national training programs. Each team is based at the provincial hospital and travels regularly to other CU-supported HIV care and treatment facilities in the province. Each team includes a Clinical Supervisor, 1-2 Junior Clinical Officers, a Logistics Officer and a Data Officer. All team members are hired directly by CU. The team will also conduct on-site training and mentoring of clinicians in the management of HIV-exposed infants at CU-supported PMTCT facilities.

Infrastructure: CU will provide supplies and additional equipment to maintain and expand services at 14 HIV care and treatment facilities initiated in FY 04 and FY05, including renovation of the large, high-capacity, HIV care and treatment facility at the Military Hospital in Maputo. In addition, CU will conduct minor renovations to existing HIV care and treatment facilities as needed.

Policy and guidelines: CU provides technical support at the central-level to the department of Medical assistance (DAM) and at the provincial-level to the DPS. This support is used to assist the Government of Mozambique in developing policies and guidelines for managing the national ART effort. Specifically, CU technical staff will provide the following technical support: guidance to HIV Management and

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Antiretroviral Committees, development and revision of of clinical guidelines and HIV service decentralization plan, revision of training curricula and training tools, development of adherence and psychosocial support guidelines and tools and participation in national adherence-support work groups, piloting and refinement of patient-tracking systems and monitoring and evaluation systems for ARV, and advise the process for renovation of MOH facilities, including design, tendering and construction.

Strategic information: CU will conduct the following assessments and evaluations:

- Integrate a pediatric monitoring and evaluation into the existing HIV care and treatment patient-tracking system
- Conduct a retrospective chart abstraction and analysis of baseline characteristics and outcomes for children who have received HIV care and treatment at the Pediatric HIV care and treatment facility of Maputo Central Hospital

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	14	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	8,090	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	14,450	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	14,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	<input type="checkbox"/>

Target Populations:

Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers
Other health care workers (Parent: Public health care workers)

Coverage Areas

Gaza
Maputo
Nampula
Zambezia

Table J.3.11: Activities by Funding Mechanism

Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5182
Planned Funds:
Activity Narrative: This activity also relates to activities numbered (CDC-Columbia-Treatment, USAID-EGPAF-PMTCT)

This activity aims to provide access to ARV treatment and care to HIV positive pregnant mothers at 8 PMTCT sites in keeping with the USG five year strategy in Mozambique to scale-up services to up to 55 treatment sites. Current ART programs report a loss to follow up of HIV positive clients between testing and referral for screening and an even more dramatic drop off of eligible clients returning and receiving treatment. Currently, few ART programs report providing any treatment to pregnant women.

The first component of this activity aims to support EGPAF to start screening and staging HIV positive pregnant women in 8 existing PMTCT sites and initiate treatment. As some EGPAF PMTCT sites are very remote and accessing the Day Hospital can be difficult, providing access to ART through satellite treatment services at existing PMTCT sites is an approach to provide HIV positive pregnant women and ultimately their family with treatment. EGPAF will collaborate and coordinate with Columbia University, the main USG treatment partner, to ensure adequate linkage between the Day Hospital and the peripheral satellite EGPAF treatment sites. This activity will support an EGPAF care and treatment team (ARV physician, nurse manager, logistician, M&E, and administrative staff) to be based at the Day Hospital supported by Columbia University. The EGPAF team will provide technical assistance and support to each satellite site on a rotational basis. The EGPAF 'rotational' team traveling to the satellite treatment sites will initiate ARV treatment, mentor and provide supportive supervision to implement and monitor treatment services. They will also be responsible for transporting ARVs and laboratory test/results (including CD4), which will be maintained and managed by the Columbia supported Day Hospital.

The second component of this activity includes support for community outreach with CARE in Nampula Province as implementing agent to:

- Ensure linkages between facility-based and community-based services for clients receiving treatment and PMTCT services
- Strengthen maternal and infant follow-up and patient tracking at community level
- Increase Behavior Change Communication (BCC) activities focusing on access to CT, PMTCT and treatment literacy
- Increase treatment literacy within the community
- Ensure referral to other supportive services, e.g. food, social welfare and educational programs
- To continue support for CT and referral to treatment services

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,575	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,575	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,575	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	60	<input type="checkbox"/>

Target Populations:

Adults

Community-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Gaza

Nampula

Table 3.3.11: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5188
Planned Funds:
Activity Narrative:

This activity supports the 5 year plan strategy to insure the necessary MOH necessary to implement a high quality integrated ARV treatment program with appropriate emphasis on providing ART to infants and young children. Three separate activities supported through a request for CDC funds are described below:

1) Technical assistance for Pediatric Scale-up of ARVs - USG funding requested in the amount of will be used to provide technical assistance to the Ministry of Health of Mozambique by Pediatric HIV experts working at CDC Headquarters. The aim of this TA will be to support the expansion of Pediatric HIV care and treatment activities in Mozambique.

As in many other countries affected by the HIV epidemic, care and treatment services for HIV exposed and infected children are limited in this country. To date, only 800 of 13,000 persons receiving HIV treatment in Mozambique are children under 15 years of age and the majority of these children are being treated at one facility located at the Maputo Central Hospital in Maputo which is currently receiving USG support. Pediatric HIV activities are coordinated by the PMTCT Unit of the MOH who recently convened a Pediatric HIV working group to develop a scale-up plan for pediatric HIV care and treatment services. Although a formal strategy and implementation plan are still in development, the government of Mozambique has proposed to provide treatment to 3,000 children by the end of 2006.

In FY05 the USG provided technical, financial support to the Maputo Central Hospital Pediatric Day hospital increasing from 75 (November 04) to 450 children receiving ART at this facility. Additional support for personnel, purchase of drugs for OI management, access to regular CD4 tests and HIV DNA PCR provided by the USG has greatly enhanced the capacity of this model facility to provide care and treatment to HIV exposed and infected children. Additionally, the USG has recently directly purchased first and second line ARV drugs that will enable treating 1,000 children.

The funding requested under this activity will support 3 TA visits from personnel from CDC HQ to work with the MOH, CJ, personnel from the Maputo Central Hospital and other USG and non USG government agencies and partners to develop and finalize scale-up plans for a national Pediatric HIV Program, develop plans to expand infant diagnosis and enhance linkages between PMTCT and Pediatric treatment services. It aims to evaluate interventions to enhance adherence and social support of patients through linkages to services in the community in the context of providing safe and effective ways to scale up treatment using less specialized health staff.

2) Targeted Evaluation on Adherence - Since adherence is a great challenge in any setting and especially challenging in low resource settings in poorly educated populations, this targeted evaluation will determine the impact of existing and novel Community Based interventions on adherence to ARV medications, including the role of food. We will build on USG funded partner adherence TEs (HAI, Columbia) proposed this FY06 to compare support delivered through Community based interventions such as HBC programs, Associations of PLWHAs and Adherence Support Volunteers with Institutional based Strategies such as adherence support delivered through Health Professionals, Counselors, Institution based volunteers, and films or other (EC (Information, Education, Communication) strategies. Additional funds requested here will be used to possibly include other non-USG supported partners in the TE activity as well as to procure TA from CDC Atlanta to incorporate a cost-effectiveness component, making use of multiple partner's data. The findings are critically needed to inform the development of policy recommendations in the MOH

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and USG supported implementing organizations regarding most effective ways of providing adherence support.

3) Staffing Resources - Consistent with the management and staffing appendix of the five year strategy for Mozambique's Emergency Plan, funding [] is requested for prorated salary costs of CDC staff working in this technical area. This includes a portion of the salary of the Care and Treatment Coordinator. In addition, a new position of ARV site Coordinator is proposed, with salary spread between ARV services and Laboratory Infrastructure. This person would ensure that activities needed to institute new treatment sites, including renovation of treatment areas and lab space, staff training, logistics, and procurement is coordinated among multiple partners in such a way that delays are minimized.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- Nurses (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Populated Printable COP
Country: Mozambique

Fiscal Year: 2006

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Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GAC (GHA) account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5209
Planned Funds:
Activity Narrative: This activity is related to another treatment activity (5215).

The DoD will renovate and equip the Nampula Military Hospital to establish a Day Hospital capable of providing ART and related care for PLWHA on ART, and also able to accommodate a small number of HIV/AIDS inpatients. This expansion of services will allow members of the military, their families, and the general population in the area, to access a range of HIV/AIDS related services leading to and supporting successful ART (such as BCC, CT, clinical care including integrated TB-HIV services, and family/community support for PLWHA). As part of this activity, a team of military doctors, nurses, and other key staff will be trained. Emergency Plan partner Columbia University will support the expanded services at the Nampula Military Hospital's Day Hospital for HIV/AIDS with supervision, monitoring, reporting, and drug provision through the Ministry of Health.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,200	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,200	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,200	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	10	<input type="checkbox"/>

Indirect Targets

Families of military personnel, as well as the general civilian population in the communities surrounding military facilities, can access services at military health facilities.

Target Populations:

- Adults
- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- HIV/AIDS-affected families
- Military personnel (Parent: Most at risk populations)
- People living with HIV/AIDS
- Children and youth (non-OVC)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

Nampula

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5215
Planned Funds:
Activity Narrative: This activity is related to another treatment activity (5209).

The DoD, in coordination with the Mozambique Military Health National Office, will select 2 nurses and 2 doctors to be trained in HIV/AIDS treatment in FY06. The doctors will be trained in HIV/AIDS diagnosis, treatment, and treatment follow-up, while the nurses' training will emphasize bio-safety in the context of HIV/AIDS treatment. The training will take place in Uganda and in San Diego. Once trained, these military health personnel will be capable of managing HIV/AIDS services that have been supervised by expatriate personnel during the start-up phase. The HIV/AIDS training for the nurses also will increase their treatment capability, enabling them to perform additional treatment-supportive tasks without a doctor being present, and thereby free up more of the doctors' time to dedicate to the most critically ill patients. The planned short-term training courses will involve doctors and nurses from the USG-supported Maputo and Nampula military hospitals, which will be providing HIV/AIDS care and treatment services to members of the military, their families, and civilians in the surrounding communities (also see activity #5209 and CDC/Columbia activity).

Emphasis Areas

% Of Effort

Training

51 - 100

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	4	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Coverage Areas

Maputo

Nampula

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5229
Planned Funds:
Activity Narrative: This activity is related to other HAI activities in MTCT (5352), palliative care (5146) and CT (5235).

HAI will continue to rapidly expand HIV treatment services within the high HIV infection zone of the Beira Corridor in Manica and Sofala provinces, and will rehabilitate health facilities so that ARV treatment services are integrated into smaller health centers as well as HIV/AIDS Day Hospitals. With FY06 funding, and building on its success in 4 ART sites and satellites existing by March 2006, HAI will expand ART services into 12 new satellite sites, for a total of 16 ART points by the end of 2006. This activity is related to USG-supported HAI activities in palliative care, PMTCT, and CT.

Infrastructure rehabilitation will allow HIV-infected persons to be treated and cared for in health facilities closer to their homes. Additional training of health workers and volunteers supporting HIV treatment also will be carried out. Satellite expansion will be based on planning and coordination with the Ministry of Health (MOH) at central level, and requires efficient implementation of revised patient flow designs and client referrals. ARV drugs for expansion are being supplied by the MOH, partly with the support of the Emergency Plan. Volunteers and peer educators will be trained to ensure a continuum of care from CT to clinical assessments and to ART. Building on lessons learned during FY04 and FY05, HAI will ensure that clients who begin treatment have both ample clinical support at treatment sites and psychosocial support within their families/communities. Special needs of HIV-positive mothers, youth, children, and vulnerable sub-groups will be comprehensively addressed through referrals and expansion of specialized services in the HIV treatment network. As part of treatment services, a key role of peer educators and mother-to-mother support groups is to address the negative consequences of social stigma and discrimination, and to reduce stigma by openly discussing the challenges and impacts of HIV in communities in Manica and Sofala.

As part of this activity, a targeted evaluation on treatment adherence also is planned for 2006. In collaboration with the provincial health teams in Manica and Sofala, and the MOH at central level, HAI will carry out a TE on adherence, quality of care, and drug resistance. Over the past year, HAI has begun to see greater use of second-line drug regimens by health providers. In order to quantify this trend and determine its relationship to adherence, quality, and access to care, HAI will implement the TE at 4 fixed treatment sites (Beira, Chimoko, Catandica, and Nhamatanda) to assess the rate of clinical resistance to first-line regimens and how resistance is related to adherence and access to care.

HAI's ART services also are related to its palliative care/TB-HIV activity.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	16	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	4,800	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	6,200	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	45	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Manica

Sofala

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5250
Planned Funds:
Activity Narrative:

The activity described in this section is a supplement to Columbia University (CU) ART services through Track 1.0 funding mechanism. This activity is related to activities described under this program area and others described under Palliative Care (Basic and TB), Laboratory Infrastructure, VCT, and HIV/AIDS Treatment/ ARV drugs which are numbered 5180, 5181, 5188, 5229, 5232 and 5282. This activity includes treatment expansion funds for FY06, new pediatric treatment and PMTCT plus services as well as continuation of some activities initiated in FY04 and FY05 in the areas of: human resources and training, and service networks and referral systems.

Treatment services –

CU will expand ARV to 11 new sites, expand the network of detection, referral and care for PLWHA and improve the quality of HIV care and treatment services offered at all CU sites. Sub-agreements with the Provincial health directorates and Maputo Central hospital will be signed and/or renewed; 11 new health care facilities will be renovated and equipped for provision of ARV treatment services using an integrated approach.

Pediatric ART and PMTCT-Plus

CU will start provision of pediatric and adult care and treatment at existing PMTCT service sites to maximize on prevention of mother to child transmission interventions. Specific objectives for this component include: - Integrating mother/child treatment in model centers - Piloting integration of mother/child treatment at peripheral health posts for follow up and monitoring of both mother and child who enrolled at Model Center or Day Hospital (DH) - Integration of pediatric support to include ART for children with HIV infection - Increasing the number of infants identified as HIV exposed and/or infected at Model Center and improve follow up and referral for care and treatment at model center site or peripheral sites - Building provincial laboratory capacity for early infant diagnosis - Increasing the impact of interventions on mother to child transmission rates by increasing preventive interventions to include: drug prophylaxis (PCP, TB, Bacterial), routine immunizations, micronutrient supplementation and prevent and treat early malnutrition. Support for community-based linkages for PMTCT-plus services will include: - Ensuring linkages between facility-based and community-based services for clients receiving treatment and PMTCT services - Implementing outreach efforts aimed at community members - Increasing treatment literacy and adherence support within the community - Ensuring referral to other supportive services, e.g. food, social welfare and educational programs - Facilitating the establishment of positive mother-to-mother and PLWHA support groups. Support to MOH for treatment and program adherence guidelines/protocols for pediatric treatment will include: - Reviewing existing guidelines regarding treatment adherence and compliance - Developing treatment adherence guidelines specific for women and their infants - Providing non-monetary incentives for women to engage in treatment support groups

Human resources and training –

1. On-site mentoring through South-South collaboration with universities in Brazil. CU will organize, recruit and bring a new team of 6 doctors and 12 nurses to provide mentoring and oversight to clinical staff providing ART services at sites starting to offer ART services on a 2 month rotation basis.
2. Expansion of the national Pediatric Day Hospital at the Maputo Central Hospital. CU will hire new staff, train 60 clinicians in Pediatric HIV management, and provide hands-on training in pediatric HIV management at 7 clinical sites.
3. Technical assistance and on-the-job training center for medical technicians. CU will work with MOH in the development of curricula and training program for clinical technicians in the provision of comprehensive HIV clinical and supportive services. To

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do this, CU will establish and staff an HIV care and treatment training center in the vicinity of a functioning ART site, and assist the Ministry of health to finalize a training curricula and materials that incorporates ARV treatment in existing training materials.

Service networks and Strategic Information -

In collaboration with CARE International in Nampula, CU will establish a network of services that link health care facilities with the community in order to provide a comprehensive package of services to each patient. CU, in collaboration with the MOH, is developing tools to conduct program evaluations that will provide useful information regarding quality of HIV services and treatment outcomes for adults and children.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	-	<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	13	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	5,736	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	6,000	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	170	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers (Parent: Host country government workers)
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Caregivers (of OVC and PLWHAs)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers

Coverage Areas

- Gaza
- Maputo
- Nampula
- Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	BASE_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5260
Planned Funds:	<input type="text"/>
Activity Narrative:	Consistent with appendix 1 of the five year strategy for the Emergency Plan in Mozambique, this activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Program Support Specialist for coordination of activities under the Cooperative agreements with the Ministry of Health and Columbia University, with additional partners expected in FY06. A second Program Support Specialist is proposed because of increasing numbers and complexity of cooperative agreements. A portion of that salary is attributed to this activity.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (Includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5261
Planned Funds:	<input style="width: 50px; height: 15px;" type="text"/>
Activity Narrative:	Consistent with appendix 1 of the five year strategy for the Emergency Plan in Mozambique, this activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Director, Deputy Director and Lead Training Specialist. Work includes coordinating ARV Service activities with the Ministry of Health, Columbia University, and an expanding group of partners. Also included is developing policy guidance, developing training materials, developing human resources, improving infrastructure, and monitoring progress. Also included is a portion of the salary for the proposed Health Communicatoins Specialist position.

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5281
Planned Funds:

Activity Narrative: This FY06 funding will enable the new treatment services partner(s) who receive initial funding through the special FY05 Rapid Treatment Expansion Fund to continue to scale up delivery of ART and related services into FY07. The new partner(s) is(are) being selected through a limited competition RFA in late 2005. The coverage areas are not yet known definitively.

<i>Emphasis Areas</i>	<i>% Of Effort</i>
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	3,500	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	5,700	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	5,300	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	22	<input type="checkbox"/>

Indirect Targets

It is expected that 8 laboratories will receive support to perform HIV tests or related diagnostics and 16 individuals trained in the provision of laboratory-related activities as part of this assistance.

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- HIV/AIDS-affected families
- People living with HIV/AIDS
- HIV positive pregnant women (Parent: People living with HIV/AIDS)
- HIV positive infants (0-5 years)
- HIV positive children (6 - 14 years)
- Public health care workers
- Other health care workers (Parent: Public health care workers)

Coverage Areas

- Gaza
- Maputo
- Sofala

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 5282
Planned Funds:

Activity Narrative: Through an RFA, USAID will seek a partner to provide capacity building assistance and act as an umbrella organization to channel funds to PLWHA groups to support ART patients' successful adherence to treatment. This activity addresses the multidimensional problem of treatment adherence, which requires innovative strategies and the cooperation of a range of supportive elements such as health care workers, counselors, community leaders, neighbors, and family members. Evidence from other countries shows that interventions to improve adherence can be low cost, and can provide significant cost savings and increased effectiveness of the treatment. Ongoing counseling is critical in enhancing adherence to treatment regimens. Elements for success include education in self-management, pharmacy management programs, intervention protocols for nurses, pharmacists, and non-medical health professionals, counseling, behavioral interventions, follow-up, and reminders. In extremely resource-poor settings like Mozambique, doctor-patient consultation time is very limited, and counselors can assist with adherence support by conducting pre-treatment assessments, ongoing monitoring of adherence, patient education, and counseling to help patients resolve difficulties around adherence. Involving organizations of PLWHA in these key support roles will strengthen effective adherence support and contribute to reducing fear, stigma, and discrimination.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	210	<input type="checkbox"/>
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	30	<input type="checkbox"/>

Indirect Targets

Treatment adherence support services will be provided in conjunction with 15 USG-supported ART service sites.

Target Populations:

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gaza

Manica

Maputo

Sofala

Zambezia

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
 Budget Code: HLAB
 Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

The Ministry of Health (MOH) laboratory service strategy aims for the provision of comprehensive services that support all areas of clinical practice in the health sector. The USG strategy is to improve and expand clinical laboratory capacity to support implementation of ARV treatment programs. Mozambique's public health laboratory system faces multiple deficiencies that include inadequate numbers and skills of existing laboratory personnel, as well as deficient physical infrastructure and equipment. Almost 30 to 50% of districts have either obsolete or non-functional equipment.

With the first two years of emergency plan funding, support for laboratory development included the renovation of 10 laboratories, procurement of clinical laboratory equipment and reagents, training of technical staff in standard laboratory procedures, development and implementation of quality assurance for serological and CD4 testing and capacity building for early HIV diagnosis in children. The major achievements during the first two years include:

1. Completion of one high tier laboratory situated at Mavalane Hospital in Maputo City out of 10 planned renovations. The remaining nine planned laboratories will be completed by 2006.
2. Procurement through rental contracts of equipment and reagents for hematology, bio-chemistry and CD4 counts. The CD4 machine at the MOH National Institute of Health has processed at least 7,500 CD4 tests and serves treatment centres in Maputo City (including the Pediatric HIV/AIDS Day Hospital and the Military Hospital), Xai-Xai, Tete and Lichinga. A CD4 external quality assurance program for proficiency testing, training and supervision of laboratories will be established during this year.
3. Training of 33 technicians from 11 provinces in general laboratory procedures.
4. Initiation of an external quality assurance program for HIV rapid tests for 120 participating sites. Additionally, a pilot of proficiency in use of filter paper dried plasma spots has been initiated.
5. Development of HIV DNA PCR using dry blood spots for early infant diagnosis of HIV at the National Institute of Health laboratory. Currently at least 50 children have been tested.

Areas that need strengthening include more efficient processes for negotiating and undertaking physical structure renovations, recruitment and training of staff, the MOH reagent supply system, quality assurance programs of the public health laboratory system and the overall organisation and management of the national laboratory system.

FY06 funding will continue to support 10 clinical laboratories through reagent rental agreements for CD4 counts, hematology and clinical chemistry, equipment placement as well as reagents for opportunistic infection diagnosis; training of 35 Mozambican technicians in clinical assay techniques, biosafety, good laboratory practices, CD4 testing, molecular biology and opportunistic infection diagnosis; maintaining the national quality assurance programs for HIV serology and CD4 counts; expanding the availability of early HIV diagnosis in children using DNA PCR to one additional laboratory in Nampula; piloting the implementation of a laboratory information system at Mavalane Hospital in Maputo and technical assistance to strengthen the national laboratory management system. Additionally, supervision and mentoring programs of 4 weeks duration are planned in all renovated laboratories to benefit 70 technical laboratory staff.

Other support to Ministry of Health is from the World Bank for HIV test kit procurement, the Italian NGO Sant' Egidio, which procured CD4 machines for 3 laboratories, and Italian Cooperation for microbiology equipment and reagent requirements.

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Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	88
Number of individuals trained in the provision of lab-related activities	148
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	0

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5184

Planned Funds:

Activity Narrative: This activity will strengthen Mozambique's public health laboratory system to ensure that adequate tests and infrastructure are available to implement care and treatment programs supported by the Emergency Plan. It is a continuation of activities initiated in FY04 and FY05 and is linked to activities number 5185 and 5186 for laboratory infrastructure and capacity development. Supported laboratories serve not only USG supported partners, but other sites providing ARV treatment programs and clinical care of HIV+ patients.

Funds requested will be used for: 1) Continuation of reagent rental contracts for equipment for a total of 11 laboratories including the National Institute of Health laboratory in Maputo supplied in FY04 and FY05 (CD4 counts, hematology and biochemistry for five large labs and only hematology and biochemistry for 6 smaller labs) . 2) Reagent rental agreement to support CD4 counts at the Military Hospital in Maputo, one of the largest ART sites supported by Columbia University. 3) Procurement of reagents and supplies for the diagnosis of opportunistic infections at clinical and reference laboratories, as well as at the USG supported military health facilities; 4) Provision of all essential testing equipment and capacity to clinical facilities which are required to monitor efficacy and toxicity of anti-retroviral therapy and to deliver opportunistic infection treatment; 5) Purchase of automated technologies for hematology, clinical chemistry, and CD4 counts to selected high volume labs; 6) Pilot of a Laboratory Information Systems (LIS) at Mavalane hospital. The goal is to develop guidelines and plan for the implementation of LIS in select public health and clinical laboratories in the country in order to provide accurate laboratory test results to clinicians in a timely manner.

Specific activities involved in developing of this project include:

- Identification of the functional needs of LIS for the pilot project
- Developing an RFP for implementation of the program
- Training of LIS users in Mozambique
- Installation and pilot of the LIS in up to three laboratories
- Evaluation of the LIS and development of a plan for on-going maintenance and enhancements

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	11	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	10	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Table 3.3.12: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5185
Planned Funds:

Activity Narrative:

To ensure that USG Mozambique's five year strategic goal to improve and expand clinical laboratory capacity treatment programs is on target, Columbia University (CU) will continue to work with the Immunology Laboratory in the National Institute of Health, Ministry of Health, FIOTEC and APHL. The activities described in this narrative are linked to activity numbers 5184, 5186, 5187 and 5330. The primary focus of this work will be to increase the capacity of clinical laboratories to support HIV care and treatment services throughout the country and to develop a tiered-network system of health facility-based laboratories. All laboratories should be able to provide quality services in basic hematology, biochemistry, TB and malaria detection, syphilis serology and gradually expand their ability to perform HIV testing in provider-initiated settings (This latter part is particularly important since HIV testing to date in Mozambique has been largely confined to stand-alone VCT sites.) Laboratories at provincial or rural hospitals will also have the capability to perform CD4 counts and will gradually expand their capacity to diagnose Opportunistic Infections and other infectious complications of HIV. Select sites in the country will be developed to provide HIV DNA PCR testing for the purposes of infant diagnosis using dry blood spots (DBS) and viral load testing for program evaluation purposes.

To achieve these activities outlined above, funds are requested to:

- 1) Increase the number of available qualified laboratory personnel at the Immunology Laboratory at the Ministry of Health by hiring one laboratory technical advisor to establish a quality assurance program for CD4 testing and hiring two technicians to perform HIV DNA PCR on dry blood spots for infant diagnosis.
- 2) Conduct training sessions for laboratory personnel as follows:
 - A refresher training course on laboratory quality assurance and management for 35 scientists and technicians
 - A specialized CD4 training course for 33 technical staff
 - A specialized training course in OI laboratory diagnosis for 33 technical staff.
- 3) Improve infrastructure at the National Institute of Health Immunology Lab by purchasing:
 - Maintenance contracts for laboratory equipment and of office commodities for laboratory personnel
 - Reagents and materials to develop an external quality assessment panel for CD4 counts
 - Reagents and materials needed for trainings
 - Equipment, material and reagents to support PCR and viral-load testing for early diagnosis of HIV in infants.
- 4) Strengthen and expand the quality assurance system for CD4 testing by conducting regular supervisory visits and providing on-site mentoring and support

Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	11	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	68	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Cooperative agreement - CDC Brazil
Prime Partner: FIOTEC Institute
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5186

Planned Funds:
Activity Narrative:

The work described under this activity is conducted by the USG partner, FIOTEC, and is aimed at increasing the number of qualified personnel for clinical laboratories in accordance with the USG strategy to strengthen ARV clinical laboratory support.

FIOTEC is a Brazilian organization that brings together the expertise of laboratorians from the Federal University of Rio de Janeiro (UFRJ) and the National School of Public Health of the Oswaldo Cruz Foundation (FIOCRUZ). The principal goal of the work conducted by this organization is to provide technical assistance to the Ministry of Health (MoH) in the development of laboratory training materials and courses, conducting in-country training sessions for laboratory personnel and provide technical assistance in the development of a clinical laboratory network to support the management and treatment of HIV infected adults and children.

To date, FIOTEC, working in collaboration with the Immunology Department of the National Institutes of Health in the MoH have developed training materials for laboratory personnel that have been piloted in June 2005. FIOTEC has also established a full-time, in-country technical expert in charge of organizing and coordinating training activities and providing on-going technical assistance to develop clinical laboratory capacity at USG and non-USG supported ART sites.

In the plans for 2004 and 2005, 10 laboratories were selected by the MOH for renovation and inclusion into the first phase of development to establish a national laboratory network; these laboratories are being renovated in collaboration with Columbia University. FIOTEC was also charged with fulfilling the training needs of technicians from these 10 laboratories and has completed one of three major training sessions planned for FY05.

In FY06, the following FIOTEC activities are proposed in this activity description:

- Training of laboratory personnel in Good Laboratory Practices (GLP) and management of all USG-supported laboratories. These trainings are to be delivered in two workshops conducted in the northern and southern regions of the country. Each two week course will include topics on GLP, biosafety, basic hematology and biochemistry assays, basic bacteriology and parasitology and basic theoretical concepts of HIV pathogenesis and usefulness of CD4 counts as well as other HIV specific assays. Each module includes practical approaches for the implementation of quality assurance and control practices in clinical laboratories and is composed of both theoretical and hands-on sessions. The trainings will be conducted by a team of six Brazilian laboratory experts. Thirty laboratory technicians working at five newly established laboratories will receive training, as well as, five provincial laboratory directors and five technical managers of the MoH's Laboratory Division. Fifteen technicians for four laboratories renovated in 2004 will also receive refresher training.
- One month on-site training for 70 technicians working in four to six new laboratories established towards the end of 2005 and in the beginning of FY06. Four Mozambican trainers will be trained to conduct these training sessions in conjunction with members from the Brazilian team, thus preparing a cadre of experienced in-country trainers.
- On-site supervision of all USG laboratories established in FY04. The goal of this component is to ensure that GLP are followed at all laboratories. Each laboratory will be evaluated at least once a year.
- Continued in-country support for laboratory training. This includes maintaining an in-country consultant for FIOTEC that will coordinate all training activities with the MoH and the Brazilian institutions, participating in this work to ensure timely training of laboratory personnel as USG supported laboratories are renovated and equipped. Additionally, this consultant will work with the MoH to finalize the national plan for

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laboratory development.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities	70	<input type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

Public health care workers

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Tete

Zambezia

Table 3.3.12: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5187
Planned Funds: []

Activity Narrative: Funding of this activity will provide technical support to Mozambique's National Institute of Health Laboratory in the Ministry of Health (MoH) for the continuation of activities initiated in FY05. The primary goal of this activity is to establish and maintain a national quality assurance program for CD4 testing. This is a highly critical intervention as the Mozambique guidelines rely on CD4 testing for initiation of treatment as well as monitoring of patients for possible treatment failures. As the ARV treatment services are being scaled up nationally, through NGO support, CD4 testing capacity is increasing. The MoH plans to take leadership in ensuring that all testing meets the required standards for conducting tests and reporting results.

Funding of this activity will provide technical support to Mozambique's National Institute of Health Laboratory in the Ministry of Health (MoH) for the continuation of activities initiated in FY05. The primary goal of this activity is to establish and maintain a national quality assurance program for CD4 testing. This is a highly critical intervention as the Mozambique guidelines rely on CD4 testing for initiation of treatment as well as monitoring of patients for possible treatment failures. As the ARV treatment services are being scaled up nationally, through NGO support, CD4 testing capacity is increasing. The MoH plans to take leadership in ensuring that all testing done meet the required standards for conducting tests and reporting results.

The funding requested is to cover the travel costs of technical experts to Mozambique for the following activities:

- Work with the in-country team at the National Institute of Health Laboratory to develop a supervision and monitoring plan and guide for the Quality Assurance (Q/A) Program
- Provide technical oversight, evaluate current activities initiated in FY05 and make recommendations for improvement
- Conduct supervisory visits to sites performing CD4 testing and assess adherence to recommended standards
- Determine training needs required for both central level and field staff for maintenance of a functioning Q/A programs

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10	<input type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

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Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5265
Planned Funds:
Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Program Support Specialist for coordination of activities under the Cooperative agreements with the Ministry of Health, FIOTEC, APHL and Columbia University. A second Program Support Specialist is proposed because of increasing numbers and complexity of cooperative agreements. A portion of that salary is attributed to this activity.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

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Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	5267
Planned Funds:	<input type="text" value=""/>
Activity Narrative:	This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Director, Deputy Director and Lead Training Specialist. Work includes coordinating laboratory activities with the Ministry of Health, Columbia University, FIOTEC, and APHL. Also included is developing policy guidance, developing training materials, developing human resources, improving infrastructure, and monitoring progress. Also included is a portion of the salary for the proposed Health Communications Specialist position

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5268
Planned Funds:
Activity Narrative: Funds are requested for two new positions. The first is a Senior Laboratorian. The Senior Laboratorian would coordinate CDC laboratory activities, ensuring that partners' work is progressing rapidly, leading the effort to develop a quality assurance network, and coordinating procurement and logistics. The second position is for a ART Treatment site coordinator, of which a portion of the salary would be paid under laboratory. The site coordinator would work closely with partners to ensure that infrastructure building efforts, training, human resources needs and procurement are being properly managed at each site as it scales up. Critical to this is improving laboratory capacity at each site, which, if not done, can delay the rollout of ARV services and negatively impact our treatment numbers.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of lab-related activities		<input checked="" type="checkbox"/>
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>

Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5330
Planned Funds:

Activity Narrative: This activity will provide support to the Mozambique laboratory system to strengthen clinical microbiology services for HIV prevention, care and treatment programs. It will also assure the quality of laboratory testing and HIV test results by instituting systematic approaches to delivering clinical microbiology services. The specifics of the activities will be developed once a partner (as identified by the Atlanta laboratory team at CDC) is selected through a central cooperative agreement mechanism. The TBD partner will be different from any of the current partners with which the USG has been collaborating in the area of HIV/AIDS and it is anticipated will add support to the microbiology section of laboratory support in Mozambique's HIV/AIDS program.

Some of the expected outputs of this new cooperative agreement will be:

- Technical support to the national lab to develop and institute laboratory standards and procedures in all public health laboratories
- Development and implementation of a laboratory quality assurance program for the microbiology department, including elaboration of a training plan for laboratory personnel on the program and development of guidelines for supervision and oversight in the area of laboratory quality standards, and quality testing for both serology and microbiology.
- Dissemination of laboratory standards and operating procedures to all laboratories in the country

Mozambique's National Institute of Health has been given the added responsibility of managing the serology department in addition to molecular and microbiology that it is currently responsible for. This activity will provide the much needed technical and human resource support to perform this added task.

Emphasis Areas

Local Organization Capacity Development
 Policy and Guidelines
 Quality Assurance and Supportive Supervision

% Of Effort

10 - 50
 10 - 50
 51 - 100

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Targets

Target

Target Value

Not Applicable

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

Number of individuals trained in the provision of lab-related activities

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
 Budget Code: HVS1
 Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

Mozambique's approach to strategic information (SI) has produced noticeable successes in the past two years. Since 2004, the Ministry of Health (MOH) and the National AIDS Council (NAC) have developed systematic approaches to the collection and analysis of HIV/AIDS program data and monitoring and evaluation (M&E) frameworks for documenting private and public sector responses. While USG support has contributed to this progress, other donors are very active, particularly the World Bank (financing a full-time technical advisor to strengthen M&E at the NAC) and UNAIDS (providing a full-time HIV/AIDS M&E coordinator to work across sectors). USG technical support has been instrumental for Mozambique's sentinel surveillance system. Results of the 2004 sentinel surveillance round released this year showed that estimated HIV prevalence has climbed from 13.6% in 2002 to 16.2%. These findings have raised concern for the gravity of the epidemic and the need for stronger programs.

The FY 05 COP included TA and training to strengthen M&E frameworks and systems of the NAC, MOH and Ministry of Women's Affairs. In addition, the MOH received significant support to standardize and disseminate forms for collecting HIV/AIDS program data, to improve central information technology infrastructure and to implement central and provincial information systems for collecting and analyzing program data. USG-supported partners, including the POLICY Project and Columbia University, worked to describe trends in HIV/AIDS at the national, regional and provincial levels and among individuals receiving treatment and care services. By mid-year FY 05, 10 individuals had been trained in the areas of strategic information, and CDC and USAID staff had provided significant technical assistance to MOH and NAC counterparts. The USG also supported significant advances in the development of an HIV/AIDS M&E curriculum to train more than 70 HIV/AIDS program managers and provincial health officers.

Despite significant progress in FY 05, challenges remain for achieving the vision for SI laid out in the Five-Year Strategic Plan. Availability of qualified staff continues to be an issue. In the next year, it is anticipated that an additional 10 NAC M&E staff will be funded by the World Bank to work in the provinces and centrally on HIV/AIDS, but those hired will likely require further training. The MOH has lost a competent HIV/AIDS M&E team leader and, in spite of having a staffing plan and resources for adding three epidemiologists and a number of IT staff, it still has limited SI staff. As a result, additional USG technical assistance on a daily basis is required.

In the Five-Year Strategic Plan, the USG also envisioned SI activities that would support the ability to understand, interpret and measure the impact of HIV/AIDS on the population. Most notably, in FY 06, the USG will support the 2006 sentinel surveillance round, introducing HIV incidence and ARV resistance testing and new methods for projections and estimates. Data will also be collected to improve understanding of the impact of HIV/AIDS on mortality, addressing a notable gap in data now available in Mozambique. Columbia University, Health Alliance International and New York State (with the HIVQUAL Program) will provide technical support to improve the quality and availability of data about persons receiving treatment and care in health facilities. The MOH is committed to applying lessons learned in collaboration with these partners to strengthen tracking of care and treatment at new and existing facilities throughout the health system.

These FY 06 plans will require increased attention of existing SI staff at a time when Emergency Plan planning and reporting needs are also increasing. The COP proposes a new SI position to coordinate Emergency Plan reporting activities, and a new contract to monitor and improve quality of data reported by USG partner organizations.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	154
Number of local organizations provided with technical assistance for strategic information activities	9

Table 3.3.13: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4991
Planned Funds:

Activity Narrative: This activity is linked to Mozambique's five year SI strategy to strengthen the country's overall HIV/AIDS information systems while meeting specific data needs of the Emergency Plan. CDC provides substantial epidemiologic, M&E and informatics support to the Ministry of Health and to the in-country Emergency Plan activities. This support ultimately insures that targets in prevention, treatment and care are monitored and, in many cases, achieved by through the provision of direct technical assistance in program implementation and data collection, analysis and dissemination.

To play this role, staffing in the area of SI has grown, along with costs for implementing relevant SI activities. Funds in the amount of which include prorated salaries for the CDC Technical staff members, are requested. Salary costs include a portion of the CDC's Director, Epidemiologist, and Lead Training Specialist time, who all work directly on SI activities. Specific activities include coordinating SI activities for the Emergency Plan, conducting supervisory visits to the field in support of Ministry of Health activities such as the implementation of sentinel surveillance, developing training materials for the monitoring and evaluation course to be delivered to provincial HIV/AIDS and medical officers and implementing these trainings. Also included is a portion of the salary for the proposed Health Communications Specialist position that will assist in disseminating data and information to in-country and external partners.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Target Populations:

- National AIDS control program staff (Parent: Host country government workers)
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HYSI
Program Area Code: 13
Activity ID: 4992
Planned Funds:

Activity Narrative: *This activity is linked to Mozambique's five year SI strategy to strengthen the country's overall HIV/AIDS information systems while meeting specific data needs of the Emergency Plan. CDC provides substantial epidemiologic, monitoring and evaluation (M&E) and informatics support to the Ministry of Health (MoH) and to the in-country Emergency Plan activities. This support ultimately insures that targets in prevention, treatment and care are monitored and, in many cases, achieved by through the provision of direct technical assistance in program implementation and data collection, analysis and dissemination.*

This activity includes prorated salaries for the CDC Technical staff members working in strategic information. Staff include CDC's IT specialist, who provides direct IT support to the MoH's HIV/AIDS and epidemiologic programs. This activity also includes local costs for internet access, as well as locally procured staff-support costs for the Senior Epidemiologist, such as in-country travel needed to provide technical assistance for the 2006 sentinel surveillance round. Finally, salary costs for the program support specialist are included to support the MoH cooperative agreement. A substantial portion of previous allocated funds have been provided to the MoH in the area of SI, and the oversight required of SI cooperative agreement activities, including IT support contracts, are critical.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

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Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVS1
Program Area Code: 13
Activity ID: 4993
Planned Funds:
Activity Narrative: This activity is linked to Mozambique's five year SI strategy to strengthen the country's overall HIV/AIDS information systems while meeting specific data needs of the Emergency Plan. CDC provides substantial epidemiologic, monitoring and evaluation (M&E) and informatics support to the Ministry of Health (MoH) and to the in-country Emergency Plan activities. This support ultimately insures that targets in prevention, treatment and care are monitored and, in many cases, achieved by through the provision of direct technical assistance in program implementation and data collection, analysis and dissemination.

To play this role, staffing in the area of SI has grown, along with costs for implementing relevant SI activities. Funds in the amount of in prorated salaries, including full salaries for new SI staff positions, as well as travel costs, are therefore being requested.

Existing positions that will continue to be funded include some salary costs for the senior direct hire epidemiologist and full salary costs, including travel, for a monitoring and evaluation specialist. These positions directly support the MoH, Ministry of Women and Social Welfare, other partners, and the Emergency Plan SI activities.

New positions will include:

- A Health Management Information Specialist (HMIS) - This person will have the primary responsibility of furthering the Emergency Plan SI objective to strengthen the HMIS infrastructure in country and to directly contribute to improved patient tracking of persons under care and treatment in the Emergency Plan. Currently, there is very limited support at the Ministry of Health for implementing new information systems needed to collect HIV/AIDS-related M&E data. As a result, the roll-out has been slow and the USG team frequently does not have the necessary data to describe HIV/AIDS related service provision in the country. This person will work with the MoH to improve availability and quality of data while insuring USG access to these data. In addition, this person will focus on improving patient tracking systems, including (with the availability of plus-up funds) announcing an RFA for a vendor to develop or adapt a patient tracking system that would be potentially used at all MoH-supported treatment centers. To date, there is no solution endorsed by the Ministry among those systems that exist and there is a request that CDC assist the MoH in developing or identifying an appropriate solution. The HMIS position is critical to all of these activities.
- An SI Program Planning and Reporting Specialist - CDC will assume costs and supervision for an Emergency Plan Strategic Information specialist to coordinate all USG Emergency Plan COP and reporting activities. To date, these activities have been shared by a USAID and CDC SI staff, however, increasing reporting and planning burdens, as well as a scale-up of in-country SI activities made possible by the Emergency Plan, require additional attention. All USG partners will have input into the selection process.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Proposed staff for SI	51 - 100
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
 Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: S101

Planned Funds:

Activity Narrative: This activity is in support of Mozambique's five year SI strategy to technically and financially support high-priority HIV/AIDS-related surveillance, behavioral and population-based surveys, targeted evaluation activities, and policy-related analysis.

Specifically, this activity will provide funds to bring an ASPH fellow into country to work with the SI team to assist the group in SI activities related to prevention, treatment and care. This person will work primarily on assisting the Ministry of Health to conduct the 2006 sentinel surveillance round, including participating in training, supervision, data analysis and reporting. The fellow will also provide logistical and program support to other targeted evaluations and SI activities proposed and approved through the FY2006 Emergency Plan funding. This person will be supervised by the senior epidemiologist.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	51 - 100
Targeted evaluation	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Lab Supplies Contract
Prime Partner: Crown Agents
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5108
Planned Funds:
Activity Narrative: Activities 5108 and 5109 are linked.

This activity is associated with Mozambique's SI five year strategy to technically and financially support surveillance 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 USG efforts.

The Ministry of Health, in coordination with donor and technical assistant partners, began implementing routine HIV/AIDS sentinel surveillance among pregnant women in 1998 in 10 sites. In 2004 during the latest round, sentinel surveillance was conducted at 36 sites throughout the country. Data from the sentinel surveillance round are used to describe the current burden of disease among pregnant women and to produce estimates of the burden and impact of HIV/AIDS in the country and to monitor trends in disease over time. Sentinel surveillance data are the cornerstone of allocating resources in the country as well. For example, data are used to determine priority areas for opening new treatment sites and focusing prevention efforts.

Since 2001, CDC has provided complete financial and technical support for sentinel surveillance activities in Mozambique. In 2006, funds will be used to procure laboratory materials including test kits, cryovials, syringes, centrifuges, where necessary, and sample transfer and storage containers and coldboxes, to conduct more than 10,000 HIV and syphilis tests during an 8 week period. Funds are also allocated in this activity to procure supplies, including special BED Assays and DBS-related laboratory materials, to measure incidence and ARV resistance per WHO and CDC protocols.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100

UNCLASSIFIED

Targets

Target

Target Value

Not Applicable

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

Number of local organizations provided with technical assistance for strategic information activities

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.13: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVS1
Program Area Code: 13
Activity ID: 5109
Planned Funds:
Activity Narrative: Activities 5108 and 5109 are linked.

This activity is linked to Mozambique's five year SI strategy to technically and financially support surveillance 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 USG efforts.

The Ministry of Health, in coordination with donor and technical assistant partners, began implementing routine HIV/AIDS sentinel surveillance among pregnant women in 1998 in 10 sites. In 2004 during the latest round, sentinel surveillance was conducted at 36 sites throughout the country. Data from the sentinel surveillance round are used to describe the current burden of disease among pregnant women and to produce estimates of the burden and impact of HIV/AIDS in the country and to monitor trends in disease over time. Sentinel surveillance data are the cornerstone of allocating resources in the country as well. For example, data are used to determine priority areas for opening new treatment sites and focusing prevention efforts.

Since 2001, CDC has provided complete financial and technical support for sentinel surveillance activities in Mozambique. Through requested funding for laboratory supplies described in a related activity, the USG will again propose to provide substantial support to the upcoming 2006 round.

In this activity, the SI team is requesting funds to insure that novel methods for collecting, analyzing and reporting data from the 2006 HIV sentinel surveillance round are included through holding two partner stakeholder meetings/workshops. The first workshop will be held prior to submission of the Mozambique sentinel surveillance protocol to the in-country and CDC ethics review committees. Experts from the areas of HIV incidence testing, ARV resistance testing, and others in the area of PMTCT and projections and estimates will be invited from various agencies (including WHO, UNAIDS, CDC, Bureau of Census) as well as in-country stakeholders to participate in the workshop. The goal of this meeting will be to agree on how new methods for conducting HIV surveillance can be used to improve our understanding of the dynamics of Mozambique's HIV/AIDS epidemic and to re-draft a new HIV Sentinel Surveillance protocol for Mozambique. The second workshop will be held after data collection is over where stakeholders and experts will be invited to participate in the analysis and interpretation of the HIV sentinel surveillance data. Results from the workshop will be published in a bi-annual national publication, which is the primary source of data about HIV/AIDS disease burden and trends in the country.

Emphasis Areas

HIV Surveillance Systems

% Of Effort

51 - 100

UNCLASSIFIED

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	2	<input type="checkbox"/>

Target Populations:

Country coordinating mechanisms

National AIDS control program staff (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

UNCLASSIFIED

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HRSA IAA
Prime Partner: New York AIDS Institute
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5121
Planned Funds:

Activity Narrative: This activity is in support of Mozambique's SI strategy to strengthen routine information management systems for both aggregate program reporting and individual longitudinal tracking of PLWHAs. In addition, it is linked to Mozambique five year treatment strategy which seeks to insure support to the Ministry of Health (MoH) central, provincial, and district infrastructure necessary to implement a high-quality, integrated ARV treatment program.

With the rapid scale-up projected to occur in treatment services in FY06 by the government and because of the Emergency Plan, the MoH needs the ability to systematically assess and improve the quality of treatment and care services provided at the clinical level. The approach to assessing and improving quality will be achieved using the HIVQUAL methodology, which has been widely used in the US and Thailand, and currently being piloted in Uganda. HIVQUAL builds capacity to support clinical data collection and analysis at the clinic level, linking these activities to systems building that improve processes and outcomes of care. HIVQUAL is designed to strengthen systems for documentation which permits monitoring of appropriateness of care and development of capability for self-assessment.

The principal advantage of the HIVQUAL approach is that it is simple and allows clinics to use data for quality improvement (QI) immediately, without the need for adapting a full database and electronic medical record. This activity also offers a simple methodology built upon specific indicators (e.g., number of patients who ever had CD4 test; number of patients on ART with CD4 < 200; number of patients on cotrimoxazole) and a sampling methodology to standardize processes for performance measurement and QI. This performance measurement activity is simultaneously linked to developing capacity for quality improvement through coaching and group learning sessions. Capacity-building activities also emphasize development of quality management infrastructure to support ongoing and sustainable QI activities.

One of the most important benefits of the HIVQUAL approach is that project activities are locally adapted. In Mozambique, this means addressing QI in areas where medical records are limited and often of poor quality. In this fiscal year activities will include, but not be limited to: sites assessment, selection of pilot sites, selection of clinical indicators for performance measurement, QI education and data collection/analysis. We anticipate that TA from the New York HIVQUAL project team will assist in overcoming some of the challenges involved with implementing QI systems.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Proposed staff for SI	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	1	<input type="checkbox"/>

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Gaza

Maputo

Nampula

Sofala

Zambezia

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Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5204
Planned Funds:
Activity Narrative: This activity is related to another SI activity (5220) and a policy development activity (4894).

In 2006, DoD will undertake the second phase of data collection and analysis regarding HIV prevalence among members of the Mozambique Defense Forces (FADM). Phase 2 will increase the sample size to about 1,000, with data collected from military bases in all three regions (north, center, and south). Trained counselors will be available for post-test counseling; these counselors are 12 military personnel who were trained in Phase 1 (FY05 funding) in pre- and post-test counseling, finger-prick blood draw and use of Dried Blood Spot (DBS) filter paper, reading of HIV rapid test results using Unigold and Determine test kits, and use of the research questionnaire. For research quality assurance, the 12 counselors will receive a refresher course before Phase 2 begins. Troops who are found to be HIV-positive will be referred for care and treatment as appropriate. The results from this study will help the Ministry of Defense in the development and approval of an HIV/AIDS policy (see activity #4894), as well as in revising and/or expanding prevention, care, and treatment activities targeting the military.

Emphasis Areas

% Of Effort

AIS, DHS, BSS or other population survey

51 - 100

Targets

Target

Target Value

Not Applicable

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

12

Number of local organizations provided with technical assistance for strategic information activities

Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GAC (GHA1 account)
Program Area: Strategic Information
Budget Code: HVS1
Program Area Code: 13
Activity ID: 5220
Planned Funds:
Activity Narrative: This activity is related to another SI activity (5204) and a policy development activity (4894).

The U.S. Department of Defense Defense Attache Office (DAO) intends to conduct with the Mozambique Defense Force an HIV Incidence Surveillance (HIS) study using the BED-capture enzyme immunoassay (BED-CEIA), which is a new assay for the detection of recent HIV infection applicable in resource-constrained settings. This will provide temporally based trends in HIV incidence using the Dried Blood Spots (DBS) samples collected in the Phase I (supported in the COP05) and Phase II (COP06, activity 5204) HIV prevalence studies.

The advantage of applying the BED-CEIA is that it has a single window period, regardless of the subtype of infection; therefore, it is designed to work well in populations with different HIV-1 subtypes as is the case in Mozambique. It is known that the incidence of new HIV infections in any given population is an indicator of the growth of the epidemic at a given time. Moreover, it is known that incidence can be either observed directly in groups that are repeatedly screened for HIV infection or estimated from serial prevalence measurements. Therefore, this incidence assay is linked with both phases of the prevalence study targeting military populations from military bases located in 3 country regions (north, center, and south).

Results from the HIV prevalence and behavioral survey, along with this incidence data, will help the Ministry of Defense to quantify morbidity, estimate the future burden of HIV disease, and estimate the potential need for antiretroviral and other therapies. The Ministry can also focus on further prevention efforts and increased medical and social services for the next several years for soldiers with HIV.

Emphasis Areas

HIV Surveillance Systems

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

Number of local organizations provided with technical assistance for strategic information activities

Target Populations:

Military personnel (Parent: Most at risk populations)

Coverage Areas

- Cabo Delgado
- Manica
- Maputo
- Nampula
- Sofala

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Policy Dialogue and Implementation Project
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5304
Planned Funds:

Activity Narrative: This activity will continue, through a new USAID mechanism, the technical support provided in past years under the POLICY project. Main activities will include: (1) continue strengthening of the Multisectoral Technical Group (MTG), which is the vehicle for analyzing, reaching consensus on and then disseminating the findings of the HIV prevalence sentinel surveillance and other key HIV/AIDS data, through refresher training and training in new analytic techniques, technical assistance, and material support for operations; (2) strengthen the existing provincial technical groups to better analyze, advocate, and guide HIV/AIDS data and programs in their provinces, and expand coverage to additional provinces; (3) technically guide and support the preparations for timely analysis and dissemination of the 2006 round of HIV sentinel surveillance, including as appropriate revised estimates of demographic impact; (4) complete small area analysis begun in 2005 of HIV risk factors, behavior, and HIV status; and (5) analyze and disseminate data related to PLWHA care as an advocacy tool for community support and reduced fear and stigma.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	15	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	3	<input type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: MEASURE Phase II Evaluation
Prime Partner: University of North Carolina Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAJ account)
Program Area: Strategic Information
Budget Code: HV51
Program Area Code: 13
Activity ID: 5386
Planned Funds:
Activity Narrative:

MEASURE Evaluation will provide technical assistance and training expertise related to strengthening systems for monitoring the progress and results of the Mozambique HIV/AIDS response, including the contributions of USG resources in this response. There are three components to this activity:

(1) - Continue to strengthen the monitoring and evaluation capability of the Ministry of Women and Social Action (MMAS), which is responsible for guiding and coordinating support programs for the needy, including PLWHA families and OVC. TA and training will reinforce the ability of central, provincial, and district level MMAS systems and staff in all 11 provinces to plan, coordinate, monitor implementation, and oversee basic quality control of services through standardized data collection tools, reporting cycles, and data analysis. Systems developed will track USG-funded home-based palliative care and OVC activities as well as those funded from other sources. The MMAS systems will be coordinated with those of the Ministry of Health and the National AIDS Council, also supported in this area with Emergency Plan resources.

(2) - Continue to strengthen (in collaboration with support provided by UNAIDS, the World Bank and other donors) the monitoring and evaluation capability of the National AIDS Council (CNCS), which is responsible for guiding, coordinating, and reporting on the overall national multisectoral response to HIV/AIDS. TA and training will focus on addressing priority needs for the establishment of a robust national M&E system for HIV/AIDS, and strengthening central and provincial CNCS capability to administer this system and to analyze and use the data generated to inform policy and program planning related to HIV/AIDS. This support contributes to the "Three Ones" element of ensuring a single M&E plan for the country.

(3) - Adapt and pilot a version of the Sample Vital Registration with Verbal Autopsy (SAVVY) methodology to generate data to estimate mortality from HIV/AIDS, using a validated verbal autopsy tool to ascertain causes of death. The methodology will be piloted in two areas still to be selected; one will be an area where ART services are available, and the second an area where ART is not yet available. MEASURE Evaluation will collaborate with the National Statistics Institute and other appropriate Mozambican partners to develop and implement this version of SAVVY, with significant in-kind contribution of GRM staff to the effort. Based on progress during FY06, this activity would be expected to continue with COP07 funding.

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Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	77	<input type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities	3	<input type="checkbox"/>

Target Populations:

- Country coordinating mechanisms
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Host country government workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5474
Planned Funds:

Activity Narrative:

Through an RFP process, USAID will identify a local company to undertake systematic field monitoring of the expanding number of USAID implementing partners (including Track 1 partners) under the Emergency Plan. The field monitoring will include but not be limited to monitoring the collection and handling of data at field level, as data quality and consistency across partners continues to be a concern. Given the great distances and poor communications infrastructure in Mozambique, USAID's technical and program management staff are not able to directly visit all partners' field operations as often as is desirable to ensure good oversight, especially in audit terms. Certain aspects of site monitoring can be handled routinely by a contractor at a much more reasonable cost than adding more new staff positions.

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Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Other SI Activities	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>

Indirect Targets

Through more systematic field-level oversight of all Emergency Plan implementing partners, USAID will be able to improve the consistency and reliability of the data reported and the quality of services implemented.

Target Populations:

Non-governmental organizations/private voluntary organizations
Program managers
USG in-country staff
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
 Budget Code: OHPS
 Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

In Mozambique, the shortage of trained human resources in all categories is the single greatest bottleneck for scaling up all programs related to HIV/AIDS treatment, care and prevention. Last year's COP focused on strengthening Ministry of Health capacity through training, human resource development and appropriate management. Since Mozambique's national elections in December 2004, there have been extensive changes in leadership in the Ministry of Health beginning with a new Minister. During the last nine months of transition, it has been difficult to move forward on many planned FY 05 activities. Hence, the FY 06 COP includes a number of FY 05 activities that were not initiated or completed, as well as new FY 06 activities.

Developing capacity at the provincial and central levels of the MOH is the goal of activities such as establishment of standards for pre-service training activities, development of training materials, workshops at a regional level within Mozambique to link continuing education and pre-service organizations, and related equipment procurement. Other new activities emphasize development of management training for provincial level human resource personnel and, for the first time, sending participants to a comprehensive management course with the goal of developing a similar, more sustainable course in Mozambique. The USG will also support the development of an HIV workforce policy for Ministry of Health and use of twinning in possible areas such as training health aides, advocacy group mentoring and positive care service providers. The USG will continue to support work on the Training Information System (TIMS) and on an assessment of attitudes and practices of health workers that affect the quality of HIV/AIDS service delivery.

FY 06 funds will also support the development of HIV workplace policies for both the Ministries of Health and Defense. These key USG program partners face very different challenges in creating workforce protection and support services related to HIV/AIDS.

Institutional development activities include technical support for the National AIDS Council (NAC). The NAC is responsible for overall coordination and leadership of Mozambique's national response to HIV/AIDS. It administers a common fund supported by several major European bilateral donors. The Global Fund has also agreed, in principle, to contribute to this common fund. Hence, technical support and training to strengthen the NAC are important for enhancing the leadership it provides and also for increasing the funding available to key sectors and NGOs from the common fund. The USG will continue support to the NAC to strengthen its provincial operations, grant management systems and capacity to support communications programs.

Mozambique's economic strides over the past decade are at grave risk due to the impact of HIV/AIDS on the labor force, especially skilled workers and managers. The Business Against AIDS Forum (ECoSIDA) mobilizes and supports private companies to address HIV/AIDS through comprehensive workplace and outreach programs. The USG will continue direct support to ECoSIDA through the Mozambique Federation of Business Associations (CTA) and also provide technical assistance to strengthen the services and support that ECoSIDA can provide to its members.

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Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	125
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	90
Number of individuals trained in HIV-related policy development	45
Number of individuals trained in HIV-related institutional capacity building	342
Number of individuals trained in HIV-related stigma and discrimination reduction	60
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	105

Table 3.3.14: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: Catholic University of Mozambique
USG Agency: Department of State
Funding Source: GAC (GHA1 account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4851
Planned Funds:

Activity Narrative: DOS will continue its established program of providing scholarships for medical students who will specialize in HIV/AIDS treatment. The aim of this program is to provide educational opportunities for young people in areas with high HIV prevalence and limited economic opportunities to receive formal medical training with a view to increasing 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 largest city and area of very high HIV prevalence. Most students benefiting from this program are from high-prevalence, central Mozambique and some from the northern provinces. As an integral part of their studies, student are required to do 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.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	0	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	0	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	0	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	25	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	25	<input type="checkbox"/>

Coverage Areas

Sofala

Table 3.3.14: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4856
Planned Funds: \$0.00
Activity Narrative: Deferred project from COP '05: [redacted] 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 the 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 towards regions of northern and central Mozambique where USG-supported care and treatment sites are functioning or being initiated in FY2005. DOS staff will monitor progress and success of this new initiative. An estimated 1000 PLWHA will receive care from the health paraprofessionals trained under this activity.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Coverage Areas

Manica

Sofala

Tete

Zambezia

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Quick Impact Program
Prime Partner: To Be Determined
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4872
Planned Funds:

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

Projects will target areas of northern and central Mozambique where USG-supported HIV/AIDS care and ART services are ongoing. 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.

Emphasis Areas

% Of Effort

Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	40	<input type="checkbox"/>

Key Legislative Issues

Microfinance/Microcredit

Coverage Areas

Manica

Maputo

Nampula

Sofala

Zambezia

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4894
Planned Funds:
Activity Narrative: This activity is related to two SI activities (5520, 5204).

DOD will help the Mozambique Defense Forces (FADM) to revise internal policies to incorporate HIV/AIDS implications. FADM recruitment processes do not include HIV testing, and there are no existing regulations or procedures regarding personnel found to be HIV positive. The national legislation on anti-discrimination related to HIV/AIDS may negatively affect the readiness of the army and in fact contribute to spread the virus in cases of regional peacekeeping deployments. Other countries have specific policy and regulations for the military regarding HIV/AIDS. Often HIV testing is part of their recruitment process, and recruits found to be HIV-positive are not admitted into the army. Such a policy might protect the military from costs in treatment and care of HIV-positive recruits, as such costs would only be assumed for personnel infected while serving. Since military service in Mozambique is obligatory, getting such a policy designed and approved will increase the number of youth who choose to voluntarily be tested in order to avoid the surprise of learning they are ineligible for enlistment due to HIV infection. Technical assistance and guidance will be provided to help the FADM analyze new policy options and implications, and to develop an appropriate, practical HIV/AIDS policy for the military.

Emphasis Areas

% Of Effort

Policy and Guidelines

51 - 100

Targets

Target

Target Value

Not Applicable

- Number of local organizations provided with technical assistance for HIV-related policy development 1
- Number of local organizations provided with technical assistance for HIV-related institutional capacity building
- Number of individuals trained in HIV-related policy development
- Number of individuals trained in HIV-related institutional capacity building
- Number of individuals trained in HIV-related stigma and discrimination reduction
- Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

Populated Printable COP

Country: Mozambique

Fiscal Year: 2006

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5065
Planned Funds:
Activity Narrative: This activity also relates to Peace Corps activities in A/B (5011), Other Prevention (4921), and OVC (5062).

During the period of the 2006 COP, approximately 20 Peace Corps Health Volunteers will be providing technical assistance to Mozambican NGOs, CBOs and FBOs conducting A/B, Other Prevention, OVC, and Palliative Care activities to improve the organizations' capacity to manage their operations and strengthen their outreach services. The Volunteers will assist organizations in HIV-related institutional capacity building in the following areas: HR systems, financial systems, data banks, job descriptions, strategic planning, project planning, monitoring & reporting systems, and quality control policies & standards. The Volunteers will additionally provide organizational staff training on skills such as computer training; data management; data analysis; project planning; development of monitoring and reporting formats for measuring qualitative and quantitative data; and English language skills. Volunteers will assist organizational staff in the field for improving their community mapping skills, techniques for conducting needs assessments; categorization of data; and skills for accurate reporting.

At the community level, Volunteers will provide training and support to families that compliment organizational prevention, OVC and palliative care activities. Their activities will include training on immune-boosting nutrition; home gardens; health and hygiene; first aid; counseling techniques for traumatized children; prevention for sero-discordant couples; income-generating projects; inheritance and succession planning with particular emphasis on ensuring that widows and OVCs retain access to their productive and personal assets; supporting PLWA organizations.

The COP 06 proposed budget for Organizational Capacity Building will allow Peace Corps to continue its planned strategy of expansion of the Health Volunteers, geographically and numerically, focusing on less-served areas, and providing enhancements to their training and support to ensure that they provide more effective technical assistance. The COP 06 proposed budget will be used for materials development and reproduction; pre-service and in-service training enhancements for improved skills and knowledge in the area of organizational strengthening; accommodation rentals and security enhancements for the Health Volunteers so that they can be placed with organizations that, otherwise, could not afford to house them; organizational exchange visits, allowing Health Volunteers and their counterparts to visit each other's projects to share best practices; PC/M staff office supplies, communications and travel enhancements for efficient and effective support of the Health Volunteers; and PC/M staff capacity building in PEPFAR and HIV/AIDS through post exchanges and conferences.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	5	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	40	<input type="checkbox"/>

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

USG in-country staff

Children and youth (non-OVC)

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Key Legislative Issues

Volunteers

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5241
Planned Funds:	[REDACTED]
Activity Narrative:	<p>Funds for ITECH/University of Washington via the USG Mozambique Emergency Plan allocation for FY06 activities will build on work currently underway by I-TECH in FY05, including:</p> <ul style="list-style-type: none"> • A review of HIV/AIDS pre-service instruction in the 14 national training institutions for health care workers in Mozambique (i.e., curriculum status and course implementation, teaching methods, continuing education needs of teachers, and conditions for teaching or infrastructure) • Course evaluations • A review of continuing education resources throughout the country (e.g., training organizations, training materials, tracking systems, gaps). <p>These activities correspond with a number of the USG five year strategy objectives including strengthening development of quality training to health workers, strengthening and coordinating training strategies among program implementers, and evaluating in-service training.</p> <p>The purpose of ITECH's work specifically in this area is to identify strengths and weaknesses of current national training efforts and to create a plan for overall improvement and coordination among training organizations of both pre-service and continuing education. In addition, an enhanced understanding of national training needs and available personnel will emerge from this work, allowing the Ministry of Health (MoH) to improve the efficiency of the current workforce. In light of the human resources development plan (2006-2010), which is pending approval, it will be helpful to provide financial and technical support for annual human resource workforce planning, especially as it relates to HIV/AIDS care and treatment scale-up.</p> <p>Activities will also include conducting an evaluation of OI training materials and evaluating the quality of training institutions in preparing auxiliary medical technicians in Beira, Zambezia, Inhambane and Nampula provinces.</p> <p>I-Techs expertise in developing the financial and organizational management capacity of groups will be a new FY06 activity. Although this activity was originally envisioned in Mozambique's five year strategy as a need for community groups, given the system-wide staff transfers in the MoH as a result of the recent elections, it seems appropriate to apply this objective to the government. Management and leadership positions were not exempted in the transfers and the new Director of Human Resources has identified development of management capacity as a priority. This proposed activity focuses on identifying suitable management training for the provincial human resource directors and medical officers in 11 provinces with the goal of establishing uniform management practices and procedures. This is of particular importance given the pressures upon the public health care system to respond to the needs of PLWHAs. The USAID health team is also interested in supporting management training and there are discussions about how to leverage resources and harmonize our activities in order to maximize results.</p> <p>Finally, ITECH will use unspent combined funds of [REDACTED] allocated in FY05 to support the assessment of pre-service activities and OI evaluation.</p>

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Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	14	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5243
Planned Funds:	<input type="text"/>
Activity Narrative:	<p>In the USG Mozambique five year strategy, one primary objective is to support the development of a training database that allows for more effective management of human resources and support training in the use of the database. Since FY05, in addition to prevention of medical transmission activities, JHPIEGO began providing technical assistance to the Ministry of Health (MoH) in the development of a training information and monitoring system (TIMS) and the design of a performance monitoring system.</p> <p>In FY06, JHPIEGO will again provide technical assistance to the MoH to:</p> <ul style="list-style-type: none"> • Monitor/evaluate the implementation of a training information and monitoring system beginning at the central level including periodic follow-up visits to each province • Design the expansion strategy • Build capacity to expand and maintain the implementation of TIMS • Develop and implement a database system to monitor the SBM/IPC data • Monitor its implementation • Continue development of TIMS <p>JPHIEGO will also address the lack of human resources and difficulties in recruitment and retention of national health system staff through funding for this activity. While specifically mentioned in Mozambique's five year treatment strategy, a lack of human resources is applicable for the entire national health system. One way to address retention of human resources in public health is by developing a workplace HIV policy that addresses issues around knowing one's status and care for HIV positive workers and their families.</p> <p>In this activity, work with the MoH Department of Human Resources would occur to develop a workplace HIV/AIDS policy for MoH employees throughout Mozambique and print copies of the policy for distribution. The targeted audience is host government workers. CDC has a staff person seconded to the MoH who will be instrumental in facilitating the development of this policy, overseeing work of a consultant to write the document and printing of policy for distribution.</p>

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Teachers (Parent: Host country government workers)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5244
Planned Funds:

Activity Narrative:

This activity also relates to activity number 5245. The Ministry of Health (MOH) National Strategic Plan to Combat STIs, HIV & AIDS includes the objective to 'reduce the impact of HIV/AIDS on health care workers' as one of six key objectives identified for the 2004-2008 strategy. To date, however, few organized opportunities exist to support health workers in dealing with HIV/AIDS in their personal and professional lives. Anecdotal evidence suggests that health care workers face difficulties in adopting safe practices and reducing a range of risk behaviors. Furthermore, it is unknown how many health workers in Mozambique have themselves voluntarily undergone HIV counseling and testing although, in informal discussions, health workers express concern about confidentiality of information within their own working environment and state that the stigma and possible discrimination attached to a positive HIV test result are strong barriers to the use of testing and treatment services for those health workers that are HIV-positive even at sites where these are available.

It is, therefore, unlikely that HIV risk among health workers can be overcome without significant changes in attitudes and behaviors. There appear to still be significant opportunities to identify areas where health care staff can be better supported in their personal and professional response to the HIV/AIDS epidemic.

USG funding will support HHS/CDC/Atlanta technical assistance for the completion of an assessment of health workers' current behaviors, attitudes, norms and knowledge (BANK) around primary prevention of HIV/AIDS and up-take of VCT services, to determine how to better design interventions promoting structured opportunities for educating and assisting health care workers to better deal with HIV/AIDS in their work and home environment.

Technical assistance will also be provided to oversee the completion of the baseline study, conduct data processing and analysis, design and pilot the interventions and support capacity building and mentoring for MoH technical staff involved in the activity.

Additional technical assistance from HQ is required for implementation of the Mozambique portion of the Sustainable Management Development Program, assessment of human capacity development needs and implementation of training activities.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Needs Assessment	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Teachers (Parent: Host country government workers)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5245
Planned Funds:

Activity Narrative:

This activity also relates to activity number 5244.

This activity outlines two separate components for CDC funding. The first activity is to support the development of financial and organizational management capacity as described in the Mozambique USG five year strategy. Although this activity was initially envisioned in that strategy to support community groups, given the system wide transfers of Ministry of Health (MoH) staff as a result of the recent elections, it seems appropriate to apply this objective to the government. In all the job transfers, management and leadership positions have not been exempted and the new Director of Human Resources has identified development of management capacity as a priority. This year's COP activities propose sending two key provincial staff in the MoH whose work includes HIV/AIDS activities to the FY06 Sustainable Management and Development Program (SMDP) six week course in Atlanta. Financial support will be provided to the two MoH participants attending the FY05 course so that they can complete their management projects and trainings upon return. Technical assistance from SMDP will be provided to the FY05 participants and planning will begin towards developing a SMDP program in Portuguese for Mozambique to develop longer term sustainability for management training.

In the second activity, the focus is on strengthening systems to reach health care workers and minimize/mitigate the impact of HIV/AIDS on their personal and professional lives. Ministry of Health (MoH) National Strategic Plan to Combat STIs, HIV & AIDS includes the objective to 'reduce the impact of HIV/AIDS on health care workers' as one of six key objectives identified for the 2004-2008 strategy. To date, however, few organized opportunities exist to support health workers in dealing with HIV/AIDS. Anecdotal evidence suggests that health care workers face difficulties in adopting safe practices and reducing a range of risk behaviors. Furthermore, it is unknown how many health workers in Mozambique have themselves voluntarily undergone HIV counseling and testing although, in informal discussions, health workers express concern about confidentiality of information within their own working environment and state that the stigma and possible discrimination attached to a positive HIV test result are strong barriers to the use of testing and treatment services for those health workers that are HIV-positive even at sites where these are available.

It is, therefore, unlikely that HIV risk among health workers can be overcome without significant changes in attitudes and behaviors. There appear to still be significant opportunities to identify areas where health care staff can be better supported in their personal and professional response to the HIV/AIDS epidemic.

USG funding will support the completion of an assessment of health workers' current behaviors, attitudes, norms and knowledge (BANK) around primary prevention of HIV/AIDS and up-take of VCT services, to determine how to better design interventions promoting structured opportunities for educating and assisting health care workers to better deal with HIV/AIDS in their work and home environment.

Results will be used to develop and implement appropriate interventions and guide the revision of existing interventions as needed.

The specific objectives of this activity are to:

- Describe current behaviors, attitudes, norms and knowledge (BANKs) related to HIV/AIDS in the healthcare workplace
- Prioritize BANKs that contribute to both health worker's risk of contracting HIV and their avoidance of HIV testing
- Identify appropriate methods for facilitating behavior change among health

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workers and their partners

- Understand the structural and environmental factors that may contribute to risk and avoidance of HIV testing

Results of this activity will be used by the MoH to:

- Develop an action plan for conducting appropriate interventions with health workers
- Design and start piloting interventions to support health workers' in reducing risk behaviors
- Inform ongoing training efforts and explore opportunities for improvements and incorporate these aspects in training materials and activities where appropriate
- Establish a baseline for intervention evaluation

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	20	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Doctors (Parent: Public health care workers)
- Nurses (Parent: Public health care workers)
- Pharmacists (Parent: Public health care workers)
- National AIDS control program staff (Parent: Host country government workers)
- Policy makers (Parent: Host country government workers)
- Teachers (Parent: Host country government workers)
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Laboratory workers (Parent: Public health care workers)
- Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Populated Printable COP

Country: Mozambique

Fiscal Year: 2006

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Table 3.3.14: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5246
Planned Funds:

Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include CDC's Director and Lead Training Specialist. Work includes coordination of system strengthening and human resources development activities with the Ministry of Health, the Ministry of Women and Social Welfare, and Columbia.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
 Policy makers (Parent: Host country government workers)
 Teachers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5247
Planned Funds:
Activity Narrative: This activity includes prorated salaries for the CDC Technical staff members working in this technical area. Staff include the Program Support Specialist for coordinating and facilitating system strengthening activities under the cooperative agreements with the Ministry Health and the Ministry of Women and Social Welfare. In addition, in-country support costs for the Lead Training Specialist are included.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

National AIDS control program staff (Parent: Host country government workers)
 Policy makers (Parent: Host country government workers)
 Teachers (Parent: Host country government workers)
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

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Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5273
Planned Funds:
Activity Narrative:

The lack of health care infrastructure in Mozambique is discussed throughout the USG five year strategy. In reality, it is one of the biggest challenges for the government in effectively responding to the HIV/AIDS epidemic. Training is discussed as one set of activities for increasing the national health system's capacity to respond. However, the training institutions themselves need infrastructure support in various ways. Specifically, one of the activities in the 5 Year Strategy is assisting pre and in-service institutions to integrate quality HIV/AIDS content into general curriculum.

In this activity, infrastructure support is being proposed through the purchase and distribution of HIV-related books and training materials for libraries and technical rooms for seven training institutions. There is a need for up to date materials, especially if they can be found in Portuguese. Purchase and distribution of computers, LCDs and overhead projectors for 14 training institutions that provide education to health care workers whose work often includes HIV health issues will also be completed. Training on basic computer functions will be provided as needed, since computers skills in the more remote provinces is limited.

Another area where support for the national health system's infrastructure is needed is working with the Ministry of Health (MoH) to develop a system for providing needed basic tools to graduating nurses and medical technicians. Currently graduating nurses and medical technicians lack the needed basic equipment and tools to do their jobs such as protective coats, microscopes, goggles, etc. These basic tools are not consistently available in government health facilities. JICA did an assessment of the pre-service institutions and developed a list of durable equipment needed. Based on this assessment, JICA will provide such durable items as dummies to the pre-service institutions, however cannot provide equipment that is not considered durable to graduates of those institutions (e.g., protective coats).

A final activity in this area will be to purchase computers and furniture for Human Resources staff at the provincial level in 11 provinces. This will benefit MoH personnel in their continuing education courses and strengthen pre-service programs focused on educating nurses and medical technicians working with HIV affected people.

Cost for all activities: and will come from unspent FY05 funds in the MoH cooperative agreement.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	Ministry of Health, Mozambique
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5275
Planned Funds:	<input type="text"/>
Activity Narrative:	Strengthening and supporting the development and provision of quality training to health and allied health care workers in pre and in-service settings is one of the 5 Year strategy objectives. The activities proposed in this year's COP addressing this objective include: conducting 3-4 regional workshops for training staff responsible for continuing education and staff from the training institutions for the purposes of linking these educational activities through developing new procedures of training education, best ways to coordinate activities and to establish a standardized way of developing training for HIV/AIDS in continuing education and pre-service institutions. These workshops would occur after the national workshop on norms and procedures for continuing education occurs. Currently we are waiting for the Minister of Health to approve the norms and procedures document developed in '05. Other activities proposed to support a linked educational system include site visits and development of standardized training tools. Results from these workshops will contribute to the development of a national training strategy and plan.
	Requested funding for this activity: <input type="text"/> and will come from redirecting unspent '05 funds from the MISAU cooperative agreement.

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Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	90	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	90	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Teachers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prima Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5277
Planned Funds:

Activity Narrative: In the USG Mozambique five year strategy, strengthening and supporting the development and provision of quality training to health and allied health workers in pre and in-service settings through incorporating quality HIV/AIDS content and developing competency based education are two objectives. This proposed activity will develop and provide competency-based Training-of-Trainers (ToT) courses for teachers from 14 training institutions. The ToT courses will focus on ARV and OI care and treatment training for nurses and medical officers. The target audience is host government workers. Courses will be developed with facilitators from clinic and medical departments along with staff from the training department. In order to best assure roll-out of the newly learned information and skills, resources will be used to provide technical assistance and financial support for supervisory visits to the 14 institutions in order support the trainers who participated in the ToT. Ideally there would be two visits per institution per year from a team of training and technical experts from Ministry of Health (MoH) and CDC.

Costs for this activity and will come from redirecting unspent '05 funds in the MoH cooperative agreement.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	75	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Teachers (Parent: Host country government workers)

Coverage Areas:

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National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: The Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5291
Planned Funds:
Activity Narrative: This activity is related to an AB activity (5289).

JHU/HCP will assist the National AIDS Council (CNCS) to roll out the national communications strategy for HIV/AIDS which was developed in 2005 with JHU/HCP's USG-funded support. JHU/HCP will provide technical expertise to CNCS central and provincial communications officers, to: (1) continue to build social and behavior change communication skills and share strategic communication planning tools for NGOs, FBOs, and other local implementing organizations that are carrying out BCC or related HIV/AIDS activities; (2) assist the CNCS to begin designing and planning for a national HIV/AIDS media and information resource center for knowledge management and knowledge sharing related to HIV/AIDS BCC; and (3) continue to assist CNCS to prepare for measuring the impact of social and behavior change communications efforts related to HIV/AIDS at national, community, and individual levels. In addition, a particular emphasis will be placed on helping the CNCS to develop and share strategic communication planning tools for NGOs, FBOs, and CBOs implementing community-level AB-focused prevention activities, including school- and/or community-based discussion events related to the effect of alcohol and drug use on individual risk perception and behavior choices, and the resulting impact on life goals and health.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	15	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	15	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	20	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Indirect Targets

This activity will indirectly strengthen provincial, district, and community health communications systems for HIV/AIDS prevention. Indirect beneficiaries include local NGOs, community-based groups, and faith-based organizations that are increasingly involved and effective in implementing AB programs.

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- National AIDS control program staff (Parent: Host country government workers)
- Non-governmental organizations/private voluntary organizations
- Policy makers (Parent: Host country government workers)
- Program managers
- Religious leaders
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
- Public health care workers
- Traditional healers (Parent: Private health care workers)
- Other health care workers (Parent: Private health care workers)

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	State Grant
Prime Partner:	To Be Determined
USG Agency:	Department of State
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5336
Planned Funds:	<input type="text"/>
Activity Narrative:	This activity will assist with the development of a Mission-wide HIV/AIDS workplace program, including a road map for interventions, policy design and implementation through the procurement of any necessary technical assistance. The activity also provides for the establishment of Mission-wide HIV/AIDS days for Mission employees and their families that would include HIV/AIDS awareness fairs and programs.

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Policy and Guidelines	51 - 100

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Adults
- USG headquarters staff
- Children and youth (non-OVC)

Coverage Areas

Maputo

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Twinning
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5442
Planned Funds:

Activity Narrative: Twinning is a legislative mandate. This activity focuses on developing one to two twinning activities in Mozambique. Possible twinning activities include: utilizing the medical school at Catholic University to train lower-level providers working with HIV affected patients (an objective of the USG Five Year Strategy is to extend the health workforce through training peer workers), strengthening the HIV/AIDS elements of the MPH program at Eduardo Mondlane University, advocacy group development, military, and prevention for positives community group development. The twinning center representatives visited Mozambique in mid-August to conduct their initial assessment and present recommendations. We have asked them to return in October-November to continue their work with us.

Cost of activity: of unspent '05 funds given to HRSA

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Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations
 Military personnel (Parent: Most at risk populations)
 National AIDS control program staff (Parent: Host country government workers)
 People living with HIV/AIDS
 Policy makers (Parent: Host country government workers)
 Volunteers
 Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Twining
 Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Follow-on to PHRplus
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5447
Planned Funds:

Activity Narrative: This activity will build on and continue capacity building technical assistance and support provided to the National AIDS Council (CNCS) under the PHRplus mechanism in FY05. Technical support will strengthen the capability of CNCS financially, administratively, and programmatically manage the HIV/AIDS resources provided to Mozambique by the World Bank, numerous bilateral donors, the Global Fund, and the budget of the Government of Mozambique. Improved systems and procedures, at CNCS headquarters and provincial levels, are essential for this key partner to effectively lead and coordinate the multisectoral national response. These funds also may provide technical assistance and support to other key partners (government agencies, NGOs, or businesses) working with CNCS. This assistance is an important USG contribution to a coordinated, multi-donor-supported effort to improve CNCS performance, one component of the international commitment to the "Three Ones." A portion of these funds also will enable follow-up on initial work in 2005 related to a "re-insurance" approach to help private businesses cope with the costs they face for HIV/AIDS care and treatment for their employees.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	40	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

- Country coordinating mechanisms
- National AIDS control program staff (Parent: Host country government workers)
- Program managers
- Host country government workers
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HQ TBD
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA1 account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5455
Planned Funds:
Activity Narrative: This activity is related to another policy analysis and system strengthening activity (5473).

A business-led initiative has begun to mobilize and support companies in Mozambique to address HIV/AIDS implications facing their employees and their businesses. This activity will provide technical assistance, guidance, and resources to strengthen the technical quality of the assistance provided to member companies by the Business Against AIDS Forum (ECoSIDA). This technical support will help ECoSIDA to improve the guidance provided to Mozambican companies so that they can successfully implement a comprehensive "roadmap" of HIV/AIDS services and activities, and to reach out beyond their own employees to the communities and downstream businesses with which they work. Guiding ECoSIDA on best practices, state-of-the-art company experiences, and materials and toolkits, including from other countries involved in similar efforts, this TBD partner will enable ECoSIDA, itself a fledgling NGO with still-limited technical expertise in HIV/AIDS, to rapidly respond to member companies' priorities with an appropriate mix of services and information. This activity is linked to the direct COP06 support to be provided for ECoSIDA through a cooperative agreement with the Mozambique Federation of Business Associations (CTA); see activity #1000.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	6	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Business community/private sector
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Mozambique Federation of Business Associations
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5473
Planned Funds:
Activity Narrative: This activity is related to another policy analysis and system strengthening activity (5455).

These funds will provide continued technical, operational, and material support for the Business Forum Against AIDS (ECoSIDA), enabling this NGO (officially launched in 2005) to expand the number of member companies that embark on a comprehensive "roadmap" addressing HIV/AIDS in their workplace and business. Full implementation of ECoSIDA activities will begin in late 2005, with substantial funding provided by FY04 and FY05 Emergency Plan resources. From an initial group of 8 businesses, all 30 founding members are expected to begin implementing the "roadmap" in 2005, and each of these will furthermore mobilize and mentor 2 additional smaller companies, in a business-to-business approach. With ECoSIDA guidance and support, participating businesses will put in place company policies and programs to prevent new infections in employees and their families; ensure that employees and 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; ensure family-oriented care for those ill to work; and work through advocacy and policy to reduce stigma and discrimination related to HIV/AIDS. Other donors expected to support directly the work of ECoSIDA in 2006 include the Netherlands and DfID; funds to cover program costs for businesses implementing the "roadmap" are available through the National AIDS Council. Complementary technical support for ECoSIDA will be provided through activity #5455.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	30	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	31	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	30	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	36	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Populated Printable CDP

Country: Mozambique

Fiscal Year: 2006

Target Populations:

- Business community/private sector
- Community leaders
- Non-governmental organizations/private voluntary organizations
- Program managers
- Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	State Grant
Prime Partner:	To Be Determined
USG Agency:	Department of State
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5490
Planned Funds:	<input type="text"/>
Activity Narrative:	Continuing ongoing FY05 activities, this activity will train and mobilize journalists and community leaders in HIV/AIDS issues (including stigma), communication skills, and HIV/AIDS leadership. Specific activities include: a. Training of 25-50 journalists and peer leaders through regional or US-based training programs; and b. Training and mobilizing 10-15 returned International Visitor Leadership Program exchange participants and funding 1-3 programs initiated by those participants.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	15	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Community leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
 Budget Code: HVMS
 Program Area Code: 15

Total Planned Funding for Program Area:

Program Area Context:

The management and staffing resources for the USG team in Mozambique are utilized to (1) ensure effective interagency planning and management to achieve Emergency Plan targets; (2) strengthen the ability of the team to manage and report on the rapidly expanding number and complexity of Emergency Plan activities; (3) provide USG technical support to ensure high quality HIV/AIDS programs; and (4) strengthen USG leadership and visibility in public fora as well as in bilateral and donor coordination mechanisms for HIV/AIDS.

The requested resources are approximately 8.8% of the base country budget (not including Track 1 resources), and they represent a significant increase over last year's management and staffing request. Operations and management costs for all Agencies grew throughout 2005, as the number and complexity of program activities increased, along with the level of the resources being managed. Significant new expenses will be incurred in 2006, particularly: the 'program-to-OE' positions funded centrally last year shift to country funding this year; additional positions are needed to improve implementation and oversight; the significant new Capital Security Sharing cost for CDC makes up 13% of total CDC management and staffing costs; a number of support positions and support costs generously borne by non-Emergency Plan funds in the first two years of the Initiative are now being attributed to the Emergency Plan; and additional office space and related support costs are required to accommodate additional USG management and technical staff. In Mozambique, the costs for supporting USDH or internationally recruited staff are high, including, but not limited to, travel, rents, security, and other essential costs.

The Staffing Matrix (Appendix 17) shows a total of 49 existing staff positions, of which all but 5 are working full time on the Emergency Plan. Ten of the existing positions are non-management technical staff. Six of the 49 positions are still vacant at the end of the fiscal year, most critically the USAID 'program-to-OE' positions for a health development officer for HIV/AIDS and a contracting officer. For technical and management positions, the recruitment market for FSN and locally available staff is now very thin, given the very limited human resource base in general in Mozambique and the large number of competing employers seeking staff with expertise related to HIV/AIDS. However, USG agencies are aggressively recruiting for new staff. For 2006, 14 new positions are requested. Three of these are only partially supported by Emergency Plan resources, and six of the remaining 11 are technical non-management positions required to strengthen the capability of key partners, particularly the Ministry of Health, and ensure the quality of USG-supported programs and services.

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Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5009
Planned Funds:
Activity Narrative: This activity relates to activity numbers: 4921; 5011; 5062; and 5063.

The PC/M COP 06 budget portion for Management and Staffing will be used in the recruitment of three full-time PEPFAR staff for efficient technical and administrative HIV/AIDS-related support to PC/M staff and Volunteers: 1 PEPFAR Project Assistant, 1 PEPFAR driver, 1 PEPFAR Admin Assistant/ Project Secretary.

Thirteen percent of the total budget will be retained in PC/W for PEPFAR-related overhead expenditures.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5207
Planned Funds:
Activity Narrative:

In FY04, when DoD was responsible for a small number of Emergency Plan activities in Mozambique, planning and oversight roles were served by existing staff in the Defense Attache Office (DAO). In FY05, with central DoD resources, a new FSN position, the HIV/AIDS Program Manager, was created and staffed in the DAO. As DoD activities are expanding in FY06, the funding for this FSN position is included in COP06. The HIV/AIDS Program Manager manages the planning, oversight, and reporting related to Emergency Plan activities for which DoD has prime responsibility, and also plays a key role in all activities targeting or involving the military, including those for which another USG agency has prime responsibility. The funds requested will cover the DoD HIV/AIDS Program Manager's salary and benefits, supervision site visits, participation in conferences, office costs, and costs for ICASS.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5216
Planned Funds:
Activity Narrative: Funding for this activity includes ICASS funds, Capital Security Sharing, and for USG procurement card purchases.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5217
Planned Funds:
Activity Narrative: This activity includes prorated salaries for the CDC staff members working in administrative and operations positions. Staff include all administrative FSN staff. Also included are office operations costs paid through post-held funds that are not directly attributable to specific program activities such as the cooperative agreement audit contract, motor pool costs, customs clearance costs, office supplies and equipment, local guard contract, office rental, direct hire housing costs and utilities. Travel funds for in-country and international meetings for administrative staff and for technical staff for non-program specific meetings are also included.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5218
Planned Funds:
Activity Narrative: Mozambique's approach to Management and Staffing can be found in Appendix 1 of the five year strategy for Mozambique's Emergency Plan. Consistent with the strategy, this activity includes prorated salaries and benefits for the CDC staff members working in administrative and operations positions. Staff include CDC's Deputy Director, Finance Manager, Office Manager. Also included are office operations costs paid through Atlanta-held funds that are not directly attributable to specific program activities, including federal purchase card procurements and shipping charges. Technical assistance, including travel to cover technical activities during the beginning of the fiscal year, is also included.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5221
Planned Funds:
Activity Narrative: This activity includes funds for expansion of the CDC office, including additional rent, office renovation and office furniture. Additional space is needed to accommodate increasing staff, consultants, and staff of partner organizations working at the CDC office.

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Table 3.3.15: Activities by Funding Mechanism

Mechanism: State
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5222
Planned Funds: [redacted]
Activity Narrative: Funding for management and staffing for the State Dept. follows the coordination and public affairs roles detailed in Appendix 1 of the Mozambique Emergency Plan Strategic Plan. Funding is requested for salary and benefits for 2 locally engaged staff [redacted] Utilities, supplies, equipment, and rent (one staff member works in leased property) [redacted] local and international travel [redacted] and ICASS costs [redacted] These identified costs are essential for State to support and sustain its PEPFAR-related activities.

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Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHA) account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5322
Planned Funds:

Activity Narrative: This entry covers costs for USAID Mozambique staff and related support required to plan, manage, oversee, and report on Emergency Plan activities. Estimated costs for FY06 are significantly higher than those for FY05 for several reasons, including: EP positions funded by USAID centrally in FY05 are now funded in the COP; new program management and support positions are required to assist in the direct oversight of EP activities; the shared Mission management costs borne by the HIV/AIDS team have risen; and a share of the costs for a small number of procurement and management support staff in the Executive Office, who spend a significant portion of their time on supporting EP staff and programs, is now budgeted in the COP. The requested funds include:

- (1) in EP staff costs (including salary, benefits, administrative support, and entitlement travel) for staff both 100% and shared positions;
- (2) in office costs;
- (3) ICASS charges;
- (4) in IRM tax charges for HIV/AIDS program and support staff;
- (5) in other program costs, including the EP share of the Mission air charter contract for site visits and support; translation services; in-country and international travel including conferences; and a variety of other program support costs.

For FY06, USAID has budgeted for 2 new program management positions and 1 new administrative support position that are 100% dedicated to EP implementation, as well as shares of 2 contract support positions and 1 administrative support position.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is a Health Facility Survey planned for fiscal year 2006?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Anc Surveillance Study planned for fiscal year 2006?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>if yes, approximately how many service delivery sites will it cover?</i>	36	
<i>When will preliminary data be available?</i>	6/1/2007	
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 2006?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Other significant data collection activities

Name:

SAVVY mortality surveillance pilot activity

Brief description of the data collection activity:

With TA from MEASURE II Evaluation, Mozambique will pilot a version of the Sample Vital Registration with Verbal Autopsy (SAVVY) methodology to generate data to estimate mortality from HIV/AIDS, using a validated verbal autopsy tool to ascertain causes of death. The methodology will be piloted in two areas still to be selected; one will be an area where ART services are available, and the second an areas where ART is not yet available. MEASURE will collaborate with the National Statistics Institute and other appropriate Mozambican partners to develop and implement this version of SAVVY, with significant in-kind contribution of GRM staff to the effort. Based on progress during FY06, this activity would be expected to continue with COP07 funding.

Preliminary data available:

June 01, 2007