

Data Sheet

USAID Mission:	Mozambique
Program Title:	HIV/AIDS
Pillar:	Global Health
Strategic Objective:	656-009
Proposed FY 2004 Obligation:	\$10,000,000 CSH
Prior Year Unobligated:	\$2,800,000 CSH; \$750,000 ESF
Proposed FY 2005 Obligation:	\$10,000,000 CSH
Year of Initial Obligation:	FY 2003
Year of Final Obligation:	FY 2010

Summary: This program, which will be implemented as part of the President's Emergency Plan for AIDS Relief (PEPFAR), aims to reduce the transmission of HIV and mitigate the impact of the AIDS epidemic by providing: (1) technical and material support to build the capacity of indigenous organizations to sustainably address the HIV/AIDS challenge in Mozambique; (2) technical assistance, training, and commodities to the Ministry of Health (MOH) to lead and manage effective expansion of treatment and care services, including those to prevent mother-to-child transmission (PMTCT) and to provide counseling and testing for HIV; (3) technical assistance and training to enable local leaders to promote risk-reducing behavior change in their communities; (4) essential supplies and services at the community level for HIV prevention and to maximize the well being of people living with HIV/AIDS; and (5) technical assistance and training to strengthen Mozambique's national leadership and the coordinated national response to HIV/AIDS.

Inputs, Outputs, Activities:

FY 2004 Program:

Under PEPFAR, USAID will expand HIV/AIDS prevention, treatment, care and mitigation efforts to reduce HIV transmission and help affected individuals and families. Program activities will help ensure that: (1) links between the resources of national-level organizations and community efforts are strengthened to ensure an effective national response; (2) each Mozambican understands his or her personal risk of contracting or transmitting HIV and has the skills and motivation to decrease personal risk; and (3) essential clinical and support services for prevention, treatment, and care are increasingly used.

Expansion of Support for Orphans and Vulnerable Children (\$750,000 prior year ESF). FY 2003 ESF carryover resources will enable the acceleration of planning for and expansion of support services for orphans and vulnerable children (OVC) in Mozambique. Activities will include a participatory situation analysis to clarify the current and projected challenge; a national consultation of stakeholders; a review of policies and legislation relevant to safeguarding children's property and inheritance rights; a national action plan to assist orphans and vulnerable children; and a national system to monitor coverage and quality of OVC service provision. At the same time, grant support will be provided to one or more non-governmental organizations (NGOs) with established programs for orphans and vulnerable children in highly-affected geographic areas.

Prevention of Mother to Child Transmission (PMTCT). FY 2003 PMTCT carryover funding will allow USAID, along with the U.S. Centers for Disease Control and Prevention (CDC), to begin expansion of PMTCT and PMTCT+ services (the "+" means inclusion of care and support for other members of the affected family) at 14 sites throughout the country in FY 2004. This will double the number of existing national sites, and contribute to 25% of the GRM's goal. Expansion entails strengthening the capacity of the MOH to manage, coordinate and implement the national PMTCT component and other components of the national strategy, identifying areas in need of improvement in districts and at the point of service; increasing the quality of HIV/AIDS programs and services; and developing community linkages to foster

support for PMTCT services. Principal grantees and agencies: Population Services International (PSI), Health Alliance International, Family Health International, MOH.

Civil society linked effectively to national HIV/AIDS response (\$1,100,000 CSH). Under PEPFAR, USAID will continue to provide technical assistance and training to the National AIDS Council to enhance capacity for strategic planning, coordination, and monitoring of the national response. Principal contractor: Ernst and Young. Additional partners will be identified during FY 2004.

Behavior change enhances HIV/AIDS prevention and care (\$4,950,000 CSH). Funding will be used to provide information, education, communications, and mentoring programs to improve the skills and incentives of individuals to reduce personal risk of HIV infection, as well as mobilize and enable a community environment encouraging and supporting less risky behavior. Activities also will include support services for vulnerable children and families affected by HIV/AIDS, as well as home care for HIV-positive individuals. Principal grantees: Mozambique Foundation for Community Development (known as "FDC" in Portuguese), local sub-grantees, PSI. Additional partners will be identified during FY 2004.

Essential services utilized (\$3,950,000 CSH). As part of PEPFAR, USAID-funded technical assistance, training, and commodities will support the expansion of voluntary counseling and testing (VCT), anti-retroviral therapy (ART), PMTCT and clinical care for opportunistic infections. Resources also will help ensure essential supplies and services are available at the community level, both for HIV prevention and for maximizing the well-being of people living with HIV/AIDS, through counseling and HIV testing, referral systems for advice and support services; and condom distribution. Principal grantees and agencies: MOH, PSI. Additional partners will be identified during FY 2004.

FY 2005 Program:

HIV transmission reduced and impact of AIDS epidemic mitigated (\$10,000,000 CSH). With additional HIV/AIDS resources, USAID anticipates rapid scale-up of all activities described under "FY 2004 Program." In addition, USAID will expand services into new geographic focus areas. Principal grantees and agencies: To be determined.

Mozambique is a focus country under the President's Emergency Plan for AIDS Relief. Additional funding from the Global HIV/AIDS Initiative account is anticipated for both FY 2004 and FY 2005.

Performance and Results: Under the previous strategy, USAID-funded activities encouraged safer sexual behavior through behavior change interventions, including condom distribution. These interventions, delivered through mass media and interpersonal channels, resulted in over 250,000 people being reached through 12,000 guided peer debates nationwide. In addition, over 2,000 theater performances reached approximately 175,000 Mozambicans of all ages. A recently introduced clinic-based sexually transmitted infections (STI) control program achieved nationwide coverage and distributed over 107,000 "clinic packs", up from 44,717 in FY 2002, resulting in a 30% referral rate for partner testing (up from 27% in FY 2002). USAID provided direct funding to four voluntary counseling and testing centers where more than 26,000 clients were served, which amounts to over 33% of the clients served nationwide. In over 4,700 sales outlets funded by USAID resources, condom sales rose to 15.6 million, far surpassing the 12 million target.

HIV/AIDS awareness, prevention and care activities along the Maputo Corridor had an impact on thousands of men, women, and youth in FY 2003 through the Maputo Corridor AIDS Prevention Project. The project, administered by FDC, entered into sub-grants with twelve NGOs (both international and national) and community-based organizations to carry out intensive community-based prevention and care activities. Through the programs' first full year of implementation, 248,954 persons between the ages of 15 to 49 were reached (118% of the target) through home visits, partner education sessions, round table discussions, and theater performances at schools, churches, community events, and the workplace. In addition, 222,330 directed educational activities were carried out (100% of target); 9,652 home care visits were conducted (114% of target); and 930 orphans received services (72% of target). The launching of an HIV/AIDS-STI hotline was fully operational during the final half of the reporting period and provided counseling to over 39,000 callers nationwide.

Continued progress will mean that by FY 2010, 100,000 HIV positive persons will be receiving ART and 90,333 fewer mothers will infect their unborn children with HIV, due in part to services available in over 250 PMTCT sites.

US Financing in Thousands of Dollars

Mozambique

	CSH	ESF
656-009 HIV/AIDS		
Through September 30, 2002		
Obligations	0	0
Expenditures	0	0
Unliquidated	0	0
Fiscal Year 2003		
Obligations	6,781	0
Expenditures	0	0
Through September 30, 2003		
Obligations	6,781	0
Expenditures	0	0
Unliquidated	6,781	0
Prior Year Unobligated Funds		
Obligations	2,800	750
Planned Fiscal Year 2004 NOA		
Obligations	10,000	0
Total Planned Fiscal Year 2004		
Obligations	12,800	750
Proposed Fiscal Year 2005 NOA		
Obligations	10,000	0
Future Obligations	48,319	0
Est. Total Cost	77,900	750